

Sexually Transmitted Infection (STI) Testing Policy

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Purpose

This guide describes reimbursement for Infectious agent detection by nucleic acid (DNA or RNA) assays for the detection of Sexually Transmitted Infections (STI), represented by CPT codes 87491, 87591, 87661, or 87801, and submitted for reimbursement on professional and facility claim forms. For purposes of this policy, professional charges are considered those submitted on a 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent. Facility charges are considered those submitted on a UB-04 Claim Form or its electronic equivalent.

This policy does not change how a provider is required to bill. Provider is required to bill for the applicable single STI CPT codes as they are rendered.

Scope

This guide applies to all providers, nonphysician providers, subcontractors, and facilities submitting claims for members under any of the following plans. Columbia Pacific CCO, Jackson Care Connect, Health Share of Oregon and CareOregon Advantage plans participating and nonparticipating providers and facilities.

Policy

CareOregon allows reimbursement of sexually transmitted infection (STI) tests. CareOregon considers certain STI testing CPT codes to be part of a laboratory panel grouping. When CareOregon receives a claim with two or more single tests laboratory procedure codes reported, we will bundle those two or more single tests into the comprehensive laboratory procedure code listed below.

Applicable single STI CPT codes:

- 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

Applicable comprehensive code:

- 87801: Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

CareOregon will reimburse the more comprehensive, multiple organism code for infectious agent detection by nucleic acid; amplified probe technique, CPT code 87801 when two or more single test CPT codes are billed separately by the same provider on the same date of service.

This policy does not change how a provider is required to bill. Provider is required to bill for the applicable single STI CPT codes as they are rendered.

Definitions

Sexually Transmitted Infections – Infections that are passed from one person to another through sexual contact.

STI – Sexually Transmitted Infections

Limitations

Services that do not meet medical necessity criteria are not eligible for reimbursement

Claims that lack sufficient documentation, including improper coding, or fail to meet supervision or scope of practice requirements may be denied or subject to post payment review

Certain service types, visit frequencies, or settings may be restricted based on CareOregon benefit coverage, Oregon Administrative Rules, or federal regulations.

Providers are responsible for remaining current with changes to CPT®, HCPCS, and regulatory standards, as codes and coverage guidelines may be updated continually, typically annually, though not always.

This document is provided for informational purposes only and should not be construed as legal advice. Any cited statutes are current as of the date of publication of this guide.

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT®) itself. Additions and deletions conform it to the most recent publications of CPT® and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2026. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise, or guarantee of any kind about the accuracy, completeness, or adequacy of the content for a specific claim, situation, or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT® codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.

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