Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Diagnostic Testing of Common Sexually Transmitted Infections

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Sexually transmitted infections (STIs), often referred to as sexually transmitted diseases or STDs, include a variety of pathogenic bacteria, virus, and other microorganisms that are spread through sexual contact and can cause a multitude of complications if left untreated. Chlamydia and gonorrhea, caused by *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, respectively, have high rates of occurrence in the United States and can cause pelvic inflammatory disease (PID), infertility, and pregnancy complications. The causative agent of syphilis is *Treponema pallidum*; if left untreated, syphilis can lead to serious cardiac and neurological conditions. Human papillomavirus (HPV) is a double-stranded DNA virus that can be sexually transmitted and is associated with cervical cancer, vulvar/vaginal cancer, anal cancer, oropharyngeal cancer, penile cancer, and both genital and nongenital warts. “Globally, anogenital HPV is the most common sexually transmitted infection” with an estimated 80% of sexually active adults exposed to it at least once in their lifetime. Herpes simplex virus (HSV) is a common STI where many individuals are asymptomatic. HSV infection has been linked to an increased risk of other infections, including human immunodeficiency virus (HIV), and in rare cases, can also result in HSV meningitis or proctitis. In general, risk factors for STIs can include both behavioral elements, such as multiple sex partners, working in a sex trade, and inconsistent use of condoms when in non-monogamous relationships as well as demographic risks, including men who have sex with men (MSM), prior STI diagnosis, admission to correctional facilities, and lower socioeconomic status.

This policy is limited to testing for *C. trachomatis, N. gonorrhoeae, T. pallidum, T. vaginalis* (for guidance on *T. vaginalis* in vaginitis, refer to the Diagnosis of Vaginitis , HSV, and HPV. Refer to the following policies for additional information:

- Human Immunodeficiency Virus
- Hepatitis Testing
- Pediatric Preventive Screening
- Cervical Cancer Screening
- Pathogen Panel Testing

For STI screening in pregnant individuals, refer to the Prenatal Screening (Nongenetic) policy.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

1. Antibody testing for syphilis infection **MEETS COVERAGE CRITERIA** in the following situations:
   a. For any asymptomatic person in a high-risk category (see **Notes 1 & 2**), once a year assessment using either a “standard” or “reverse” algorithm that includes initial and confirmatory tests for any initial positive test, such as:
      i. Treponemal Ig test and

ii. Nontreponemal Ig test.
   b. For diagnosis of any person presenting with signs and/or symptoms of a syphilis infection (see **Note 3**).
   c. Once every three months for HIV-positive men or MSM.
   d. Treponemal Ig testing and nontreponemal testing (once prior to transplant) as a part of a pre-transplant assessment in both donors and recipients of an allogeneic hematopoietic stem cell transplantation (allo-HCT).
   e. When a nontreponemal test is used as a test of cure (TOC) for a positive syphilis infection.
2. For asymptomatic individuals NOT belonging to a high-risk category (see **Notes 1 & 2**), antibody screening for syphilis **MEETS COVERAGE CRITERIA** only in the following situations:
   a. For pregnant individuals as part of the first prenatal visit.
   b. As part of newborn screening.
   c. As part of follow-up in a victim of sexual assault.
   d. For sexually active individuals less than 18 years of age (annually).
3. For individuals who are currently diagnosed with a syphilis infection or who have a past history of a syphilis infection, treponemal Ig testing **DOES NOT MEET COVERAGE CRITERIA**.
4. Polymerase chain reaction (PCR) testing, nucleic acid amplification testing (NAAT), and antigen testing for syphilis **DO NOT MEET COVERAGE CRITERIA**.
5. Qualitative NAAT for chlamydia **MEETS COVERAGE CRITERIA** in the following situations:
   a. Once a year assessment for any asymptomatic person in a high-risk category (see **Notes 1& 4**).
   b. For diagnosis of any person presenting with signs and/or symptoms of a chlamydial infection (see **Note 5**).
   c. For the diagnosis of any person with suspected lymphogranuloma venereum (LGV).
   d. At least three months after initial chlamydial diagnosis as a TOC for non-pregnant individuals.
   e. At least four weeks after initial chlamydial diagnosis as a TOC for pregnant individuals.
6. For asymptomatic individuals NOT belonging to a high-risk category (see **Notes 1 & 4**), NAAT screening for chlamydia **MEETS COVERAGE CRITERIA** only in the following situations:
   a. For pregnant individuals 24 years of age or younger as part of the first prenatal visit.
   b. As part of newborn screening.
   c. As part of follow-up in a victim of sexual assault.
   d. For sexually active individuals less than 18 years of age (annually).
7. Culture testing, antibody testing, and antigen testing for chlamydia or LGV **DO NOT MEET COVERAGE CRITERIA**.
8. Qualitative NAAT for gonorrhea **MEETS COVERAGE CRITERIA** in the following situations:
   a. Once a year assessment for any asymptomatic person in a high-risk category (see **Notes 1 & 4**).
   b. For diagnosis of any person presenting with signs and/or symptoms of a gonorrheal infection (see **Note 6**).
   c. At least three months after initial gonorrhea diagnosis as a TOC.
9. For an individual that does not respond to initial treatment, culture testing for *N. gonorrhoeae* to determine antimicrobial susceptibility **MEETS COVERAGE CRITERIA**.
10. For asymptomatic individuals NOT belonging to a high-risk category (see **Notes 1 & 4**), NAAT screening for gonorrhea **MEETS COVERAGE CRITERIA** only in the following situations:
    a. For pregnant individuals 24 years of age or younger as part of the first prenatal visit.
    b. As part of newborn screening.
    c. As part of follow-up in a victim of sexual assault.
    d. For sexually active individuals less than 18 years of age (annually).
11. Qualitative NAAT for *T. vaginalis* **MEETS COVERAGE CRITERIA** in the following situations:
    a. For Symptomatic individuals (see **Note 7**).
    b. Follow up testing a minimum of three months after initial trichomoniasis diagnosis.
    c. Annual screening for asymptomatic individuals belonging to a high-risk group. (see Note 8)
    d. Annual screening for asymptomatic individuals who have an HIV infection.
    e. As a part of follow-up in a victim of sexual assault.
12. Rapid identification of Trichomonas by enzyme immunoassay **DOES NOT MEET COVERAGE CRITERIA**.
13. For symptomatic individuals (see **Note 9**), testing for *Mycoplasma genitalium* using qualitative NAAT **MEETS COVERAGE CRITERIA**.
14. For asymptomatic individuals, screening for *M. genitalium* using NAAT **DOES NOT MEET COVERAGE CRITERIA**.
15. When an individual meets any of the conditions described above, multitarget PCR testing (targets limited to *C. trachomatis*, *N. gonorrhoeae, T. vaginalis*, and *M. genitalium*) **MEETS COVERAGE CRITERIA**.
16. For individuals with active genital ulcers or mucocutaneous lesions, (qualitative NAAT) for herpes simplex virus-1 (HSV-1) or herpes simplex virus-2 (HSV-2) **MEETS COVERAGE CRITERIA**.
17. Type-specific antibody testing for HSV-2 using a glycoprotein G2 (gG2) test **MEETS COVERAGE CRITERIA** in the following situations:

a. Recurrent or atypical genital symptoms or lesions in individuals with a negative herpes simplex virus PCR or culture result.
b. For the clinical diagnosis of genital herpes in individuals with a negative PCR or culture result or without laboratory confirmation.
c. When an individual's partner has genital herpes.

18. Antibody and antigen testing for HSV-1 and and/or herpes simplex (non-specific type test) and antigen testing for HSV-2 **DO NOT MEET COVERAGE CRITERIA**.
19. In asymptomatic individuals, screening for HSV-1 or HSV-2 **DOES NOT MEET COVERAGE CRITERIA**.
20. In the diagnosis and/or assessment of cancer or cancer therapy (immunohistochemistry testing for p16 or NAAT testing for high-risk human papillomavirus [HR-HPV]), testing for HR-HPV **MEETS COVERAGE CRITERIA**.
21. Testing for HPV **DOES NOT MEET COVERAGE CRITERIA** in the following situations:
    a. To screen for oncogenic high-risk types, such as HPV-16 and HPV-18, as part of a general sexually transmitted disease (STD) or sexually transmitted infection (STI) screening process or panel for asymptomatic individuals.
    b. As part of the diagnosis of anogenital warts.
    c. Testing for low-risk types of HPV.
    d. In the general population, either as a part of a panel of tests or as an individual NAAT to determine HPV status.
22. Prior to beginning or while an individual is undergoing a preexposure prophylaxis (PrEP) regimen for HIV prevention, the following screens/tests for additional STIs **MEET COVERAGE CRITERIA**:
    a. Qualitative NAAT screening, for gonorrhea and chlamydia:
        i. Once every three months for MSM
        ii. Once every six months for sexually active individuals.
    b. Blood testing to screen for syphilis.
        i. Once every three months for MSM.
        ii. Once every six months for sexually active individuals.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

23. Nucleic acid testing to determine antimicrobial susceptibility in *N. gonorrhoeae* or macrolide resistance in *M. genitalium* **DOES NOT MEET COVERAGE CRITERIA**.
24. Direct probe detection and/or quantitative NAAT for the following microorganisms **DOES NOT MEET COVERAGE CRITERIA**:
    a. *Chlamydia trachomatis*
    b. *Neisseria gonorrhoeae*
    c. Herpes Simplex Virus-1
    d. Herpes Simplex Virus-2
    e. *Treponema pallidum*
    f. *Trichomonas vaginalis*

NOTES:

Note 1: For sexually active children and adolescents under the age of 18, risk factors for chlamydia, gonorrhea, and/or syphilis infection as defined by the CDC include: initiating sex early in adolescence; living in detention facilities; receiving services at STD clinics; being involved in commercial sex exploitation or exchanging sex for drugs, money, food, or housing; having multiple sex partners, having sequential sex partnerships of limited duration or concurrent partnerships; failing to use barrier protection consistently and correctly; having lower socioeconomic status, and facing numerous obstacles to accessing healthcare. At-risk individuals also include: males who have sex with males (YMSM); transgender youths; youths with disabilities, substance abuse, or mental health disorders.

Note 2: High-risk for Syphilis:

- Sexually active men who have sex with men (MSM)
- Sexually active individuals with an HIV-positive status
- Having a sexual partner recently diagnosed with a STI
- Exchanging sex for money or drugs
- Individuals in adult correctional facilities
- During pregnancy when the following risk factors are present:
    - Sexually active HIV-positive status
    - Sexually active with multiple partners
    - Sexually active in conjunction with drug use or transactional sex

- Late entry to prenatal care (i.e., first visit during the second trimester or later) or no prenatal care
- Methamphetamine or heroin use
- Incarceration of the woman or her partner
- Unstable housing or homelessness

Note 3: Signs and Symptoms of a Syphilis Infection

- Chancre
- Skin rash and/or mucous membrane lesions in mouth, vagina, anus, hands, and feet
- Condyloma lata
- Secondary symptomology can include fever, fatigue, sore throat, swollen lymph nodes, weight loss, muscle aches, headache, and hair loss
- Signs and symptoms of neurosyphilis can include severe headache, trouble with muscle movements, muscle weakness or paralysis (not being able to move certain parts of the body), numbness, and changes in mental status (trouble focusing, confusion, personality change) and/or dementia (problems with memory, thinking, and/or making decisions).
- Signs and symptoms of ocular syphilis can include eye pain or redness, floating spots in the field of vision ("floaters"), sensitivity to light, and changes in vision (blurry vision or even blindness).
- Signs and symptoms of otosyphilis may include hearing loss, ringing, buzzing, roaring, or hissing in the ears ("tinnitus"), balance difficulties, and dizziness or vertigo.
- Signs and symptoms of late/tertiary syphilis include inflammatory lesions of the cardiovascular system (e.g., aortitis, coronary vessel disease), skin (e.g., gummatous lesions), and bone (e.g., osteitis).

Note 4: High-risk for Chlamydia and/or Gonorrhea:

- Sexually active men who have sex with men (MSM)
- Sexually active individuals with an HIV-positive status
- Sexually active individuals with a cervix who are under the age of 25
- Individuals with a cervix who are 25 years of age or older and who have multiple sexual partners
- Having a sexual partner recently diagnosed with an STI
- Previous or concurrent STI
- Exchanging sex for money or drugs

Note 5: Signs and Symptoms of a Chlamydia Infection:

- Genital symptoms, including "discharge, burning during urination, unusual sores, or rash"
- Pelvic Inflammatory Disease (PID), including "symptoms of abdominal and/or pelvic pain, along with signs of cervical motion tenderness, and uterine or adnexal tenderness on examination"
- Urethritis
- Pyuria
- Dysuria
- Increase in frequency in urination
- Epididymitis (with or without symptomatic urethritis) in men
- Proctitis
- Sexually acquired chlamydial conjunctivitis

Note 6: Signs and Symptoms of Gonorrhea:

- Dysuria
- Urethral infection
- Urethral or vaginal discharge
- Epididymitis (Testicular or scrotal pain)
- Rectal infection symptoms include anal itching, discharge, rectal bleeding, and painful bowel movements

Note 7: Signs and Symptoms of Trichomoniasis:

- Vaginal or penile discharge
- Itching, irritation, and burning sensation, or soreness of the genitalia
- Discomfort or burning sensation during/after urination and/or ejaculation
- Urethritis
- Epididymitis
- Prostatitis

Note 8: High-risk for Trichomoniasis:

- Receiving care in high-prevalence settings (e.g., STI clinics, correctional facilities)
- Having multiple sexual partners
- Exchanging sex for money or drugs
- Having a previous or concurrent STI
- Drug misuse
- History of incarceration
- Sexually active individuals with an HIV-positive status

Note 9: Signs and Symptoms of *M. genitalium* Infection:

- When present, typical symptoms of *Mgen*-urethritis in men include dysuria, urethral pruritus, and purulent or mucopurulent urethral discharge
- When present, typical symptoms of *Mgen* cervicitis in women include vaginal discharge, vaginal itching, dysuria, and pelvic discomfort
- When present, typical symptoms of PID due to *Mgen* include mild to severe pelvic pain, abdominal pain, abnormal vaginal discharge, and/or bleeding

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	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
86780	Antibody; Treponema pallidum
87081	Culture, presumptive, pathogenic organisms, screening only
87110	Culture, Chlamydia, any source
87140	Culture, typing; immunofluorescent method, each antiserum (Effective for DOS beginning 9/1/2026)
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis (Effective for DOS beginning 9/1/2026)
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum (Effective for DOS beginning 9/1/2026)
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis (Effective for DOS beginning 9/1/2026)
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
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique (Effective for DOS beginning 9/1/2026)
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
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique

Code	Description
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
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) pooled result
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s) (Effective for DOS beginning June 1, 2026)
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique (Effective for DOS beginning 9/1/2026)
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique (Effective for DOS beginning June 1, 2026)
87808	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Trichomonas vaginalis
87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis (Effective for DOS beginning 9/1/2026)
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative Proprietary test: BioPlex 2200 Syphilis Total & RPR Assay Lab/Manufacturer: Bio-Rad Laboratories
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR) Proprietary test: BioPlex 2200 RPR Assay Lab/Manufacturer: Bio-Rad Laboratories
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR) Proprietary test: BioPlex 2200 RPR Assay - Quantitative Lab/Manufacturer: Bio-Rad Laboratories
0402U	Infectious agent (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or not detected Proprietary test: Abbott Alinity™ m STI Assay Lab/Manufacturer: Abbott Molecular, Inc
0483U	Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance Proprietary test: Ciprofloxacin Susceptibility of Neisseria gonorrhoeae Lab/Manufacturer: MedArbor Diagnostics, SpeeDx, Inc
0484U	Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance Proprietary test: Macrolide Resistance of Mycoplasma genitalium Lab/Manufacturer: MedArbor Diagnostics, SpeeDx, Inc.

Evidence-based Scientific References

1. Ghanem KG, Tuddenham S. Screening for sexually transmitted infections. Updated December 16, 2025. https://www.uptodate.com/contents/screening-for-sexually-transmitted-infections
2. Palefsky JM. Human papillomavirus infections: Epidemiology and disease associations. Updated February 25, 2025. https://www.uptodate.com/contents/human-papillomavirus-infections-epidemiology-and-disease-associations
3. Albrecht MA. Epidemiology, clinical manifestations, and diagnosis of genital herpes simplex virus infection. Updated October 28, 2024. https://www.uptodate.com/contents/epidemiology-clinical-manifestations-and-diagnosis-of-genital-herpes-simplex-virus-infection
4. CDC. Sexually Transmitted Infections Treatment Guidelines, 2021 - Adolescents. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/adolescents.htm
5. CDC. About Syphilis. Updated January 30, 2025. https://www.cdc.gov/syphilis/about/index.html
6. Cantor AG, Pappas M, Daeges M, Nelson HD. Screening for syphilis: Updated evidence report and systematic review for the us preventive services task force. JAMA. 2016;315(21):2328-2337. doi:10.1001/jama.2016.4114
7. CDC. Syphilis (Treponema pallidum): 2018 Case Definition. Updated August 16, 2021. https://ndc.services.cdc.gov/case-definitions/syphilis-2018/
8. CDC. About Chlamydia. Updated January 31, 2025. https://www.cdc.gov/chlamydia/about/index.html
9. LeFevre ML. Screening for Chlamydia and gonorrhea: U.S. Preventive Services Task Force recommendation statement. Annals of internal medicine. Dec 16 2014;161(12):902-10. doi:10.7326/m14-1981
10. CDC. About Gonorrhea. Updated January 31, 2025. https://www.cdc.gov/gonorrhea/about/index.html
11. CDC. Sexually Transmitted Infections Treatment Guidelines, 2021. Updated July 23, 2021. https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf
12. CDC. About Trichomoniasis. Updated January 31, 2025. https://www.cdc.gov/trichomoniasis/about/index.html
13. CDC. Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources. Updated March 22, 2024. https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm
14. CDC. Mycoplasma genitalium. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/mycoplasmagenitalium.htm
15. Hsu K. Clinical manifestations and diagnosis of Chlamydia trachomatis infections in adults and adolescents. Updated May 1, 2024. https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-chlamydia-trachomatis-infections-in-adults-and-adolescents
16. CDC. Sexually Transmitted Infections Surveillance, 2024 (Provisional). Updated Sept. 24 2025. https://www.cdc.gov/sti-statistics/annual/index.html
17. Goldstein E, Martinez-García L, Obermeier M, et al. Simultaneous identification of Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium, and Trichomonas vaginalis–multicenter evaluation of the Alinity m STI assay. Journal of Laboratory Medicine. 2021;45(4-5):213-223. doi:10.1515/labmed-2020-0136
18. Ghanem KG. Clinical manifestations and diagnosis of Neisseria gonorrhoeae infection in adults and adolescents. Updated March 6, 2026. https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-neisseria-gonorrhoeae-infection-in-adults-and-adolescents
19. Unemo M, Ross J, Serwin AB, Gomberg M, Cusini M, Jensen JS. 2020 European guideline for the diagnosis and treatment of gonorrhoea in adults. Int J STD AIDS. Oct 29 2020:956462420949126. doi:10.1177/0956462420949126
20. WHO. Syphilis. Updated May 29, 2025. https://www.who.int/news-room/fact-sheets/detail/syphilis
21. Hicks CB, Clement M. Syphilis: Epidemiology, pathophysiology, and clinical manifestations in patients without HIV. Updated December 20, 2023. https://www.uptodate.com/contents/syphilis-epidemiology-pathophysiology-and-clinical-manifestations-in-patients-without-hiv
22. Hicks CB, Clement M. Syphilis: Screening and diagnostic testing. Updated August 21, 2024. https://www.uptodate.com/contents/syphilis-screening-and-diagnostic-testing
23. Janier M, Hegyi V, Dupin N, et al. 2014 European guideline on the management of syphilis. Journal of the European Academy of Dermatology and Venereology : JEADV. Dec 2014;28(12):1581-93. doi:10.1111/jdv.12734
24. Workowski KA, Bolan GA. Sexually transmitted diseases treatment guidelines, 2015. MMWR Recommendations and reports : Morbidity and mortality weekly report Recommendations and reports. Jun 5 2015;64(Rr-03):1-137.
25. CDC. About Genital Herpes. Updated February 20, 2024. https://www.cdc.gov/herpes/about/index.html
26. Riley LE, Wald A. Genital herpes simplex virus infection and pregnancy. Updated October 17, 2024. https://www.uptodate.com/contents/genital-herpes-simplex-virus-infection-and-pregnancy
27. CDC. About Genital HPV Infection. Updated January 31, 2025. https://www.cdc.gov/sti/about/about-genital-hpv-infection.html
28. Feldman S, Crum CP. Cervical cancer screening tests: Techniques for cervical cytology and human papillomavirus testing. Updated November 20, 2025. https://www.uptodate.com/contents/cervical-cancer-screening-tests-techniques-for-cervical-cytology-and-human-papillomavirus-testing
29. USPSTF. Genital Herpes Infection: Serologic Screening. Updated February 14, 2023. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/genital-herpes-serologic-screening

30. USPSTF. Prevention of Acquisition of HIV: Preexposure Prophylaxis. Updated August 22, 2023. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis#citation47
31. WHO. Global HIV & AIDS statistics — Fact sheet. https://www.unaids.org/en/resources/fact-sheet
32. CDC. Clinical Guidance for PrEP. Updated February 10, 2025. https://www.cdc.gov/hivnexus/hcp/prep/index.html
33. BD. BD receives FDA Approval for HPV Test with Extended Genotyping Capabilities. https://www.bd.com/en-us/company/news-and-media/press-releases/july-22-2020-bd-receives-fda-approval-for-hpv-test-with-extended-genotyping-capabilities
34. FDA. BD ONCLARITY HPV ASSAY. https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pma&id=391601
35. FDA. 501(k) Premarket Notification Xpert CT/NG. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?ID=K121710
36. FDA. 501(k) Premarket Notification Xpert CT/NG, GeneXpert Dx System, GeneXpert Infinity-48s and GeneXpert Infinity-80 Systems, GeneXpert Infinity-48 System, Xpert Vaginal/Endocervical Specimen Collection, Xpert Urine Specimen Collection Kit, Xpert Swab Specimen Collection Kit. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?ID=K190441
37. FDA. 510(k) SUBSTANTIAL EQUIVALENCE DETERMINATION DECISION SUMMARY K121710. https://www.accessdata.fda.gov/cdrh_docs/reviews/K121710.pdf
38. FDA. 510(k) SUBSTANTIAL EQUIVALENCE DETERMINATION DECISION SUMMARY K190441. https://www.accessdata.fda.gov/cdrh_docs/reviews/K190441.pdf
39. Cepheid. Xpert® CT/NG. https://www.cepheid.com/Package%20Insert%20Files/Xpert-CTNG-US-ENGLISH-Package-Insert-301-0234--Rev-K.pdf
40. Abbott. Alinity m STI AMP Kit. https://www.molecularcatalog.abbott/int/en/alinity-m-sti-assay
41. Cook RL, Hutchison SL, Ostergaard L, Braithwaite RS, Ness RB. Systematic review: noninvasive testing for Chlamydia trachomatis and Neisseria gonorrhoeae. Annals of internal medicine. Jun 7 2005;142(11):914-25. doi:10.7326/0003-4819-142-11-200506070-00010
42. Golden M, O'Donnell M, Lukehart S, et al. Treponema pallidum Nucleic Acid Amplification Testing To Augment Syphilis Screening among Men Who Have Sex with Men. J Clin Microbiol. Aug 2019;57(8)doi:10.1128/jcm.00572-19
43. Wong EH, Klausner JD, Caguin-Grygiel G, et al. Evaluation of an IgM/IgG sensitive enzyme immunoassay and the utility of index values for the screening of syphilis infection in a high-risk population. Sexually transmitted diseases. Jun 2011;38(6):528-32. doi:10.1097/OLQ.0b013e318205491a
44. Tsang RS, Martin IE, Lau A, Sawatzky P. Serological diagnosis of syphilis: comparison of the Trep-Chek IgG enzyme immunoassay with other screening and confirmatory tests. FEMS immunology and medical microbiology. Oct 2007;51(1):118-24. doi:10.1111/j.1574-695X.2007.00289.x
45. Juarez-Figueroa L, Uribe-Salas F, Garcia-Cisneros S, Olamendi-Portugal M, Conde-Glez CJ. Evaluation of a rapid strip and a particle agglutination tests for syphilis diagnosis. Diagnostic microbiology and infectious disease. Oct 2007;59(2):123-6. doi:10.1016/j.diagmicrobio.2007.04.008
46. Feltner C, Grodensky C, Ebel C, et al. Serologic Screening for Genital Herpes: An Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. Dec 20 2016;316(23):2531-2543. doi:10.1001/jama.2016.17138
47. Glass N, Nelson, Heidi D. Screening for Genital Herpes Simplex: A Brief Update for the U.S. Preventive Services Task Force. Updated December 20, 2023. https://www.uspreventiveservicestaskforce.org/Home/GetFile/1/733/herpesup/pdf
48. Castle PE, Stoler MH, Wright TC, Jr., Sharma A, Wright TL, Behrens CM. Performance of carcinogenic human papillomavirus (HPV) testing and HPV16 or HPV18 genotyping for cervical cancer screening of women aged 25 years and older: a subanalysis of the ATHENA study. The Lancet Oncology. Sep 2011;12(9):880-90. doi:10.1016/s1470-2045(11)70188-7
49. Guenat D, Launay S, Riethmuller D, Mougin C, Pretet JL. Validation of Novaprep((R)) HQ+ liquid-based cytology medium for high-risk human papillomavirus detection by hc2. Infectious agents and cancer. 2016;11:41. doi:10.1186/s13027-016-0092-7
50. Tshomo U, Franceschi S, Tshokey T, et al. Evaluation of the performance of Human Papillomavirus testing in paired urine and clinician-collected cervical samples among women aged over 30 years in Bhutan. Virology journal. Apr 8 2017;14(1):74. doi:10.1186/s12985-017-0744-2
51. Pham MD, Wise A, Garcia ML, et al. Improving the coverage and accuracy of syphilis testing: The development of a novel rapid, point-of-care test for confirmatory testing of active syphilis infection and its early evaluation in China and South Africa. EClinicalMedicine. Jul 2020;24:100440. doi:10.1016/j.eclinm.2020.100440
52. Bristow CC, Morris SR, Little SJ, Mehta SR, Klausner JD. Meta-analysis of the Cepheid Xpert(®) CT/NG assay for extragenital detection of Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) infections. Sex Health. Aug 2019;16(4):314-319. doi:10.1071/sh18079
53. Cosentino LA, Danby CS, Rabe LK, et al. Use of Nucleic Acid Amplification Testing for Diagnosis of Extragenital Sexually Transmitted Infections. J Clin Microbiol. Sep 2017;55(9):2801-2807. doi:10.1128/jcm.00616-17

54. Kelly H, Coltart CEM, Pant Pai N, et al. Systematic reviews of point-of-care tests for the diagnosis of urogenital Chlamydia trachomatis infections. Sexually transmitted infections. Dec 2017;93(S4):S22-s30. doi:10.1136/sextrans-2016-053067
55. Guy RJ, Causer LM, Klausner JD, et al. Performance and operational characteristics of point-of-care tests for the diagnosis of urogenital gonococcal infections. Sexually transmitted infections. Dec 2017;93(S4):S16-s21. doi:10.1136/sextrans-2017-053192
56. Brischetto A, Gassiep I, Whiley D, Norton R. Retrospective Review of Treponema pallidum PCR and Serology Results: Are Both Tests Necessary? J Clin Microbiol. May 2018;56(5)doi:10.1128/jcm.01782-17
57. Zhiyan L, Meiling W, Ping L, Jinhua D, Zhenlin Y, Zhenru F. Consistency Between Treponema pallidum Particle Agglutination Assay and Architect Chemiluminescent Microparticle Immunoassay and Characterization of Inconsistent Samples. Journal of clinical laboratory analysis. Jul 2015;29(4):281-4. doi:10.1002/jcla.21765
58. Liu TY, Xie R, Luo L, et al. Diagnostic validity of human papillomavirus E6/E7 mRNA test in cervical cytological samples. Journal of virological methods. Feb 2014;196:120-5. doi:10.1016/j.jviromet.2013.10.032
59. Yao YL, Tian QF, Cheng B, Cheng YF, Ye J, Lu WG. Human papillomavirus (HPV) E6/E7 mRNA detection in cervical exfoliated cells: a potential triage for HPV-positive women. Journal of Zhejiang University Science B. Mar. 2017;18(3):256-262. doi:10.1631/jzus.B1600288
60. Arbyn M, Roelens J, Simoens C, et al. Human papillomavirus testing versus repeat cytology for triage of minor cytological cervical lesions. The Cochrane database of systematic reviews. Mar 28 2013;(3):Cd008054. doi:10.1002/14651858.CD008054.pub2
61. Gaydos CA, Ako MC, Lewis M, Hsieh YH, Rothman RE, Dugas AF. Use of a Rapid Diagnostic for Chlamydia trachomatis and Neisseria gonorrhoeae for Women in the Emergency Department Can Improve Clinical Management: Report of a Randomized Clinical Trial. Ann Emerg Med. Jul 2019;74(1):36-44. doi:10.1016/j.annemergmed.2018.09.012
62. NCCN. NCCN Clinical Practice Guidelines in Oncology Anal Carcinoma. https://www.nccn.org/professionals/physician_gls/pdf/anal.pdf
63. Marcell AV, Health MTCfFPaR. Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice. https://californiaptc.com/wp-content/uploads/2019/12/Preventative-Male-Sexual-and-Reproductive-Health-Care.pdf
64. NCCN. NCCN Clinical Practice Guidelines in Oncology Cervical Cancer. https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf
65. NCCN. NCCN Clinical Practice Guidelines in Oncology Head and Neck Cancers https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf
66. NCCN. NCCN Clinical Practice Guidelines Occult Primary (Cancer of Unknown Primary [CUP]). https://www.nccn.org/professionals/physician_gls/pdf/occult.pdf
67. NCCN. NCCN Clinical Practice Guidelines in Oncology Penile Cancer https://www.nccn.org/professionals/physician_gls/pdf/penile.pdf
68. NCCN. NCCN Clinical Practice Guidelines in Oncology Vulvar Cancer (Squamous Cell Carcinoma). https://www.nccn.org/professionals/physician_gls/pdf/vulvar.pdf
69. USPSTF. Screening for Chlamydia and gonorrhea: U.S. Preventive Services Task Force recommendation statement. Updated September 14, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening
70. USPSTF. Chlamydia and Gonorrhea: Screening. Updated September 14, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening
71. Moyer VA. Screening for oral cancer: U.S. preventive services task force recommendation statement. Annals of internal medicine. 2014;160(1):55-60. doi:10.7326/M13-2568
72. Force UPST. Screening for Syphilis Infection in Nonpregnant Adolescents and Adults: US Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA. 2022;328(12):1243-1249. doi:10.1001/jama.2022.15322
73. Force UPST. Screening for Syphilis Infection During Pregnancy: US Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA. 2025;333(22):2006-2012. doi:10.1001/jama.2025.5009
74. CDC. Clinical Guidance for STIs. Updated July 18, 2025. https://www.cdc.gov/sti/hcp/clinical-guidance/index.html
75. CDC. Genital Herpes. Updated September 21, 2022. https://www.cdc.gov/std/treatment-guidelines/herpes.htm
76. Papp JR PI, Fakile Y, Pereira L, Pillay A, Bolan GA. CDC Laboratory Recommendations for Syphilis Testing. CDC MMWR Recomm Rep 2024. 2024;73(No. RR-1):1–32doi:10.15585/mmwr.rr7301a1
77. CDC. Neurosyphilis, Ocular Syphilis, and Otosyphilis. Updated March 7, 2024. https://www.cdc.gov/syphilis/hcp/neurosyphilis-ocular-syphilis-otosyphilis/
78. Dykewicz CA, Jaffe HW, Kaplan JE. Guidelines for Preventing Opportunistic Infections Among Hematopoietic Stem Cell Transplant Recipients. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4910a1.htm
79. CDC. Laboratory Testing for Chlamydia pneumoniae. Updated September 17, 2025. https://www.cdc.gov/cpneumoniae/php/laboratories/index.html
80. CDC. Drug-Resistant Gonorrhea. Updated February 15, 2024. https://www.cdc.gov/gonorrhea/hcp/drug-resistant/index.html
81. CDC. Gonococcal Isolate Surveillance Project (GISP) Profiles. Updated April 15, 2025. https://www.cdc.gov/sti-statistics/gisp-profiles/index.html

82. Papp JR, Schachter J, Gaydos CA, Van Der Pol B. Recommendations for the laboratory-based detection of Chlamydia trachomatis and Neisseria gonorrhoeae--2014. MMWR Recommendations and reports : Morbidity and mortality weekly report Recommendations and reports. Mar 14 2014;63(Rr-02):1-19.
83. CDC. HPV & Men Fact Sheet. Updated April 18, 2022. https://www.ihs.gov/sites/nptc/themes/responsive2017/display_objects/documents/sti_community/CDC-%20STD%20Facts%20-%20HPV%20and%20Men.pdf
84. CDC. Trichomoniasis. Updated September 21, 2022. https://www.cdc.gov/std/treatment-guidelines/trichomoniasis.htm
85. CDC. Sexual Assault and Abuse and STIs – Adolescents and Adults. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/sexual-assault-adults.htm
86. CDC. Getting Tested for STIs. Updated January 31, 2025. https://www.cdc.gov/sti/testing/index.html
87. CDC. STI Treatment Guidelines, 2021- Chlamydial Infection. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm
88. CDC. HIV, Viral Hepatitis, STD & Tuberculosis Prevention in Pregnancy. Updated January 25, 2024. https://www.cdc.gov/pregnancy-hiv-std-tb-hepatitis/about/index.html
89. Gilson R, Nugent D, Werner RN, Ballesteros J, Ross J. 2019 IUSTI-Europe guideline for the management of anogenital warts. Journal of the European Academy of Dermatology and Venereology : JEADV. Aug 2020;34(8):1644-1653. doi:10.1111/jdv.16522
90. de Vries HJC, de Barbeyrac B, de Vrieze NHN, et al. 2019 European guideline on the management of lymphogranuloma venereum. Journal of the European Academy of Dermatology and Venereology : JEADV. Oct 2019;33(10):1821-1828. doi:10.1111/jdv.15729
91. Janier M, Unemo M, Dupin N, Tiplica GS, Potocnik M, Patel R. 2020 European guideline on the management of syphilis. Acta Clin Belg. Jun 6 2020;doi:10.1080/17843286.2020.1773112
92. John A White NHD-M, Christian JPA, Hoebe CRK, Jonathan DC Ross and Magnus, Unemo. 2025 European guideline on the management of Chlamydia trachomatis infections. Int J STD AIDS. 2025;doi:10.1177/09564624251323678
93. Patel R, Moran B, Clarke E, et al. 2024 European guidelines for the management of genital herpes. Int J STD AIDS. 2024;doi:10.1111/jdv.20450
94. Public Health Agency of Canada. Anogenital warts guide: Key information and resourcess. Public Health Agency of Canada. Updated Febuary 20, 2025. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/anogenital-warts.html
95. Public Health Agency of Canada. Chlamydia and LGV guide: Key information and resources. Updated Febuary 20, 2025. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/chlamydia-lgv.html
96. Public Health Agency of Canada. Genital herpes guide: Key information and resources. Updated December 12, 2021. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/herpes-simplex-virus.html
97. Public Health Agency of Canada. Gonorrhea guide: Key information and resources. Updated December 23, 2024. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/gonorrhea.html
98. Public Health Agency of Canada. Mycoplasma Genitalium guide: Key information and resources. Updated December 22, 2021. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/mycoplasma-genitalium.html
99. Public Health Agency of Canada. Syphilis guide: Key information and resources. Updated April 15, 2025. https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/syphilis.html
100. Murray P, Braverman P, Adelman W, et al. Screening for nonviral sexually transmitted infections in adolescents and young adults. Pediatrics. Jul 2014;134(1):e302-11. doi:10.1542/peds.2014-1024
101. NICE. National Institute for Health and Care Excellence: Clinical Guidelines. Cancer of the Upper Aerodigestive Tract: Assessment and Management in People Aged 16 and Over. National Institute for Health and Care Excellence (UK) Copyright (c) National Collaborating Centre for Cancer.; 2018.
102. NICE. Reducing sexually transmitted infections. Updated June 15, 2022. https://www.nice.org.uk/guidance/ng221
103. Society CP. Diagnosis and management of congenital syphilis – Avoiding missed opportunities. Updated March 28, 2024. https://www.cps.ca/en/documents/position/congenital-syphilis
104. Canadian Paediatric Society. Comprehensive sexual health assessments for adolescents. Updated December 7, 2020. https://cps.ca/en/documents/position/comprehensive-sexual-health-assessments-for-adolescents
105. White J, O'Farrell N, Daniels D. 2013 UK National Guideline for the management of lymphogranuloma venereum: Clinical Effectiveness Group of the British Association for Sexual Health and HIV (CEG/BASHH) Guideline development group. Int J STD AIDS. Aug 2013;24(8):593-601. doi:10.1177/0956462413482811
106. Patel R, Green J, Moran B, et al. British Association of Sexual Health and HIV UK national guideline for the management of anogenital herpes, 2024. Int J STD AIDS. 2024;0(0):1-16. doi:10.1177/09564624241282396

107. Nwokolo NC, Dragovic B, Patel S, Tong CY, Barker G, Radcliffe K. 2015 UK national guideline for the management of infection with Chlamydia trachomatis. Int J STD AIDS. Mar 2016;27(4):251-67. doi:10.1177/0956462415615443
108. BASHH. Update on the treatment of Chlamydia trachomatis (CT) infection. Updated September 2018. https://www.bashh.org/_userfiles/pages/files/resources/updateonthetreatmentofchlamydiatrachomatisinfectionfinal16918.pdf
109. Kingston M, Apea V, Evans C, et al. BASHH UK guidelines for the management of syphilis 2024. Int J STD AIDS. 2024;0(0):1-19. doi:10.1177/09564624241280406
110. Ullmann AJ, Schmidt-Hieber M, Bertz H, et al. Infectious diseases in allogeneic haematopoietic stem cell transplantation: prevention and prophylaxis strategy guidelines 2016. Ann Hematol. Sep 2016;95(9):1435-55. doi:10.1007/s00277-016-2711-1

Publication History

07/01/2026:	Administrative edits, added CPT codes 87140, 87270, 87285, 87320, 87494, 87660, 87810, 0455U, 0463U, effective for DOS beginning Sept. 1, 2026; removed CPT codes 86704, 86706, 87340, and G0499, effective for DOS beginning Sept. 1, 2026
04/01/2026:	Annual policy review; administrative edits; removed codes 82565, 82575, 84702, 84703, 86701, 86702, 86703, 86705, 86803, 86804, 87660, 0096U, G0432, G0433, G0435, G0472, G0475, S3645; added 87626 and 87800 to coding grid, effective for DOS beginning June 1, 2026
09/01/2025:	Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.