DEVELOPING DATA

Missed Opportunities in STI Test Bundling

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FREQUENCY OF TEST BUNDLING, REIMBURSED VS SELF-PAY

	HIV Test		HCV Test		CT/NG Test		Syphilis Test	
	Reimbursed	Self-Pay	Reimbursed	Self-Pay	Reimbursed	Self-Pay	Reimbursed	Self-Pay
HIV Test			58.5%	66.1%	76.9%	74.1%	36.4%	40.4%
HCV Test	58.5%	66.1%			38.3%	50.8%	38.3%	50.8%
CT/NG Test	76.9%	74.1%	38.3%	50.8%			44.4%	23.1%
Syphilis Test	36.4%	40.4%	38.3%	50.8%	44.4%	23.1%		

HIV = human immunodeficiency virus; HCV = hepatitis C; CT/NG = chlamydia and gonorrhea

An analysis of 70,915,524 visits logged across ~3,600 urgent care centers in the Experity EMR from January 1, 2024, through November 22, 2025, reveals a critical disconnect between testing realities and Centers for Disease Control and Prevention guidelines advising concurrent screening for HIV and syphilis when testing for chlamydia and gonorrhea (CT/NG).

The most glaring omission is syphilis. As the table illustrates, fewer than 45% of patients tested for CT/NG who used health insurance—which paid reimbursement to the urgent care center—also receive a concurrent syphilis screen. We separated the data by payer status to highlight a critical operational failure: financial friction. For self-pay patients, syphilis co-testing drops to just 23.1%. This suggests that itemized pricing scares away cash patients from medically necessary testing,[1] even as syphilis cases continue to surge in locations like Chicago and New Jersey.[2,3]

To close these gaps and capture missed revenue, operators can implement 3 concrete fixes:

1. Decision-support-driven co-testing: Configure your systems to automatically prompt for HIV and syphilis whenever a CT/NG test is ordered. This makes best practice the default, ensuring consistent testing without relying on provider memory.

2. Flat-rate "Express STI Panel" for self-pay: The 23.1% co-testing rate proves itemized fees are a barrier. Replace á la carte pricing with a single, transparent self-pay bundle. This helps anxious cash buyers choose comprehensive screening without "sticker shock."

3. Standing orders for routine HIV and HCV screening: Implement age- and risk-based standing orders so medical assistants can initiate screens at intake. This normalizes testing, reduces provider reticence, and captures diagnoses and revenue currently being missed.

References:
1. Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR Recomm Rep*. 2021;70(4):1-187.
2. New Jersey Department of Health. *Health Advisory: Rising Syphilis Cases in New Jersey*. 2023. Accessed November 24, 2025. https://phm.njlincs.net/message/GetMessageContent?messageId=111875
3. New York City Department of Health and Mental Hygiene. *HIV Surveillance Annual Report, 2023*. Accessed November 24, 2025. https://www.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2023.pdf

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