



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Original Effective Date		Next Annual Review		Effective Date
08/10/2016		05/15/2018		05/26/2017
Policy Name				Policy Number
Sexually Transmitted Infections				PY-0037
Policy Type				
Medical	Administrative	Pharmacy	REIMBURSEMENT	

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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 federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy 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.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

Contents of Policy

<u>REIMBURSEMENT POLICY STATEMENT</u>	1
<u>TABLE OF CONTENTS</u>	1
<u>A. SUBJECT</u>	2
<u>B. BACKGROUND</u>	2
<u>C. DEFINITIONS</u>	3
<u>D. POLICY</u>	3
<u>E. CONDITIONS OF COVERAGE</u>	4
<u>F. RELATED POLICIES/RULES</u>	11
<u>G. REVIEW/REVISION HISTORY</u>	11
<u>H. REFERENCES</u>	11



A. SUBJECT

Sexually Transmitted Infections (STI) Screening

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPSC code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment.

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.[1] 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. [2-8]

Historically, intervention efforts have focused on individual-level factors associated with STD risk. For example, it is important to educate members to practice safer sex, and for providers to screen high-risk individuals for common STI's. Investigators are now also evaluating higher-level factors (e.g., peer norms, media influences, and other social and cultural factors) which may also influence behaviors.[9]

Until effective strategies involving higher-level factors emerge, matching individual factors to screening test indications is the mainstay of STI screening. Generally, a recommendation for screening is based upon the strength of evidence that acting upon results of a screening test will lead to a significantly decreased infection rate for the target population evaluated.

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 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. The specific rules that apply for diagnosis codes (for Medicaid members *only*) are outlined in this policy.



C. DEFINITIONS

- **Sexually transmitted infections (STI)** - are infections that are passed from one person to another through sexual contact.
- **Nucleic acid amplification tests (NAAT's)** are gene amplification laboratory 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 gonorrhoeae with or without symptoms. For detecting these infections of the genital tract, optimal specimen types for NAATs are vaginal swabs from women and first catch urine from men. Older nonculture tests and non-NAATs have inferior sensitivity and specificity characteristics and no longer are recommended. Since 2002, improvements in chlamydia and gonorrhea NAAT technologies have enabled significant implementation and expansion of screening programs using less invasive specimen collection.[5]
- **High risk behaviors for acquiring a sexually transmitted disease** are considered in the medical history of a clinical evaluation. Many STI's are asymptomatic, but without detection by appropriate screening evaluation may lead to morbidity or preterm labor in pregnant women [7]
 1. Early sexual activity, for example before age 18.
 2. Multiple sex partners.
 3. Sex with a high-risk partner (one who has multiple sex partners or other risk factors).
 4. Unprotected intercourse without consistent or correct male or female condom use, except in a long-term, single-partner (monogamous) relationship.
 5. Unprotected mouth-to-genital contact, except in a long-term monogamous relationship.
 6. Having anal sex or a partner who does, except in a long-term, single-partner (monogamous) relationship.
 7. Having sex with a partner who injects or has ever injected drugs.
 8. Exchange of sex (sex work) for drugs or money.
 9. Having had Chlamydia trachomatis or other sexually transmitted diseases in the past.

D. POLICY

- I. Prior authorization is not required for any medically necessary STI screenings.
NOTE: Although the drug screenings covered by this policy do not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.
- II. Screening tests for the STIs referred to in this policy are selected laboratory tests. Material related to diagnostic testing in this policy is included to clarify coverage for diagnostic versus screening indications.
- III. Sexually Transmitted Infections ("STI") Screening: Chlamydia and Gonorrhea
 - A. CareSource considers screening for Chlamydia trachomatis ("Chlamydia") and Neisseria gonorrhoea ("Gonorrhea") infections as medically necessary preventive care for these member groups according to the USPSTF, CDC, and NCQA:
 1. All pregnant women younger than 25 years of age
 2. All sexually active women younger than 25 years of age
 3. Men and women with high-risk factors of any age for Chlamydia trachomatis and/or Gonorrhea infection.
 - B. In agreement with the USPSTF, CareSource considers Chlamydia and Gonorrhea screening experimental and investigational for asymptomatic low risk men, and for women who do not meet the above criteria, because of insufficient evidence in the peer-reviewed literature for low-risk populations.



- C. 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.
- IV. Sexually Transmitted Infections (“STI”) Diagnosis: Chlamydia and Gonorrhea
 - A. CareSource considers Chlamydia and/or Gonorrhea diagnostic testing medically necessary for members with signs or symptoms of Chlamydia and/or Gonorrhea infection.
 - B. CareSource considers home testing for Chlamydia and/or Gonorrhea experimental and investigational because of insufficient evidence in the peer-reviewed literature.
- V. Sexually Transmitted Infections (“STI”) Screening: Trichomoniasis/Trichomonas vaginalis
 - A. CareSource provides coverage for screening test for Trichomoniasis in high risk men, and Trichomoniasis/trichomonas vaginalis in high risk women, pregnant women, and women under 25.[7]
 - B. The screening of asymptomatic pregnant women for bacterial vaginosis to reduce the likelihood of pre-term birth is considered experimental and investigational and is not covered by the American College of Obstetricians and Gynecologists.[3]
 - C. CareSource considers screening as medically necessary for Trichomoniasis in men with high risk factors, and Trichomoniasis/Trichomonas vaginalis in women with high risk factors.
 - D. Culture is a sensitive and highly specific commercially available method of diagnosis. Among women in whom trichomoniasis is suspected but not confirmed by microscopy, vaginal secretions should be cultured for T. vaginalis.
 - E. An FDA-cleared PCR assay for detection of gonorrhea and chlamydial infection (Amplicor, Roche Diagnostic Corp.) has been modified for T. vaginalis detection in vaginal or endocervical swabs and in urine from women and men; sensitivity ranges from 88%–97% and specificity from 98%–99%.[10] APTIMA T. vaginalis Analyte Specific Reagents (ASR, Gen-Probe, Inc.) also can detect T. vaginalis RNA by transcription-mediated amplification using the same instrumentation platforms available for the FDA-cleared APTIMA Combo2 assay for diagnosis of gonorrhea and chlamydial infection; published validation studies of T. vaginalis ASR found sensitivity ranging from 74%–98% and specificity of 87%–98%.[11]

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Ohio Medicaid fee schedule.

<http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/App-DD.pdf>

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.

- I. Coverage - General
 - A. CareSource will cover screening for these USPSTF-indicated STIs with the appropriate Food and Drug Administration (“FDA”)-approved/cleared laboratory tests when ordered and performed by an eligible provider for these services, and when used consistent with FDA-approved labeling and in compliance with the Clinical Laboratory Improvement Act (“CLIA”) regulations.
 - B. High-Intensity Behavioral Counseling (“HIBC”) to prevent STIs may be provided on the same date of services as an annual wellness visit, evaluation and management (E&M) service, or during the global billing period for obstetrical care, but only one HIBC may be provided on any one date of service.



- II. Covered Screening Tests for Asymptomatic Members
- A. If policy criteria are met, CareSource will reimburse for the following CPT codes once per calendar year for screening when medically necessary to test for sexually transmitted infections (STIs) in asymptomatic men and women if accompanied by one or more of the following gender-appropriate ICD-10 codes:

Codes	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	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
Z00	Encounter for general examination without complaint, suspected or reported diagnosis
Z00.0	Encounter for general adult medical examination
Z00.3	Encounter for examination for adolescent development state
Z00.8	Encounter for other general examination
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.8	Encounter for screening for other infectious and parasitic diseases [chlamydia]
Z34	Encounter for supervision of normal pregnancy
Z71	Persons encountering health services for other counseling and medical advice, not elsewhere classified

- B. If policy criteria are met, CareSource will reimburse for the above CPT codes when medically necessary to test for sexually transmitted infections (STIs) in asymptomatic men and women if accompanied by one or more of the following gender-appropriate ICD-10 codes:

Codes	Description
Z00.01	Encounter for general adult medical examination with abnormal findings
Z20	Contact with and (suspected) exposure to communicable diseases
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.8	Contact with and (suspected) exposure to other communicable diseases
Z20.818	Contact with and (suspected) exposure to other bacterial communicable diseases
Z20.89	Contact with and (suspected) exposure to other communicable diseases
Z20.9	Contact with and (suspected) exposure to unspecified communicable disease
Z22.4	Carrier of infections with a predominantly sexual mode of transmission
Z72.51 - Z72.53	High-risk sexual behavior



O09 – O09.A3	Supervision of high-risk pregnancy
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III. Covered Screening Tests for Symptomatic Members

A. **Chlamydia.** If policy criteria are met, CareSource will reimburse for the following CPT codes for diagnosis when medically necessary to test for sexually transmitted infections (STIs) if accompanied by one or more of the following gender-appropriate ICD-10 codes:

Codes	Description
86631	Antibody; Chlamydia
86632	Antibody; Chlamydia,Igm
87110	Culture, Chlamydia
87270	Chlamydia trachomatis antigen detection by DFA
87320	Chlamydia trachomatis antigen detection by EIA
87490	Chlamydia trachomatis detect by DNA, dir. probe
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87810	Chlamydia trachomatis detect by immunoassay
87800	Detect agent multi, DNA, direct

A55	Chlamydial lymphogranuloma (venereum)
A56	Other sexually transmitted chlamydial diseases
A56.0	Chlamydial infection of lower genitourinary tract
A56.00	Chlamydial infection of lower genitourinary tract, unspecified
A56.01	Chlamydial cystitis and urethritis
A56.02	Chlamydial vulvovaginitis
A56.09	Other chlamydial infection of lower genitourinary tract
A56.1	Chlamydial infection of pelviperitoneum and other genitourinary organs
A56.11	Chlamydial female pelvic inflammatory disease
A56.19	Other chlamydial genitourinary infection
A56.2	Chlamydial infection of genitourinary tract, unspecified
A56.3	Chlamydial infection of anus and rectum
A56.4	Chlamydial infection of pharynx
A56.8	Sexually transmitted chlamydial infection of other sites
A74	Other diseases caused by chlamydiae
A74.0	Chlamydial conjunctivitis
A74.8	Other chlamydial diseases
A74.81	Chlamydial peritonitis
A74.89	Other chlamydial diseases
A74.9	Chlamydial infection, unspecified
N71.0	Acute inflammatory disease of uterus
N71.1	Chronic inflammatory disease of uterus
N71.9	Inflammatory disease of uterus, unspecified
N72	Inflammatory disease of cervix uteri
N73	Other female pelvic inflammatory diseases
N73.0	Acute parametritis and pelvic cellulitis
N73.1	Chronic parametritis and pelvic cellulitis
N73.2	Unspecified parametritis and pelvic cellulitis
N73.3	Female acute pelvic peritonitis
N73.4	Female chronic pelvic peritonitis
N73.5	Female pelvic peritonitis, unspecified



N73.6	Female pelvic peritoneal adhesions (post infective)
N73.8	Other specified female pelvic inflammatory diseases
N73.9	Female pelvic inflammatory disease, unspecified
N74	Female pelvic inflammatory disorders in diseases classified elsewhere
N76	Other inflammation of vagina and vulva
N76.0	Acute Vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N76.4	Abscess of vulva
N76.5	Ulceration of vagina
N76.6	Ulceration of vulva
N76.8	Other specified inflammation of vagina and vulva
N76.81	Mucositis (ulcerative) of vagina and vulva
N76.89	Other specified inflammation of vagina and vulva
N34	Urethritis
N34.0	Urethral abscess
N34.1	Nonspecific urethritis
N34.2	Other urethritis
N34.3	Urethral syndrome, unspecified
O98	Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

- B. **Gonorrhea.** If policy criteria are met, CareSource will reimburse for the following CPT codes for diagnosis when medically necessary to test for sexually transmitted infections (STIs) if accompanied by one or more of the following gender-appropriate ICD-10 codes:

Code	Description
87590	N. gonorrhoeae by DNA, direct probe
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87850	N. gonorrhoeae detection by immunoassay
87800	Detect agent multi, DNA, direct

A54	Gonococcal infection
A54.0	Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess
A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A54.01	Gonococcal cystitis and urethritis, unspecified
A54.02	Gonococcal vulvovaginitis, unspecified
A54.03	Gonococcal cervicitis, unspecified
A54.09	Other gonococcal infection of lower genitourinary tract
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.2	Gonococcal pelviperitonitis and other gonococcal genitourinary infection
A54.21	Gonococcal infection of kidney and ureter
A54.22	Gonococcal prostatitis
A54.23	Gonococcal infection of other male genital organs
A54.24	Gonococcal female pelvic inflammatory disease



A54.29	Other gonococcal genitourinary infections
A54.3	Gonococcal infection of eye
A54.30	Gonococcal infection of eye, unspecified
A54.31	Gonococcal conjunctivitis
A54.32	Gonococcal iridocyclitis
A54.33	Gonococcal keratitis
A54.39	Other gonococcal eye infection
A54.4	Gonococcal infection of musculoskeletal system
A54.40	Gonococcal infection of musculoskeletal system, unspecified
A54.41	Gonococcal spondylopathy
A54.42	Gonococcal arthritis
A54.43	Gonococcal osteomyelitis
A54.49	Gonococcal infection of other musculoskeletal tissue
A54.5	Gonococcal pharyngitis
A54.6	Gonococcal infection of anus and rectum
A54.8	Other gonococcal infections
A54.81	Gonococcal meningitis
A54.82	Gonococcal brain abscess
A54.83	Gonococcal heart infection
A54.84	Gonococcal pneumonia
A54.85	Gonococcal peritonitis
A54.86	Gonococcal sepsis
A54.89	Other gonococcal infections
A54.9	Gonococcal infection, unspecified
N71.0	Acute inflammatory disease of uterus
N71.1	Chronic inflammatory disease of uterus
N71.9	Inflammatory disease of uterus, unspecified
N72	Inflammatory disease of cervix uteri
N73	Other female pelvic inflammatory diseases
N73.0	Acute parametritis and pelvic cellulitis
N73.1	Chronic parametritis and pelvic cellulitis
N73.2	Unspecified parametritis and pelvic cellulitis
N73.3	Female acute pelvic peritonitis
N73.4	Female chronic pelvic peritonitis
N73.5	Female pelvic peritonitis, unspecified
N73.6	Female pelvic peritoneal adhesions (post infective)
N73.8	Other specified female pelvic inflammatory diseases
N73.9	Female pelvic inflammatory disease, unspecified
N74	Female pelvic inflammatory disorders in diseases classified elsewhere
N76	Other inflammation of vagina and vulva
N76.0	Acute Vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N76.4	Abscess of vulva
N76.5	Ulceration of vagina
N76.6	Ulceration of vulva
N76.8	Other specified inflammation of vagina and vulva
N76.81	Mucositis (ulcerative) of vagina and vulva
N76.89	Other specified inflammation of vagina and vulva
N34	Urethritis
N34.0	Urethral abscess



N34.1	Nonspecific urethritis
N34.2	Other urethritis
N34.3	Urethral syndrome, unspecified
O98	Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

C. **Trichomoniasis/Trichomonas vaginalis.** If policy criteria are met, CareSource will reimburse for the following CPT codes for diagnosis when medically necessary to test for sexually transmitted infections (STIs) if accompanied by one or more of the following gender-appropriate ICD-10 codes:

Codes	Description
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique

A59	Trichomoniasis
A59.9	Trichomoniasis, unspecified
A59.00	Urogenital trichomoniasis, unspecified
A59.01	Trichomonal vulvovaginitis
A59.02	Trichomonal prostatitis
A59.03	Trichomonal cystitis and urethritis
A59.09	Other urogenital trichomoniasis
A59.8	Trichomoniasis of other sites
A59.9	Trichomoniasis, unspecified
N71	Acute inflammatory disease of uterus
N71.1	Chronic inflammatory disease of uterus
N71.9	Inflammatory disease of uterus, unspecified
N72	Inflammatory disease of cervix uteri
N73	Other female pelvic inflammatory diseases
N73.0	Acute parametritis and pelvic cellulitis
N73.1	Chronic parametritis and pelvic cellulitis
N73.2	Unspecified parametritis and pelvic cellulitis
N73.3	Female acute pelvic peritonitis
N73.4	Female chronic pelvic peritonitis
N73.5	Female pelvic peritonitis, unspecified
N73.6	Female pelvic peritoneal adhesions (post infective)
N73.8	Other specified female pelvic inflammatory diseases
N73.9	Female pelvic inflammatory disease, unspecified
N74	Female pelvic inflammatory disorders in diseases classified elsewhere
N76	Other inflammation of vagina and vulva
N76.0	Acute Vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N76.4	Abscess of vulva
N76.5	Ulceration of vagina
N76.6	Ulceration of vulva
N76.8	Other specified inflammation of vagina and vulva
N76.81	Mucositis (ulcerative) of vagina and vulva
N76.89	Other specified inflammation of vagina and vulva
N34	Urethritis



N34.0	Urethral abscess
N34.1	Nonspecific urethritis
N34.2	Other urethritis
N34.3	Urethral syndrome, unspecified
O98	Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

- D. **Syphilis.** If policy criteria are met, CareSource will reimburse for the following CPT codes for diagnosis when medically necessary to test for sexually transmitted infections (STIs) if accompanied by one or more of the following ICD-10 codes:

Codes	Description
86592	Syphilis test non-Trep Qual
86593	Syphilis test non-Trep Quant
86780	Treponema pallidum

A50 – A 50.9	Congenital syphilis
A51 – A51.9	Early syphilis
A52 – A52.9	Late syphilis
A53 – A53.9	Other and unspecified syphilis
A65	Nonvenereal syphilis

- E. **Hepatitis B.** If policy criteria are met, CareSource will reimburse for the following CPT codes for diagnosis when medically necessary to test for sexually transmitted infections (STIs) in women if accompanied by one or more of the following ICD-10 codes:

Codes	Description
87340	Hepatitis B surface antigen detection by EIA
87341	Hepatitis B surface, ag, EIA

B16 – B16.9	Acute hepatitis B
B17 – B17.9	Other acute viral hepatitis
B18 – B18.9	Chronic viral hepatitis
B19 – B19.9	Unspecified viral hepatitis

IV. Non-Covered Services

- A. The US CDC notes that current guidelines do not support PCR testing for bacterial vaginosis or vaginal discharge. Workowski et al state that "PCR also has been used in research settings for the detection of a variety of organisms associated with BV, but evaluation of its clinical utility is uncertain." [7] The CDC does not indicate any role for PCR tests in the assessment of vaginal discharge without suspicion for *C. trachomatis* or *N. gonorrhoeae* based on history of sexual activity and presence of mucopurulent cervicitis. Otherwise, the cause of vaginal infection can be evaluated and diagnosed by pH and microscopic examination of the discharge.

Codes	Description
B37.0 - B37.9	Candidiasis
N76.0 - N76.3	Acute, subacute, chronic vaginitis and vulvitis [bacterial vaginosis associated bacteria 2 (BVAB2), megasphaera type 2]



N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere [bacterial vaginosis associated bacteria 2 (BVAB2), megasphaera type 2]
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AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

- Centers for Medicare & Medicaid Services Manual – Pub. 100-3 National Coverage Determination / 210.10 – Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs
- United States Preventive Services Task Force Recommendations

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	08/10/2016	
Date Revised	05/26/2017	
Date Effective	05/26/2017	

H. REFERENCES

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