
New Sexually Transmitted Infection (STI) Testing Payment Policy

April 1, 2026

Effective June 1, 2026, Neighborhood Health Plan of Rhode Island (Neighborhood) is implementing a new [Sexually Transmitted Infection \(STI\) Testing Payment Policy](#). This policy applies to **all lines of business**.

What Is Changing

When two or more of the following individual laboratory CPT codes are submitted separately by the same provider for the same member on the same date of service,

- **87491** – Chlamydia trachomatis
- **87591** – Neisseria gonorrhoeae
- **87661** – Trichomonas vaginalis

Neighborhood will limit reimbursement to the established payment rate for:

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

Regardless of the number of units billed for any of the individual codes, reimbursement will be limited to one unit of CPT code 87801. The system will automatically adjust reimbursement when applicable.

This policy aligns reimbursement with comprehensive STI testing methodologies and standard industry claims editing practices while maintain appropriate coding transparency for quality measurement reporting.

What Is Not Changing

Providers should continue to submit the individual CPT code(s) that correspond to the specific test(s) performed.

For HEDIS® quality measurement purposes, submission of the individual laboratory CPT code (87491, 87591, or 87661) remains necessary to ensure appropriate measure capture.

Additional Information

All services must be medically necessary and meet applicable coverage, coding, and documentation requirements.

If you have questions regarding this policy, please contact Provider Services at 1-800-963-1001.