



Sexually Transmitted Infection (STI) Testing Payment Policy

Line of Business: McLaren Health Advantage, McLaren Health Plan Medicaid HMO, McLaren Medicare Advantage HMO, McLaren Community HMO (Collectively McLaren)

Effective Date: 6/1/2025

This policy applies to Sexually Transmitted Infection (STI) testing services. If there is a conflict between this policy and applicable federal or state laws, regulations or regulatory requirements, the applicable laws or regulations will control. Further, if there is a conflict between this policy and a provider contract, the provider contract will govern. Note – coverage may be mandated by MDHSS or CMS.

Providers are required to submit accurate claims and documentation for all services performed.

Providers must submit claims using valid code combinations required by applicable law. Claims should be coded appropriately according to industry standard coding guidelines. All claims are subject to claim edits and may be subject to further reviews by McLaren or contracted third parties. Providers are expected to promptly work with McLaren and any third parties to provide any requested information related to a claim submission.

Definitions

- **Sexually Transmitted Infections** - are infections that are passed from one person to another through sexual contact.
- **CPT Code 87491** — Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique.
- **CPT Code 87591** — Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique.
- **CPT Code 87661** — Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique.
- **CPT Code 87801** — Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique.

Reimbursement Policy

McLaren requires the panel code 87801 for infectious agent detection by nucleic acid (DNA or RNA) when multiple organisms are tested (two or more individual tests).



1. McLaren will allow reimbursement for single STI tests:

- CPT Code 87491
- CPT Code 87591
- CPT Code 87661

When 2 or more of these codes are billed for a given Member on the same date of service, McLaren will automatically reimburse the fee established for the most comprehensive code, CPT code 87801.

2. McLaren will not allow separate reimbursement for the above referenced codes when billed with the more comprehensive code listed below:

- CPT Code 87801

According to standard coding guidelines, panel codes should be used when all tests defined in the panel description are performed. If a group of tests overlap two or more panels performed, the panel with the greatest number of tests should be reported. Codes falling outside that panel should be coded individually. Both panel codes shouldn't be reported.

Tests defined as a component of panel shouldn't be coded separately. 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 this edit.

Audit

McLaren or a third party may audit or otherwise review all paid claims to ensure the integrity of the paid claims. This includes, but is not limited to coding validation, payment accuracy, compliance with regulations, policies, and contractual requirements. These reviews include clinical claim reviews and payment analytics.