Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Diagnostic Testing of Common Sexually Transmitted Infections

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Sexually transmitted infections (STIs), often referred to as sexually transmitted diseases or STDs, include a variety of pathogenic bacteria, virus, and other microorganisms that are spread through sexual contact and can cause a multitude of complications if left untreated. Chlamydia and gonorrhea, caused by *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, respectively, have high rates of occurrence in the United States and can cause pelvic inflammatory disease (PID), infertility, and pregnancy complications. The causative agent of syphilis is *Treponema pallidum*; if left untreated, syphilis can lead to serious cardiac and neurological conditions . Human papillomavirus (HPV) is a double-stranded DNA virus that can be sexually transmitted and is associated with cervical cancer, vulvar/vaginal cancer, anal cancer, oropharyngeal cancer, penile cancer, and both genital and nongenital warts. “Globally, anogenital HPV is the most common sexually transmitted infection” with an estimated 80% of sexually active adults exposed to it at least once in their lifetime . Herpes simplex virus (HSV) is a common STI where many individuals are asymptomatic. HSV infection has been linked to an increased risk of other infections, including human immunodeficiency virus (HIV), and in rare cases, can also result in HSV meningitis or proctitis . In general, risk factors for STIs can include both behavioral elements, such as multiple sex partners, working in a sex trade, and inconsistent use of condoms when in non-monogamous relationships as well as demographic risks, including men who have sex with men (MSM), prior STI diagnosis, admission to correctional facilities, and lower socioeconomic status .

This policy is limited to testing for *C. trachomatis, N. gonorrhoeae, T. pallidum, T. vaginalis* (for guidance on *T. vaginalis* in vaginitis, refer to the Diagnosis of Vaginitis , HSV, and HPV. Refer to the following policies for additional information:

- Human Immunodeficiency Virus
- Hepatitis Testing
- Pediatric Preventive Screening
- Cervical Cancer Screening
- Pathogen Panel Testing

For STI screening in pregnant individuals, refer to the Prenatal Screening (Nongenetic) policy.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

1. Antibody testing for syphilis infection **MEETS COVERAGE CRITERIA** in the following situations:
   a. For any asymptomatic person in a high-risk category (see **Notes 1 & 2**), once a year assessment using either a “standard” or “reverse” algorithm that includes initial and confirmatory tests for any initial positive test, such as:
      i. Treponemal Ig test and

ii. Nontreponemal Ig test.
   b. For diagnosis of any person presenting with signs and/or symptoms of a syphilis infection (see **Note 3**).
   c. Once every three months for HIV-positive men or MSM.
   d. Treponemal Ig testing and nontreponemal testing (once prior to transplant) as a part of a pre-transplant assessment in both donors and recipients of an allogeneic hematopoietic stem cell transplantation (allo-HCT).
   e. When a nontreponemal test is used as a test of cure (TOC) for a positive syphilis infection.
2. For asymptomatic individuals NOT belonging to a high-risk category (see **Notes 1 & 2**), antibody screening for syphilis **MEETS COVERAGE CRITERIA** only in the following situations:
   a. As part of newborn screening.
   b. As part of follow-up in a victim of sexual assault.
   c. For sexually active individuals less than 18 years of age (annually).
3. Polymerase chain reaction (PCR) testing and nucleic acid amplification testing (NAAT) for syphilis **DO NOT MEET COVERAGE CRITERIA**.
4. Qualitative NAAT for chlamydia **MEETS COVERAGE CRITERIA** in the following situations:
   a. Once a year assessment for any asymptomatic person in a high-risk category (see **Notes 1& 4**).
   b. For diagnosis of any person presenting with signs and/or symptoms of a chlamydial infection (see **Note 5**).
   c. For the diagnosis of any person with suspected lymphogranuloma venereum (LGV).
   d. At least three months after initial chlamydial diagnosis as a TOC.
5. For asymptomatic individuals NOT belonging to a high-risk category (see **Notes 1 & 4**), NAAT screening for chlamydia **MEETS COVERAGE CRITERIA** only in the following situations:
   a. As part of newborn screening.
   b. As part of follow-up in a victim of sexual assault.
   c. For sexually active individuals less than 18 years of age (annually).
6. Serology testing for chlamydia or LGV **DOES NOT MEET COVERAGE CRITERIA**.
7. Qualitative NAAT for gonorrhea **MEETS COVERAGE CRITERIA** in the following situations:
   a. Once a year assessment for any asymptomatic person in a high-risk category (see **Notes 1 & 4**).
   b. For diagnosis of any person presenting with signs and/or symptoms of a gonorrheal infection (see **Note 6**).
   c. As a TOC for treatment.
8. For an individual that does not respond to initial treatment, culture testing for *N. gonorrhoeae* to determine antimicrobial susceptibility **MEETS COVERAGE CRITERIA**.
9. For asymptomatic individuals NOT belonging to a high-risk category (see Notes 1 & 4), NAAT screening for gonorrhea **MEETS COVERAGE CRITERIA** only in the following situations:
   a. As part of newborn screening.
   b. As part of follow-up in a victim of sexual assault.
   c. For sexually active individuals less than 18 years of age (annually).
10. ~~NAATs or PCR-based testing~~ Qualitative NAAT for *T. vaginalis* **MEETS COVERAGE CRITERIA** in the following situations:
    a. For Symptomatic individuals (see **Note 7**).
    ~~a.~~b. Follow up testing a minimum of three months after initial trichomoniasis diagnosis.
    ~~b.~~c. Annual screening for a~~A~~symptomatic individuals belonging to a high-risk group. (see Note 8)
    ~~c. Concurrent STI or history of STIs.~~
    ~~d. Individuals in high prevalence settings, such as STI clinics.~~
    d. ~~Individuals who exchange sex for payment.~~Annual screening for asymptomatic individuals who have an HIV infection.
    e. As a part of follow-up in a victim of sexual assault.
11. Rapid identification of Trichomonas by enzyme immunoassay **DOES NOT MEET COVERAGE CRITERIA**.
12. For symptomatic individuals (see **Note 8**), testing for *Mycoplasma genitalium* using qualitative NAAT **MEETS COVERAGE CRITERIA**.
13. For asymptomatic individuals (see **Note ~~8~~9**), screening for *M. genitalium* using NAAT **DOES NOT MEET COVERAGE CRITERIA**.
14. When an individual meets any of the conditions described above, multitarget PCR testing (targets limited to *C. trachomatis*, *N. gonorrhoeae, T. vaginalis*, and *M. genitalium*) **MEETS COVERAGE CRITERIA**.
15. For individuals with active genital ulcers or mucocutaneous lesions, ~~nucleic acid amplification testing~~ (qualitative NAAT) for herpes simplex virus-1 (HSV-1) or herpes simplex virus-2 (HSV-2) **MEETS COVERAGE CRITERIA**.
16. Immunoassay testing for HSV-1 and and/or herpes simplex (non-specific type test) **DOES NOT MEET COVERAGE CRITERIA**.
17. Type-specific serologic testing for HSV-2 using a glycoprotein G2 (gG2) test **MEETS COVERAGE CRITERIA** in the following situations:

a. Recurrent or atypical genital symptoms or lesions in individuals with a negative herpes simplex virus PCR or culture result.
b. For the clinical diagnosis of genital herpes in individuals with a negative PCR or culture result or without laboratory confirmation.
c. When an individual's partner has genital herpes.

18. In asymptomatic individuals, screening for HSV-1 or HSV-2 **DOES NOT MEET COVERAGE CRITERIA**.
19. In the diagnosis and/or assessment of cancer or cancer therapy (immunohistochemistry testing for p16 or NAAT testing for high-risk human papillomavirus [HR-HPV]), testing for HR-HPV **MEETS COVERAGE CRITERIA**.
20. Testing for HPV **DOES NOT MEET COVERAGE CRITERIA** in the following situations:
    a. To screen for oncogenic high-risk types, such as HPV-16 and HPV-18, as part of a general sexually transmitted disease (STD) or sexually transmitted infection (STI) screening process or panel for asymptomatic individuals.
    b. As part of the diagnosis of anogenital warts.
    c. ~~To screen~~Testing for low-risk types of HPV.
    d. In the general population, either as a part of a panel of tests or as an individual NAAT to determine HPV status.

~~21.~~ 21. Prior to beginning a preexposure prophylaxis (PrEP) regimen, triple panel testing (hepatitis B surface antigen [HBsAg], hepatitis B surface antibody [anti-HBs], total antibody to hepatitis B core antigen [anti-HBc]) to screen for hepatitis B **MEETS COVERAGE CRITERIA**~~Prior to beginning a preexposure prophylaxis (PrEP) regimen, the following screens/tests **MEET COVERAGE CRITERIA**:~~

~~a. Serum creatinine and estimated creatinine clearance to determine baseline renal function.~~
~~b. Antibody screening to confirm a baseline negative antibody result for HIV.~~
~~c. Hepatitis B (HBV) and/or Hepatitis C screening to identify positive individuals.~~
~~d.~~e. ~~Pregnancy testing~~.

~~22.~~21. 22. ~~While~~ Prior to beginning or while an individual is undergoing a preexposure prophylaxis (PrEP) regimen for HIV prevention, the following screens/tests for additional STIs **MEET COVERAGE CRITERIA**:

~~a. A blood test once every three months to confirm a negative antibody result for HIV.~~
~~b.~~a. ~~Serum creatinine and estimated creatinine clearance three months after beginning PrEP and up to one time every six months thereafter to assess renal function.~~
~~c.~~b. Qualitative NAAT screening, ~~based on anatomic site of exposure,~~ for gonorrhea and chlamydia:
    i. Once every three months for MSM ~~and for individuals with child-bearing potential.~~
    ii. ~~Nine months after PrEP is initiated and~~ Oonce every six months ~~thereafter~~ for sexually active individuals.
~~d.~~c. Blood testing to screen for syphilis ~~once every three months in MSM and individuals with child-bearing potential~~.
    i. Once every three months for MSM ~~and for individuals with child-bearing potential~~.
    ii. ~~Nine months after PrEP is initiated and~~ Oonce every six months ~~thereafter~~ for sexually active individuals.
~~e.~~d. ~~Pregnancy testing once every three months.~~

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

~~23.~~22. Nucleic acid testing to determine antimicrobial susceptibility in *N. gonorrhoeae* or macrolide resistance in *M. genitalium* **DOES NOT MEET COVERAGE CRITERIA**.

~~24.~~23. ~~Using nucleic acid testing to quantify~~ Direct probe detection and/or quantitative NAAT for the following microorganisms **DOES NOT MEET COVERAGE CRITERIA**:

a. *Chlamydia trachomatis*
b. *Neisseria gonorrhoeae*
c. Herpes Simplex Virus-1
d. Herpes Simplex Virus-2
e. Human Papillomavirus
f. *Treponema pallidum*

NOTES:

Note 1: For sexually active children and adolescents under the age of 18, risk factors for chlamydia, gonorrhea, and/or syphilis infection as defined by the CDC include: initiating sex early in adolescence; living in detention facilities; receiving services at STD clinics; being involved in commercial sex exploitation or exchanging sex for drugs, money, food, or housing; having multiple sex partners, having sequential sex partnerships of limited duration or concurrent partnerships; failing to use barrier protection consistently and correctly; having lower socioeconomic status, and facing numerous obstacles to accessing healthcare. At-risk individuals also include: males who have sex with males (YMSM); transgender youths; youths with disabilities, substance abuse, or mental health disorders.

Note 2: High-risk for Syphilis:

- Sexually active men who have sex with men (MSM)
- Sexually active individuals with an HIV-positive status
- Having a sexual partner recently diagnosed with a STI
- Exchanging sex for money or drugs
- Individuals in adult correctional facilities
- During pregnancy when the following risk factors are present:
  - Sexually active HIV-positive status
  - Sexually active with multiple partners
  - Sexually active in conjunction with drug use or transactional sex
  - Late entry to prenatal care (i.e., first visit during the second trimester or later) or no prenatal care
  - Methamphetamine or heroin use
  - Incarceration of the woman or her partner
  - Unstable housing or homelessness

Note 3: Signs and Symptoms of a Syphilis Infection

- Chancre
- Skin rash and/or mucous membrane lesions in mouth, vagina, anus, hands, and feet
- Condyloma lata
- Secondary symptomology can include fever, fatigue, sore throat, swollen lymph nodes, weight loss, muscle aches, headache, and hair loss
- Signs and symptoms of neurosyphilis can include severe headache, trouble with muscle movements, muscle weakness or paralysis (not being able to move certain parts of the body), numbness, and changes in mental status (trouble focusing, confusion, personality change) and/or dementia (problems with memory, thinking, and/or making decisions).
- Signs and symptoms of ocular syphilis can include eye pain or redness, floating spots in the field of vision ("floaters"), sensitivity to light, and changes in vision (blurry vision or even blindness).
- Signs and symptoms of otosyphilis may include hearing loss, ringing, buzzing, roaring, or hissing in the ears ("tinnitus"), balance difficulties, and dizziness or vertigo.
- Signs and symptoms of late/tertiary syphilis include inflammatory lesions of the cardiovascular system (e.g., aortitis, coronary vessel disease), skin (e.g., gummatous lesions), and bone (e.g., osteitis).

Note 4: High-risk for Chlamydia and/or Gonorrhea:

- Sexually active men who have sex with men (MSM)
- Sexually active individuals with an HIV-positive status
- Sexually active ~~women~~ individuals with a cervix who are under the age of 25
- ~~Women age~~ Individuals with a cervix who are 25 years of age or ~~over~~ older and who have multiple sexual partners
- Having a sexual partner recently diagnosed with an STI
- Previous or concurrent STI
- Exchanging sex for money or drugs

Note 5: Signs and Symptoms of a Chlamydia Infection:

- Genital symptoms, including "discharge, burning during urination, unusual sores, or rash"
- Pelvic Inflammatory Disease (PID), including "symptoms of abdominal and/or pelvic pain, along with signs of cervical motion tenderness, and uterine or adnexal tenderness on examination"
- Urethritis
- Pyuria
- Dysuria
- Increase in frequency in urination
- Epididymitis (with or without symptomatic urethritis) in men
- Proctitis
- Sexually acquired chlamydial conjunctivitis

Note 6: Signs and Symptoms of Gonorrhea:

- Dysuria
- Urethral infection
- Urethral or vaginal discharge
- Epididymitis (Testicular or scrotal pain)
- Rectal infection symptoms include anal itching, discharge, rectal bleeding, and painful bowel movements

Note 7: Signs and Symptoms of Trichomoniasis:

- Vaginal or penile discharge
- Itching, irritation, and burning sensation, or soreness of the genitalia
- Discomfort or burning sensation during/after urination and/or ejaculation
- Urethritis
- Epididymitis
- Prostatitis

Note 8: High-risk for Trichomoniasis:

- Receiving care in high-prevalence settings (e.g., STI clinics, correctional facilities)
- Having multiple sexual partners
- Exchanging sex for money or drugs
- Having a previous or concurrent STI
- Drug misuse
- History of incarceration
- Sexually active individuals with an HIV-positive status

Note ~~8~~9: Signs and Symptoms of *M. genitalium* Infection:

- When present, typical symptoms of *Mgen*-urethritis in men include dysuria, urethral pruritus, and purulent or mucopurulent urethral discharge
- When present, typical symptoms of *Mgen* cervicitis in women include vaginal discharge, vaginal itching, dysuria, and pelvic discomfort
- When present, typical symptoms of PID due to *Mgen* include mild to severe pelvic pain, abdominal pain, abnormal vaginal discharge, and/or bleeding

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
~~82565~~	~~Creatinine; blood~~
~~82575~~	~~Creatinine; clearance~~
~~84702~~	~~Gonadotropin, chorionic (hCG); quantitative~~
~~84703~~	~~Gonadotropin, chorionic (hCG); qualitative~~
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
86694	Antibody; herpes simplex, non-specific type test
86695	Antibody; herpes simplex, type 1
86696	Antibody; herpes simplex, type 2
~~86701~~	~~Antibody; HIV-1~~
~~86702~~	~~Antibody; HIV-2~~
~~86703~~	~~Antibody; HIV-1 and HIV-2, single result~~
86704	Hepatitis B core antibody (HBcAb); total
~~86705~~	~~Hepatitis B core antibody (HBcAb); IgM antibody~~
86706	Hepatitis B surface antibody (HBsAb)
86780	Antibody; Treponema pallidum
~~86803~~	~~Hepatitis C antibody~~
~~86804~~	~~Hepatitis C antibody; confirmatory test (e.g., immunoblot)~~
87081	Culture, presumptive, pathogenic organisms, screening only
87110	Culture, Chlamydia, any source

Code	Description
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87340	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)
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
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique
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
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) pooled result
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s) (Effective for DOS beginning June 1, 2026)
~~87660~~	~~Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique~~
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique (Effective for DOS beginning June 1, 2026)
87808	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Trichomonas vaginalis
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative Proprietary test: BioPlex 2200 Syphilis Total & RPR Assay Lab/Manufacturer: Bio-Rad Laboratories
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR) Proprietary test: BioPlex 2200 RPR Assay Lab/Manufacturer: Bio-Rad Laboratories
~~0096U~~	~~Human papillomavirus (HPV), high-risk types (i.e., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine~~ ~~Proprietary test: HPV, High-Risk, Male Urine~~ ~~Lab/Manufacturer: Molecular Testing Labs/Roche Cobas~~
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR) Proprietary test: BioPlex 2200 RPR Assay - Quantitative Lab/Manufacturer: Bio-Rad Laboratories

Code	Description
0402U	Infectious agent (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or not detected Proprietary test: Abbott Alinity™ m STI Assay Lab/Manufacturer: Abbott Molecular, Inc
0455U	Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected Proprietary test: Abbott Alinity™ m STI Assay Lab/Manufacturer: Abbott Molecular, Inc
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker Proprietary test: Proofer '7 HPV mRNA E6 and E7 Biomarker Test Lab/Manufacturer: Global Diagnostics Labs, LLC, PreTect AS, a Mel-Mont Medical, Inc
0483U	Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance Proprietary test: Ciprofloxacin Susceptibility of Neisseria gonorrhoeae Lab/Manufacturer: MedArbor Diagnostics, SpeeDx, Inc
0484U	Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance Proprietary test: Macrolide Resistance of Mycoplasma genitalium Lab/Manufacturer: MedArbor Diagnostics, SpeeDx, Inc
~~0500T~~	~~Infectious agent detection by nucleic acid (DNA or RNA), Human Papillomavirus (HPV) for five or more separately reported high-risk HPV types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (i.e., genotyping)~~
~~G0432~~	~~Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening~~
~~G0433~~	~~Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening~~
~~G0435~~	~~Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening~~
~~G0472~~	~~Hepatitis C antibody screening, for individual at high risk and other covered indication(s)~~
~~G0475~~	~~HIV antigen/antibody, combination assay, screening~~
G0499	Hepatitis b screening in non-pregnant, high risk individual includes hepatitis b surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBs) and Hepatitis B core antigen (anti-HBc)
~~S3645~~	~~HIV-1 antibody testing of oral mucosal transudate~~

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Publication History

04/01/2026:	Annual policy review; administrative edits; removed codes 82565, 82575, 84702, 84703, 86701, 86702, 86703, 86705, 86803, 86804, 87660, 0096U, G0432, G0433, G0435, G0472, G0475, S3645; added 87626 and 87800 to coding grid, effective for DOS beginning June 1, 2026
09/01/2025:	Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.