

Children's Hospital and Health System Chorus Community Health Plans (CCHP) Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: Sexually Transmitted Infection Testing Policy, Professional and Facility

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define reimbursement for Infectious agent detection by nucleic acid (DNA or RNA) assays for the detection of Sexually Transmitted Infections (STI), for CPT codes 87491, 87591, 87661, or 87801, that are submitted for reimbursement on professional and facility claim forms

POLICY:

This policy defines reimbursement for Infectious agent detection by nucleic acid (DNA or RNA) assays for the detection of Sexually Transmitted Infections (STI), for CPT codes 87491, 87591, 87661, or 87801, that are submitted for reimbursement on professional and facility claim forms.

Professional charges are considered those submitted on a 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent. Facility charges are considered those submitted on a UB-04 Claim Form or its electronic equivalent.

An FDA-cleared PCR assay for detection of gonorrhea and chlamydial infection (Amplicor, Roche Diagnostic Corp.) has been modified for *T. vaginalis* detection in vaginal or endocervical swabs and in urine from women and men; sensitivity ranges from 88%–97% and specificity from 98%–99%.^[10] APTIMA *T. vaginalis* Analyte Specific Reagents (ASR, Gen-Probe, Inc.) also can detect *T. vaginalis* RNA by transcription-mediated amplification using the same instrumentation

Effective:

Reviewed:

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platforms available for the FDA-cleared APTIMA Combo2 assay for diagnosis of gonorrhea and chlamydial infection; published validation studies of T. vaginalis ASR found sensitivity ranging from 74%–98% and specificity of 87%–98%.

Reimbursement Guidelines:

Chorus Community Health Plans will reimburse for the following services for Sexually Transmitted Infections (STIs) in men and women:

- Single Tests:
 - 87491 Chlamydia
 - 87591 Gonorrhea
 - 87661 Trichomonas vaginalis

- Comprehensive Test:
 - 87801 Infectious agent, multiple organisms. Procedure code 87801 is a more comprehensive, multiple organism code for infectious agent detection by nucleic acid. Effective 8/1/22 when any two or more of the single test codes (87491, 87591, and/or 87661) are billed separately for the same provider and the same date of service, the reimbursement will be based on the rate for 87801, which is the more comprehensive multiple organisms code. Regardless of the units billed for a single code, payment will be made based on a single unit of 87801.

Effective:

Reviewed:

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