



MEDICAL COVERAGE GUIDELINES  
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 11/20/13  
LAST REVIEW DATE: 03/05/19  
LAST CRITERIA REVISION DATE: 10/16/18  
ARCHIVE DATE:

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## SEXUALLY TRANSMITTED DISEASE TESTING

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## SEXUALLY TRANSMITTED DISEASE TESTING (cont.)

### Description:

Sexually transmitted diseases (STDs) are transmitted by sexual contact. STDs include Chlamydia, genital herpes, gonorrhea, HIV/AIDS, syphilis, yeast infections and some forms of hepatitis.

STDs include, *but are not limited to:*

- Candida
- Chlamydia
- Gardnerella vaginalis
- Gonorrhea
- Herpes simplex virus (HSV)
- Hepatitis (certain forms)
- Human immunodeficiency virus (HIV)
- Human papillomavirus (HPV)
- Syphilis
- Trichomoniasis vaginalis

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## SEXUALLY TRANSMITTED DISEASE TESTING (cont.)

### Criteria:

- **Diagnostic** sexually transmitted disease tests may be eligible for coverage under another benefit in the member's benefit plan.
- Under the preventive care benefit, the following sexually transmitted disease (STD) tests are considered **eligible for coverage** when performed as behavioral counseling and screening on an unaffected individual who is sexually active or at increased risk for STD.

STD Test Description
Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2, screening
HIV antigen/antibody, combination assay, screening
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) for cervical cancer screening, must be performed in addition to pap test
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)
Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative
Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)
Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
Syphilis test, non-treponemal antibody; quantitative
Antibody, Chlamydia
Antibody, Chlamydia, IgM
Antibody; herpes simplex, non-specific type test
Antibody; Herpes simplex, type 1
Antibody; Herpes simplex, type 2
Antibody; HIV-1
Antibody; HIV-2
Antibody; HIV-1 and HIV-2, single result
Hepatitis B surface antibody (HBsAb)
Hepatitis C antibody
Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique

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## SEXUALLY TRANSMITTED DISEASE TESTING (cont.)

### Criteria: (cont.)

- **Diagnostic** sexually transmitted disease tests may be eligible for coverage under another benefit in the member's benefit plan.
- Under the preventive care benefit, the following sexually transmitted disease (STD) tests are considered **eligible for coverage** when performed as behavioral counseling and screening on an unaffected individual who is sexually active or at increased risk for STD: (cont.)

STD Test Description
Infectious agent antigen detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
Infectious agent antigen detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, reverse transcription and amplified probe technique
Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, reverse transcription and amplified probe technique includes reverse transcription when performed
Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
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)
Infectious agent antigen detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis
Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae



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## SEXUALLY TRANSMITTED DISEASE TESTING (cont.)

### Criteria: (cont.)

- **Diagnostic** sexually transmitted disease tests may be eligible for coverage under another benefit in the member's benefit plan.
- Under the preventive care benefit, the following are examples of sexually transmitted disease tests that are **not eligible for coverage** based upon:
  1. STD screening is not recommended per the American College of Obstetricians and Gynecologists, Center for Disease Control or U.S. Preventive Services Task Force
  2. Test is considered diagnostic

STD Test Description
Antibody; Candida
Hepatitis B core antibody (HBcAb); total
Culture, Chlamydia, any source
Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2
Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization
Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1
Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-2
Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis B virus, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis B virus, amplified probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis C, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed
Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low –risk types ( e.g., 6, 11, 42, 43, 44)
Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies



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### Resources:

Literature reviewed 04/11/17. We do not include marketing materials, poster boards and non-published literature in our review.

1. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin Number 72. Clinical Management Guidelines for Obstetrician-Gynecologists: Vaginitis. May, 2006.
2. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines. 05/10/2002.
3. Laboratory Corporation of America. Vaginitis/Vaginosis, DNA Probe. Accessed 04/21/2008.
4. National Institutes of Health. Sexually Transmitted Diseases. 07/16/2008.
5. U.S. Preventive Services Task Force. Screening: Genital Herpes. 03/2005.
6. U.S. Preventive Services Task Force. Screening: Chlamydial Infection. 06/2007.



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### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

### Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

