



ADMINISTRATIVE POLICY STATEMENT GEORGIA MARKETPLACE

Policy Name		Policy Number	Date Effective
Screening for Sexually Transmitted Infections		AD-0848	12/01/2020-01/31/2021
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

Administrative Policy Statement	1
A. Subject	2
B. Background	2
C. Definitions	2
D. Policy	3
E. Conditions of Coverage	4
F. Related Policies/Rules	4
G. Review/Revision History	4
H. References	4



A. Subject

Screening for Sexually Transmitted Infections

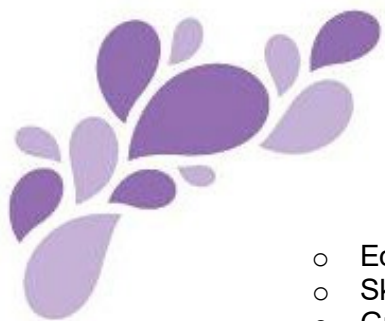
B. Background

Sexually transmitted infections (STIs) cause significant morbidity and mortality in the United States each year. The United States Preventive Services Task Force (USPSTF) recommends that women at increased risk of infection be screened for chlamydia, gonorrhea, human immunodeficiency virus, and syphilis. Men at increased risk should be screened for human immunodeficiency virus and syphilis. All pregnant women should be screened for hepatitis B, human immunodeficiency virus, and syphilis; pregnant women at increased risk also should be screened for chlamydia and gonorrhea. Non-pregnant women and men not at increased risk do not require routine screening for sexually transmitted infections. Engaging in high-risk sexual behavior places persons at increased risk of sexually transmitted infections. The USPSTF recommends that all sexually active women younger than 25 years be considered at increased risk of chlamydia and gonorrhea. Because not all communities present equal risk of sexually transmitted infections, the USPSTF, the US Centers for Disease Control (CDC), the American College of Obstetricians and Gynecologists (ACOG) and other authorities encourage physicians to consider expanding or limiting the routine sexually transmitted infection screening they provide based on the community and populations they serve.

CareSource encourages screening for Sexually Transmitted Infections consistent with the grade A and B recommendations of the USPSTF and the Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) Policy 210.10 for Screening for Sexually Transmitted Infections. In addition to these recommendations, CareSource encourages screening for Sexually Transmitted Infections for men and women at increased risk. CareSource has eliminated the annual screen limitations set forth in the NCD as well as the order of billing STI diagnosis codes

C. Definitions

- **Sexually Transmitted Infections (STI)** – infections that are passed from one person to another through sexual contact
- **Nucleic Acid Amplification Tests (NAATs)** – gene amplification tests such as Polymerase Chain Reaction (PCR) that are cleared by the United States Food and Drug Administration (FDA) and are recommended for detection of genital tract infections caused by *Chlamydia trachomatis* and *Neisseria gonorrhea*, with or without symptoms.
- **High Intensity Behavioral Counseling (HIBC)** to prevent STIs – (per the Centers for Medicare & Medicaid Services) a program intended to promote sexual risk reduction or risk avoidance which includes each of these broad topics, allowing flexibility for appropriate patient focused elements:



- Education
- Skills Training
- Guidance on how to change sexual behavior
- **Screening** – the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease
- **High risk behaviors** (related to acquiring a STI) – as outlined by the U.S. Preventive Services Task Force (USPSTF) and documented in the medical record are:
 - Early sexual activity, for example before age 18
 - Multiple sex partners.
 - Sex with a high-risk partner (one who has multiple sex partners or other risk factors).
 - Unprotected intercourse without consistent use of correct male or female condom use, except in a long-term, single partner (monogamous) relationship.
 - Unprotected mouth to genital contact, except in a long term, single partner (monogamous) relationship.
 - Having anal sex or a partner who does, except in a long term, single partner (monogamous) relationship.
 - Having sex with a partner who injects or has ever injected drugs.
 - Exchange of sex (sex work) for drugs or money.
 - Having had a sexually transmitted disease in the past

D. Policy

- I. CareSource may request the complete and appropriate medical documentation to support and validate the medical necessity of these services.
- II. Sexually Transmitted Infections
 - A. Chlamydia
 1. CareSource considers screening for *Chlamydia trachomatis* infections medically necessary for these member groups:
 - a. All pregnant women.
 - b. All sexually active women aged 24 or younger.
 - c. Women with high-risk behaviors of any age for *Chlamydia trachomatis*.
 2. Routine repeat testing of NAAT-positive genital tract specimens is not recommended because the practice does not improve the positive predictive value of the test Testing;
 - B. Gonorrhea
 1. CareSource considers screening for *Neisseria gonorrhea* infections medically necessary for these member groups:
 - a. All pregnant women.
 - b. All sexually active women aged 24 or younger.
 - c. Men and women with high-risk behaviors of any age for *Neisseria gonorrhea*.
 2. Routine repeat testing of NAAT-positive genital tract specimens is not recommended because the practice does not improve the positive predictive value of the test.
 - C. HIV



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1. Everyone aged 15 to 65 should be screened for HIV (Human Immunodeficiency Virus) Infection.
People younger than age 15 and adults older than 65 should be screened if they are at increased risk for HIV infection.
3. All pregnant women, including women in labor or delivery should be screened for HIV infection.
- D. Syphilis
 1. All pregnant women should be tested for syphilis as early as possible when they first present to care. If a woman has not received prenatal care prior to delivery, she should be tested at the time she presents for delivery.
 2. Men and women with high risk behaviors for syphilis infection.
- E. Hepatitis B
 1. All pregnant women.
 2. Men and women with high-risk behaviors for hepatitis B infection
- III. Documentation of High Intensity Behavioral Counseling must be present in the medical record when routine screening for STI related to high risk sexual behaviors is performed.
- IV. Screening for STI for men and women who are not at increased risk, as outlined in this policy is not considered medically necessary and will not be covered or reimbursed.

E. Conditions of Coverage

F. Related Policies/Rules

N/A

G. Review/Revision History

DATES		ACTION
Date Issued	09/16/2020	New Policy
Date Revised		
Date Effective	12/01/2020	
Date Archived	01/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Decision Memo for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to prevent STIs (CAG-00426N). 2011. Retrieved July 22, 2020 from <https://www.cms.gov>.



Effective Date: 12/01/2020

2. Centers for Disease Control and Prevention (CDC). 2014 Recommendations for the Laboratory-Based Detection of Chlamydia trachomatis and Neisseria gonorrhoeae. Retrieved August 18, 2020 from www.cdc.gov.
3. Centers for Disease Control and Prevention (CDC). STD Screening Recommendations - 2015 STD Treatment Guidelines. (2016, August 22). Retrieved July 22, 2020 from www.cdc.gov.
4. EncoderPro, Optum 360 Access (Online Medical Coding Software). ICD-10-CM Official Guidelines for Coding and Reporting 2020. (2020). Retrieved July 22, 2020 from www.encoderprofp.com.
5. U.S. Preventive Services Task Force. Screening for Chlamydia and Gonorrhea. Retrieved July 22, 2020 from www.uspreventiveservicestaskforce.org.
6. U.S. Preventive Services Task Force. Screening for Human Immunodeficiency Virus (HIV). Retrieved July 22, 2020 from www.uspreventiveservicestaskforce.org.

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.