POINT OF CARE TESTING ASSOCIATION

June 23, 2026

VIA Electronic Mail to NCCIPTPMUE@cms.hhs.gov

Center for Program Integrity
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: Request to Update Medically Unlikely Edit (MUE) for CPT Code 87494

To Whom It May Concern:

On behalf of the Point of Care Testing Association (POCTA),[1] we are writing to ask CMS to update the medically unlikely edit (MUE) for CPT code 87494 *"Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique*." CPT code 87494 describes multiplex nucleic acid amplification tests (NAATs) that detect and report individual results for chlamydia (CT) and gonorrhea (NG).

Effective April 1, 2026, CMS established an MUE of one (1) for code 87494. For the following reasons, **we respectfully request that CMS update this MUE from one (1) to three (3)**:

1. **CDC recommends – and clinical literature supports – concurrent CT/NG testing on specimens from multiple anatomic sites per patient when indicated.**

CDC recommends screening for CT and NG at multiple sites of contact (e.g., urethra, rectum, pharynx) when clinically indicated.[2] Consistent with this recommendation, Chan *et al*. found that CT and NG frequently appear at non-urogenital sites, such as the rectum or pharynx:

> *Among women, prevalence was found to be 0.6–35.8% for rectal gonorrhea (median reported prevalence 1.9%), 0–29.6% for pharyngeal gonorrhea (median 2.1%), 2.0–77.3% for rectal chlamydia (median 8.7%), and 0.2–3.2% for pharyngeal chlamydia (median 1.7%). Among MSM, prevalence was found to be 0.2–24.0% for rectal gonorrhea (median 5.9%), 0.5–16.5% for pharyngeal gonorrhea (median 4.6%), 2.1–23.0% for rectal chlamydia (median 8.9%), and 0–3.6% for pharyngeal chlamydia (median 1.7%). Among MSW, the prevalence was found to be 0–5.7% for rectal gonorrhea (median 3.4%), 0.4–15.5% for pharyngeal gonorrhea (median 2.2%), 0–11.8% for rectal chlamydia (median 7.7%), and 0–22.0% for pharyngeal chlamydia (median 1.6%).*[3]

Jordan *et al*. reported that up to 93% of NG infections and 47% of CT infections would have been missed if a screening program focused solely on urogenital testing.[4]

2. <u>Establishing an MUE of three (3) would be consistent with CMS MUE precedent</u>.

CMS has assigned MUEs of three (3) to both stand-alone CT (87491) and stand-alone NG (87591) testing. CMS has also assigned an MUE of three (3) to PLA code 0455U, which describes a panel test for CT, NG, and Trichomonas vaginalis.

3. <u>Laboratories perform a separate CT/NG test procedure on each specimen type</u>.

When ordered by a clinician, clinical laboratories perform a separate CT/NG NAAT procedure on each specimen type. For example, a laboratory would perform three separate procedures if testing urine, pharyngeal, and rectal swabs for CT/NG.[5]

4. <u>The NCCI Policy Manual requires laboratories to report one unit of service for each separate procedure</u>.

The NCCI Policy Manual states that "[w]hen multiple procedures… are medically necessary and used to perform a test for multiple infectious agents, the units of service reported for CPT codes that identify multiple infectious agents *equals the number of different procedures, methodologies*, or kits used to perform the test" (emphasis added).[6]

Therefore, if a laboratory performs three separate CT/NG testing procedures – one on each of a urogenital, rectal, and pharyngeal specimen – it would be appropriate to bill three units of service of 87494 (one unit of service for each procedure).

5. <u>Establishing an MUE of three (3) would not be inconsistent with the code descriptor</u>

In support of the current MUE of one (1), CMS provides an "MUE Rationale" of "Code Descriptor / CPT Instruction." However, nothing in the code descriptor – *Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique* – suggests the code was intended to describe testing performed on multiple specimen types under a single unit of the procedure.

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If you have any questions about this request, we would be pleased to meet to discuss at your convenience. Please contact Mike Ryan at 202.756.8088, or via e-mail to mryan@mwe.com, if we can be helpful to you in any way.

Sincerely,

Mike Ryan
On behalf of the Point of Care Testing Association

[1] POCTA is a collaborative effort among manufacturers of point of care (POC) diagnostic technologies that enable clinicians to monitor chronic conditions, diagnose illnesses, and provide timely information for patients in a variety of

care settings, from physician offices to pharmacies to community centers to non-hospital facilities. POCTA seeks to facilitate access to safe, effective, and cost-effective patient testing at the time of treatment. POCTA works to develop reimbursement and regulatory policies that can improve health outcomes by supporting access to POC testing.

[2] *See* CDC. Sexually Transmitted Infections Treatment Guidelines, 2021; Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Source. Accessed June 2026 https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm (recommending chlamydia and gonorrhea screening "at least annually for sexually active [men who have sex with men] at sites of contact (urethra, rectum, pharynx) regardless of condom use," and noting that rectal screening for CT/NG "can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider").

[3] Chan PA, Robinette A, Montgomery M, Almonte A, *et al*. Extragenital infections caused by chlamydia trachomatis and Neisseria gonorrhoeae: a review of the literature. *Infect Dis Obstet Gynecol* 2016: 5758387.

[4] Jordan NN, Jett-Goheen M, Hsieh Y-H, Gaydos JC, Gaydos CA. Detection of three sexually transmitted infections by anatomic site: evidence from an internet-based screening program. *Sex Transm Dis* 2020;47(4):243-245.

[5] *See, e.g.,* Abbott RealTime CT/NG Instructions for Use (2010), https://www.molecular.abbott/content/dam/add/molecular/products/pdf-/ctng-8l07-91-us-final.pdf ("Do not place multiple swabs or a combination of swab in urine in the Transport Tube.") Xpert® CT/NG Instructions for Use (June 2023), https://web-support.cepheid.com/Package%20Insert%20Files/Xpert%20CTNG%20US%20ENGLISH%20IFU%20301-0234%2C%20Rev%20L_1.pdf ("The Xpert CT/NG kit (GXCT/NG-10) contains sufficient reagents to process 10 specimens or quality control samples, and the Xpert CT/NG kit (GXCT/NG-120) contains sufficient reagent to process 120 specimens or quality control samples."); cobas liat CT/NG nucleic acid test Instructions for Use, https://diagnostics.roche.com/content/dam/diagnostics/us/en/products/c/cobas-liat-support/ct-ng-ifu.pdf ("Do not reuse assay tubes, positive and negative controls, and transfer pipettes. They are for single use only.")

[6] Medicare National Correct Coding Initiative Policy Manual, ch. X, at X-19.