Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs (NCD 210.10)

Guideline Number: MPG276.07
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➲ Terms and Conditions

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Related Medicare Advantage Policy Guidelines

- Clinical Diagnostic Laboratory Services
- Screening for Hepatitis B Virus (HBV) Infection (NCD 210.6)

Related Medicare Advantage Coverage Summaries

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Policy Summary

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Overview

Sexually transmitted infections (STIs) are infections that are passed from one person to another through sexual contact. Many of the complications of STIs are borne by women and children. STIs remain an important cause of morbidity in the United States and have both health and economic consequences. Often, STIs do not present any symptoms so can go untreated for long periods of time. The presence of an STI during pregnancy may result in significant health complications for the woman and infant. In fact, any person who has an STI may develop health complications. Screening tests for the STIs in this national coverage determination (NCD) are laboratory tests.

The scope of the national coverage analysis for this NCD evaluated the evidence for the following STIs and high intensity behavioral counseling (HIBC) to prevent STIs for which the United States Preventive Services Task Force (USPSTF) has issued either an A or B recommendation.

- Screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk,
- Screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk,
- Screening for syphilis infection for all pregnant women and for all persons at increased risk,
- Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit,
- Screening for gonorrhea infection in all sexually active women, including those who are pregnant, if they are at increased risk,
- HIBC for the prevention of STIs for all sexually active adolescents, and for adults at increased risk for STIs.

Nationally Covered Indications

CMS has determined that the evidence is adequate to conclude that screening for syphilis, chlamydia, gonorrhea, and hepatitis B, as well as HIBC to prevent STIs, consistent with the grade A and B recommendations by the USPSTF, is reasonable and

necessary for the early detection or prevention of an illness or disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

Effective for claims with dates of services on or after November 8, 2011, CMS will cover screening for these USPSTF-indicated STIs with the appropriate Food and Drug Administration (FDA)-approved/cleared laboratory tests, used consistent with FDA-approved labeling, and in compliance with the Clinical Laboratory Improvement Act (CLIA) regulations, when ordered by the primary care physician or practitioner, and performed by an eligible Medicare provider for these services.

Screening for chlamydia and gonorrhea:
- Pregnant women who are 24 years old or younger when the diagnosis of pregnancy is known, and then repeat screening during the third trimester if high-risk sexual behavior has occurred since the initial screening test,
- Pregnant women who are at increased risk for STIs when the diagnosis of pregnancy is known, and then repeat screening during the third trimester if high-risk sexual behavior has occurred since the initial screening test,
- Women at increased risk for STIs annually.

Screening for syphilis:
- Men and women at increased risk for STIs annually,
- Pregnant women when the diagnosis of pregnancy is known, and then repeat screening during the third trimester and at delivery if high-risk sexual behavior has occurred since the previous screening test.

Screening for hepatitis B:
- Pregnant women at the first prenatal visit when the diagnosis of pregnancy is known, and then rescreening at time of delivery for those with new or continuing risk factors.

In addition, effective for claims with dates of service on or after November 8, 2011, CMS will cover up to two individual 20 to 30 minute, face-to-face counseling sessions annually for Medicare beneficiaries for HIBC to prevent STIs, for all sexually active adolescents and for adults at increased risk for STIs, if referred for this service by a primary care physician or practitioner, and provided by a Medicare eligible primary care provider in a primary care setting. Coverage of HIBC to prevent STIs is consistent with the USPSTF recommendation.

HIBC is defined as 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.

The high/increased risk individual sexual behaviors, based on the USPSTF guidelines, include any of the following:
- Multiple sex partners,
- Having an STI within the past year,
- IV drug use (for hepatitis B only),
- Using barrier protection inconsistently,
- Having sex under the influence of alcohol or drugs,
- Having sex in exchange for money or drugs,
- Age (24 years of age or younger and sexually active for women for chlamydia and gonorrhea),
- In addition for men – men having sex with men (MSM) and engaged in high risk sexual behavior, but no regard to age.

In addition to individual risk factors, in concurrence with the USPSTF recommendations, community social factors such as high prevalence of STIs in the community populations should be considered in determining high/increased risk for chlamydia, gonorrhea, syphilis, and for recommending HIBC.

High/increased risk sexual behavior for STIs is determined by the primary care provider by assessing the patient's sexual history which is part of any complete medical history, typically part of an annual wellness visit or prenatal visit and considered in the development of a comprehensive prevention plan. The medical record should be a reflection of the service provided.

Primary Care Setting

For the purposes of this NCD, a primary care setting is defined as the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, clinics providing a limited focus of health care services and hospice are examples of settings not considered primary care settings under this definition.

For the purposes of this NCD, a "primary care physician" and "primary care practitioner" will be defined based on existing sections of the Social Security Act (§1833(u)(6), §1833(x)(2)(A)(i)(I) and §1833(x)(2)(A)(i)(II)).

- Physician Defined: For purposes of this paragraph, the term "physician" means a physician described in section 1861(r)(1) and the term "primary care physician" means a physician who is identified in the available data as a general practitioner, family practice practitioner, general internist, obstetrician or gynecologist.
- A physician (as described in section 1861(r)(1)) who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine; or (II) is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861(aa)(5)).

Nationally Non-Covered Indications

Unless specifically covered in this NCD, any other NCD, or in statute, preventive services are non-covered by Medicare.

Other

Medicare coinsurance and Part B deductible are waived for these preventive services.

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. See the claims processing manual for further instructions on claims processing.

For services provided on an annual basis, this is defined as a 12-month period.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT 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
86780	Antibody; Treponema pallidum
87110	Culture, chlamydia, any source
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
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

CPT Code	Description
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae

HCPCS Code	Description
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior

Diagnosis Code	Description
O09.90	Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91	Supervision of high risk pregnancy, unspecified, first trimester
O09.92	Supervision of high risk pregnancy, unspecified, second trimester
O09.93	Supervision of high risk pregnancy, unspecified, third trimester
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior
Z72.89	Other problems related to lifestyle

Questions and Answers

1	Q:	Is more than one diagnosis needed?
	A:	More than one diagnosis is required as outlined in the NCD.
2	Q:	Is a specific POS required for HCPCS code G0445?
	A:	Yes, POS (02, 11, 19, 22, 49, 71).

References

CMS National Coverage Determinations (NCDs)

NCD 210.10 Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to Prevent STIs
Reference NCD: NCD 210.6 Screening for Hepatitis B Virus (HBV) Infection

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33777 Noncovered Services Retired 07/01/2020	N/A	First Coast	FL, PR, VI	FL, PR, VI
L35015 (Molecular Diagnostics: Genitourinary Infectious Disease Testing) (Retired 08/13/2020)	A56791 (Billing and Coding: Molecular Diagnostics: Genitourinary Infectious Disease Testing) (Retired 08/13/2020)	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33754 (Syphilis Test) (Retired 09/17/2020)	A57546 (Billing and Coding: Syphilis Test) Retired 09/17/2020)	First Coast	FL, PR, VI	FL, PR, VI
	A57549 (Syphilis test revision to the Part A and Part B LCD) (Retired 09/17/2020)			

CMS Claims Processing Manual

Chapter 18, § 170-170.5 Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs

CMS Transmittal(s)

Transmittal 1713, Change Request 9719, Dated 09/01/2016 (Editing Update for Screening for Sexually Transmitted Infections)

MLN Matters

Article MM7610, Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs
Article MM8691, ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs) – Maintenance CR
Article MM9231, New and Revised Place of Service Codes (POS) for Outpatient Hospitals

UnitedHealthcare Commercial Policies

Hepatitis Screening
Preventive Care Services

Other(s)

MLN Medicare Preventive Services

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	**Template Update** • Reformatted policy; transferred content to new template
12/09/2020	**Applicable Codes** • Removed Place of Service codes 11, 19, 22, 49, and 71 • Added ICD-10 diagnosis code Z72.51 **Questions and Answers** • Added Q&A #2 to clarify what Place of Service code is required when submitting HCPCS code G0445 **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version MPG276.06

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing

Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.