



An Independent Licensee of the Blue Cross Blue Shield Association

**EVIDENCE-BASED CRITERIA  
SECTION: ADMINISTRATIVE PROCEDURE**

**ORIGINAL EFFECTIVE DATE: 04/04/23  
LAST REVIEW DATE: 04/02/24  
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## **SEXUALLY TRANSMITTED INFECTION TESTING**

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**Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.**

**Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.**

**This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.**

**The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.**

**The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.**

**State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.**

**Evidence-Based Criteria are subject to change as new information becomes available.**

**For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.**

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## SEXUALLY TRANSMITTED INFECTION TESTING

### Description:

Sexually transmitted infections (STIs) are transmitted by sexual contact. The term “sexually transmitted infection” (STI) refers to a pathogen that causes infection through sexual contact, whereas the term “sexually transmitted disease” (STD) refers to a recognizable disease state that has developed from an infection. STIs include Chlamydia, genital herpes, gonorrhea, HIV/AIDS, syphilis, yeast infections and some forms of hepatitis.

STIs include, *but are not limited to*:

- Candida
- Chlamydia
- Gardnerella vaginalis
- Gonorrhea
- Herpes simplex virus (HSV)
- Hepatitis (certain forms)
- Human immunodeficiency virus (HIV)
- Human papillomavirus (HPV)
- Syphilis
- Trichomoniasis vaginalis

### Criteria:

- **Diagnostic** sexually transmitted infection tests may be eligible for coverage under another benefit in the member’s benefit plan.
- Under the preventive care benefit, the following sexually transmitted infection (STI) tests are considered **eligible for coverage** when performed as behavioral counseling and screening on an unaffected individual who is sexually active or at increased risk for STI.

Code	STI Test Description
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
G0475	HIV antigen/antibody, combination assay, screening
G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test
G0499	Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (e.g., genotyping)

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Code	STI Test Description
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis test, non-treponemal antibody; quantitative
86631	Antibody, Chlamydia
86632	Antibody, Chlamydia, IgM
86694	Antibody; herpes simplex, non-specific type test
86695	Antibody; Herpes simplex, type 1
86696	Antibody; Herpes simplex, type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result
86706	Hepatitis B surface antibody (HBsAb)
86803	Hepatitis C antibody
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis
87340	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)
87389	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87510	Infectious agent antigen detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
87511	Infectious agent antigen detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31,33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87660	Infectious agent antigen detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique

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Code	STI Test Description
87808	Infectious agent antigen detection by immunoassay with direct optical (e.g., visual) observation; Trichomonas vaginalis
87810	Infectious agent antigen detection by immunoassay with direct optical (e.g., visual) observation; Chlamydia trachomatis
87850	Infectious agent antigen detection by immunoassay with direct optical (e.g., visual) observation; Neisseria gonorrhoeae

- Under the preventive care benefit, the following are examples of sexually transmitted infection tests that are **not eligible for coverage** based upon:
- STI screening is not recommended per the American College of Obstetricians and Gynecologists, Center for Disease Control or U.S. Preventive Services Task Force
  - Test is considered diagnostic

Code	STI Test Description
86628	Antibody; Candida
86704	Hepatitis B core antibody (HBcAb); total
87110	Culture, Chlamydia, any source
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
87341	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization
87390	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1
87391	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87516	Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis B virus, amplified probe technique
87520	Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis C, direct probe technique
87521	Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis C, amplified probe technique, includes reverse transcription when performed
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
87806	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies



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## SEXUALLY TRANSMITTED INFECTION TESTING

### Resources:

Literature reviewed 04/02/24. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 04/13/22 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. Bibbins-Domingo K, Grossman DC, Curry SJ, et al. Serologic Screening for Genital Herpes Infection: US Preventive Services Task Force Recommendation Statement. *JAMA*. Dec 20 2016;316(23):2525-2530. doi:10.1001/jama.2016.16776
2. Davidson KW, Barry MJ, Mangione CM, et al. Screening for Chlamydia and Gonorrhea: US Preventive Services Task Force Recommendation Statement. *JAMA*. Sep 14 2021;326(10):949-956. doi:10.1001/jama.2021.14081
3. National Library of Medicine. Sexually Transmitted Diseases. Updated February 17, 2023. Accessed March 13, 2024. <https://medlineplus.gov/sexuallytransmitteddiseases.html>
4. Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. Centers for Disease Control and Prevention. Updated July 22, 2021. Accessed March 13, 2024. <https://www.cdc.gov/std/treatment-guidelines/default.htm>

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### Coding:

Various

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### History:

<u>History:</u>	<u>Date:</u>	<u>Activity:</u>
Medical Policy Panel	04/02/24	Review with revisions
Pediatric Subspecialty Advisory Sub-Committee	02/15/24	Review with no revisions
Medical Policy Panel	04/04/23	Approved guideline
Medical Director (Dr. Deering, Dr. Raja)	03/08/23	Review with revisions
Pediatric Subspecialty Advisory Sub-Committee	02/16/23	Review with no revisions

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### Policy Revisions:

04/02/24 Updated: Resources section



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### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'ánii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í'í hodíílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

