blue california
Promise Health Plan

| Policy Title: Sexually Transmitted Infections | | POLICY #: 10.2.12<br>Line of business: Medi-Cal | |
|---|---|---|---|
| **Department Name:** Utilization Management | **Original Date** 5/97 | **Effective Date** 5/19 | **Revision Date** 12/18, 3/22, 9/22, 2/23 |
| **VP Approval:** Tracy Alvarez, VP, Medical Care Solutions | | **Date of Approval:** 2/17/2023 | |
| **Medical Services/P&T Committee: (If Applicable) PHP CMO** | | **Date of Committee Review:** 2/9/2023 | |

## A. PURPOSE:

To define the policy and procedure and provide guidance on how Blue Shield Promise Health Plan (BSCPHP) will provide access to care for the treatment of Sexually Transmitted Infections (STIs).

## B. DEFINITION:

## C. POLICY:

BSCPHP members have the right to access care for the treatment of Sexually Transmitted Infections without prior authorization by the BSCPHP network of providers or from out-of-network providers. Members are informed of their right to access these services without prior authorization in the Member Handbook.

## D. PROCEDURE:

I. *STI Reporting:* State law requires that specified STIs be reported to local health officers. Providers are to report diagnosed STI cases to local health offices using the procedures of the local health departments.

II. *Screening for Chlamydia:* BSCPHP will ensure all females less than twenty-one (21) years of age, who have been determined to be sexually active, will be screened for Chlamydia. Follow-up of positive results must be documented in the medical record. BSCPHP will make all reasonable attempts to identify members and provide screening with documentation demonstrating unsuccessful efforts. If the Member refuses the screening, proof of voluntary refusal of the test in the form of a signed statement by the Member (if an emancipated minor) or the parent(s) or guardian of the Member shall be documented in the Member's medical record. If the responsible party refuses to sign this statement, the refusal shall be noted in the member's medical record.

III. *Out of Network Providers:* Out-of-plan providers include, but are not limited to, the following:

a. Local Health Departments

b. Family Planning Clinics
c. Other Community STI providers
d. Members may access LHD clinics and family planning clinics for diagnosis and treatment of STI episode.

IV. *Continuity of Care:* If a member consents to the release of information to his/her Primary Care Physician (PCP), medical documentation of out-of-network services should be sent to the PCP. BSCPHP providers as well as family planning providers and local health departments, will educate members regarding the significant positive impact of coordinated care on clinical outcomes, the problems associated with fragmentation of care, and the importance of allowing medical information to be shared between providers.

V. *Conditions for Out-of Plan Reimbursement of STI Services:* The following are conditions under which an out-of-plan provider will be reimbursed by a BSCPHP for STI services:
a. The out-of-plan provider is qualified to provide STI services based on the scope of practice.
b. The out-of–plan provider must submit claims according to BSCPHP specified billing procedures.

VI. *Definition of an Episode:* For purposes of reimbursement for STI services provided to members, an episode is defined based upon specific STI diagnosis criteria as follows:
a. Bacterial Vaginosis, Trichomoniasis, Candidiasis: Initiation of treatment of vaginal or urethral discharge for symptoms and signs consistent with any one or a combination of these diagnoses is considered an episode and one visit is reimbursable.
b. Primary or Secondary Syphilis: Initial visit and up to five additional visits for clinical and serological follow-up and re-treatment, if necessary, may be required for certain high-risk individuals. A maximum of six visits per episode is reimbursable. Documentation should include serologic test results upon which re-treatment recommendations were made.
c. Members, who are found to have a reactive serology, but show no other evidence of disease, should be counseled about the importance of returning to the PCP for follow-up and treatment of possible latent syphilis. For female members of child bearing age who refuse to return to the PCP for their care, up to six visits are reimbursable for treatment and follow-up.
    1. Chancroid: Initial visit and up to two (2) follow-visits for confirmation of diagnosis and clinical improvement are reimbursable.
    2. Lymphogranuloma, Vevereum, Granuloma, Inguinale: Based upon the time involved in confirming the diagnosis and the duration of necessary therapy, a maximum of three visits is reimbursable.
    3. Herpes Simplex: Presumptive diagnosis and treatment (if offered) constitute an episode and one (1) visit is reimbursable.
    4. Gonorrhea, non-gonococcal, Urethritis and Chlamydia: Can often be presumptively diagnosed and treated at the first visit often with single-dose therapy. For individuals not presumptively treated at the time of the first visit,

but found to have gonorrhea or Chlamydia, a second visit for treatment will be reimbursed.

5. Human Papilloma Virus: One visit reimbursable for diagnosis and initiation of therapy with referral to PCP for follow-up and further treatment.
6. Pelvic Inflammatory Disease: Initial visit and two (2) follow up visits for diagnosis, treatment, and urgent follow-up are reimbursable. Members should be referred to their PCP for continued urgent follow-up after three (3) visits have been provided.

## E. MONITORING:

N/A

## F. REPORTING:

N/A

## G. REFERENCES & ATTACHMENTS:

1. Family PACT (Planning, Access, Care and Treatment) Policies, Procedures, and
2. Billing Instructions Manual, Benefits: Overview of Clinical Services

## H. REVISION HISTORY:

| Date | Modification (Reviewed and/or revised) | E-Filing Number |
|---|---|---|
| 2/2023 | Updated Regulatory Requirements DHCS | |