

Payment Policy | Sexually Transmitted Infections Testing



EFFECTIVE DATE: 8/4/2025

POLICY LAST REVIEWED: 6/2/2025

OVERVIEW

This policy outlines the reimbursement guidelines for the use of nucleic acid (DNA or RNA) assays to detect Sexually Transmitted Infections (STIs) identified by CPT (Current Procedural Terminology) codes 87491, 87591, 87661, or 87801 on professional and facility claim forms. In this policy, professional charges refer to those submitted on a 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent, while facility charges pertain to those submitted on a UB-04 Claim Form or its electronic equivalent.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

BCBSRI will reimburse the more comprehensive, multiple organism code for infectious agent detection by nucleic acid; amplified probe technique, CPT code 87801 when two or more single test CPT codes are billed separately by the same provider on the same date of service. Reimbursement will be made based on a single unit of CPT code 87801 regardless of the units billed for a single code. No modifiers will override the bundle edit.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for services not medically necessary.

BACKGROUND

The reimbursement guidelines for services related to Sexually Transmitted Infections (STIs) in both men and women are as follows.

For Single Tests, the following procedure codes are applicable:

- 87491 for Chlamydia testing.
- 87591 for Gonorrhea testing.
- 87661 for Trichomonas vaginalis testing.

When more than one single test is performed, the comprehensive test code is to be charged:

- 87801 designed for detecting infectious agents involving multiple organisms through nucleic acid analysis.

If two or more of the single test codes (87491, 87591, and/or 87661) are billed separately for the same member, by the same provider, and on the same date of service, BCBSRI's reimbursement will be calculated based on the rate for procedure code 87801. This code, 87801, is more comprehensive as it covers the detection of multiple infectious organisms. Irrespective of the quantity of units billed for a single code, the payment will be determined based on a single unit of 87801.

CODING

Medicare Advantage Plans and Commercial Products

Code Description

- 87491** Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87591 Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87661 Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87801* Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
*Requires reporting 1 unit when any two or more codes (87491, 87591, 87661) are reported

RELATED POLICIES

Preventive Services for Commercial
Preventive Services for Medicare Advantage

PUBLISHED

Provider Update, June 2025

REFERENCES

1. CMS Claims Processing Manual, Section 170.1
<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/clm104c18.pdf>
2. CMS Billing & Coding Panels, Group 8 Codes [Article - Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing \(A58761\)](#)

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

