PAYMENT POLICY – STI Testing

Owner	Current Effective Date	Next Review Date
Operations	02/17/2027	TBD

Overview

The purpose of this policy and procedure is to explain Community Health Choice reimbursement guidelines of sexually transmitted infections (STI) testing identified by CPT codes 87491, 87591, 87661, or 87801 on professional and facility claim forms.

The policy is intended to support accurate claim submission, appropriate documentation, and consistent reimbursement review for participating and non-participating providers.

This policy applies to claims submitted for Community Health Choice members enrolled in STAR, CHIP/CHIP P, STAR+PLUS, Health Insurance Marketplace, and Medicare Advantage products, unless otherwise required by applicable law, regulation, member benefit plan, or provider contract.

This policy does not determine member eligibility, authorize services, guarantee coverage or payment, or supersede applicable federal or state requirements, the member's benefit plan document, Community Health Choice coverage criteria, or the terms of the applicable provider agreement.

Policy

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, Community's reimbursement will be calculated based on the rate for the comprehensive test code (87801). Irrespective of the quantity of units billed for a single code, the payment will be determined based on a single unit of 87801.

Single test codes (87491, 87591, and/or 87661) submitted for the same member, by the same provider, and on the same date of service as the comprehensive test code (87801) will be denied.

Modifiers do not override this policy.

Each service remains subject to applicable coding, billing, documentation, benefit coverage, medical necessity, prior authorization requirements when applicable, claim submission requirements, provider contract terms, and reimbursement policies.

Applicable Codes

The following procedure codes are subject to this payment policy. This list is provided for reference and may not be all-inclusive:

Table A: Single Code List Summary

CPT 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	Infection agent detection by nucleic acid (DNA or RNA) trichomonas vaginalis amplified probe technique

Table B: Comprehensive Code List Summary

CPT Code	Description
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

Documentation Requirements

Providers must maintain documentation sufficient to support the services billed, including medical necessity, services rendered, and the CPT code submitted on the claim.

Community Health Choice may request medical records or other supporting documentation, as permitted by applicable law, regulation, or provider agreement, to:

- Validate services billed
- Evaluate medical necessity
- Confirm services were rendered
- Support claim review, audit, or payment activities

Failure to provide requested documentation may result in claim denial, payment adjustment, or recoupment, as permitted by applicable law, regulation, policy, or provider agreement.

Claim Review and Audit

Community Health Choice may review, audit, deny, adjust, or recoup payment when services do not meet applicable coding, billing, documentation, medical necessity, benefit coverage, claim submission, provider contract, payment integrity, or reimbursement requirements.

Claim review may consider applicable federal and state requirements, regulatory guidance, plan-specific coverage determinations, nationally recognized clinical review criteria, Community Health Choice coverage criteria, coding guidance, payment integrity standards, and provider contract terms.

References

Community Health Choice may consider, among other sources, the following references when applying this payment policy:

- American Medical Association, *Current Procedural Terminology (CPT®)* and related publications
- Centers for Medicare & Medicaid Services manual publications and applicable guidance
- Centers for Medicare & Medicaid Services, Clinical Laboratory Fee Schedule
- Texas Medicaid Provider Procedures Manual

Provider Disclaimer

Codes listed in this policy are provided for reference and may not be all-inclusive. Deleted codes, inactive codes, or codes that are not valid on the date of service may not be eligible for reimbursement. Inclusion or omission of a code, service, or reference in this policy does not guarantee coverage, authorization, payment, or reimbursement. Payment decisions are based on member eligibility, covered benefits, medical necessity, prior authorization requirements when applicable, correct coding, complete claim submission, provider contract terms, Community Health Choice reimbursement policies and system configuration, payment integrity review, and applicable federal and state requirements.

Providers and facilities are responsible for following current coding, billing, documentation, and claim submission requirements. Failure to meet these requirements may result in claim denial, adjustment, recoupment, or recovery of payments. Community Health Choice reserves the right to revise, update, replace, or discontinue this policy at any time based on regulatory requirements, coding guidance, contract terms, benefit coverage, operational requirements, system configuration, payment integrity standards, or industry practice.

RELATED POLICIES

All Payment Policies