

Date: January, 2021
To: All Clients
From: Compliance Department
Re: 2021 Annual Notice to Physicians



Pathology Laboratories, Inc. (PathLabs) is providing this notice in accordance with the recommendation made by the Office of Inspector General (OIG) as part of our Compliance Program. Periodically, PathLabs advises its physicians and clients about program changes and information related to federally-funded healthcare programs that affect both the physician and laboratory. Please note that these notices are intended to help both the physician client and the laboratory comply with these regulations and mitigate the risks for all parties.

When ordering tests for which Medicare reimbursement will be sought, the following policies apply:

Licensed Physicians and Non-Physician Practitioners (NPP)

A clinical laboratory may only bill Medicare and Medicaid for testing ordered by a licensed physician or other individuals authorized by law to order laboratory tests. If your license has been revoked or suspended, please immediately notify the laboratory. As of 2014, Medicare requires individuals referring orders for laboratory services on Medicare beneficiaries to be registered in the Center for Medicare and Medicaid Services' Provider Enrollment, Chain and Ownership System (PECOS).

Note: Additional information on PECOS and how to enroll in the system may be viewed at: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html>

Medicare Medical Necessity Policy

Tests that are medically necessary for the diagnosis or treatment of a Medicare patient are covered and may be reimbursed by Medicare. An approved test panel must only be ordered when every test in that panel is medically necessary. If all components of the panel are not medically necessary, you should order individual tests or a panel that contains only the medically necessary tests. Screening or Investigational Use Only tests are generally not covered by Medicare, with some exceptions for Wellness Screens. As a Medicare participating provider, PathLabs has a responsibility to make good faith efforts to ensure that all tests requested are performed and billed in a manner consistent with all federal and state laws and regulations. **The OIG takes the position that physicians or other individuals authorized by law to order laboratory tests, who knowingly cause a false claim to be submitted to any federally funded program, may be subject to sanctions or remedies available under civil, criminal and administrative law, such as the False Claims Act.**

American Medical Association (AMA) Organ or Disease-Oriented Panels

Physicians and other authorized ordering parties should only order AMA defined Organ or Disease-Oriented Panels when all components are medically necessary. The AMA panels were developed for coding purposes only and should not be interpreted as clinical parameters.

Note: These AMA panels, their components, 2021 Medicare/OH Medicaid Allowable Reimbursements, and criteria for payment submission are listed in an attachment to this notice.

Diagnosis Information

Section 4317 of the Balanced Budget Act of 1997 requires the physician or authorized ordering party to submit diagnosis information on the laboratory order for submission of a Medicare insurance claim. The diagnosis information supplied should accurately describe the patient's condition on the date of service as documented in the patient's medical record. Physicians' offices will be contacted by PathLabs in the event that this required information is omitted on any laboratory order, and this communication may occur via telephone call or fax.

Note: Additions, Revisions, and Deletions for ICD-10-CM codes which became effective on October 1, 2020 may be viewed at: <https://www.cms.gov/medicare/icd-10/2021-icd-10-cm>

2021 Medicare Clinical Diagnostic Laboratory Tests Payment System

Effective January 1, 2018, the Clinical Laboratory Fee Schedule (CLFS) reimbursement rates were revised to be based on the weighted median private payor rates as required by the Protecting Access to Medicare Act (PAMA) of 2014. Co-payments and deductibles do not apply to services paid under the Medicare clinical laboratory fee schedule. Also, Medicaid reimbursement will be equal to, or lesser than Medicare reimbursement.

Note: The 2021 Medicare Clinical Laboratory Fee schedule may be viewed and downloaded at:

<https://www.cms.gov/medicare/medicare-fee-service-payment/clinicallabfeesched/clinical-laboratory-fee-schedule-files/21clabq1>

Click and open 21CLABQ1 (<https://www.cms.gov/apps/ama/license.asp?file=/files/zip/21clabq1.zip>) for the fee schedule listing.

Medicare Laboratory Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs)

Coverage determination policies define the medical conditions through the inclusion of a list of ICD-10 (diagnosis) codes for which these tests are covered or reimbursed by Medicare. HIPAA regulations require ICD-10 code(s) to be present on each claim filed. These codes must also be documented in the patient's medical record.

Note: All laboratory NCDs may be viewed at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>
To search the Medicare coverage database: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

The Centers for Medicare and Medicaid Services has authorized CGS Administrators, LLC, Ohio's Medicare Part B carrier, to develop Local Coverage Determinations (LCD). These guidelines may supplement or be in addition to the National Coverage Determinations and give direction for medical necessity on selected tests.

Note: The LCDs may be viewed at: https://www.cms.gov/medicare-coverage-database/indexes/lcd-list.aspx?Cntrctr=238&ContrVer=2&CntrctrSelected=238*2&s=42&DocType=2&bc=AAQAAAAAAAAA&#aFinal

Advance Beneficiary Notice of Noncoverage (ABN)

Not all laboratory services are covered by Medicare. For statutorily excluded services, PathLabs may bill Medicare patients directly. For certain other laboratory tests, an Advance Beneficiary Notice of Noncoverage (ABN) is used to document that the patient has been made aware that Medicare may not pay for service(s) and has agreed to pay the laboratory in the event payment is denied by Medicare. A separate ABN must be used/completed for each specimen collection encounter. PathLabs will provide ABN forms to clients at their request. Client-collected ABNs must accompany the order/requisition when samples are submitted to the laboratory. PathLabs will be responsible for collecting the ABN from the patient when there is a face-to-face interaction between the patient and a laboratory staff member. The ABN, Form CMS-R-131, and instructions for use were approved by the Office of Management and Budget (OMB) for renewal in 2020. **The mandatory start date for the use of this renewed ABN form was 01/01/2021. Please check the expiration date located in the lower left hand corner of the ABN, to assure the most current form (Exp. 06/30/2023) is being utilized and completed, when an ABN is needed for a Medicare beneficiary.**

Note: Information about ABNs may be viewed at: <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>

Billing Information

PathLabs requires the following information to enable our Billing Department to bill Medicare, Medicaid or other commercial insurance. The PathLabs' requisition contains adequate, clearly labeled spaces to provide this information:

- ✓ patient's full name,
- ✓ patient's complete address, city, state and zip code,
- ✓ date of birth and gender,
- ✓ patient's insurance company name, ID number including prefix/suffix, if applicable. **A copy of the patient's CURRENT insurance card is requested.**
- ✓ referring physician's name and NPI number,
- ✓ valid ICD-10-CM diagnosis code(s) for each test, not just Medicare Limited Coverage Tests, and
- ✓ a valid ABN, when mandated by Medicare NCD/LCD policy.

Reflex testing

Reflex testing occurs when initial test results are positive or outside normal parameters and indicate that a second related test is medically appropriate for patient care. Please see the laboratory test directory for tests that may require reflex testing.

Clinical Consultant

Customer service representatives are available at telephone numbers 419-291-4414 or 1-888-471-4134.

Laboratory consultations provided by board-certified pathologists at Consultants in Laboratory Medicine 24 hours a day, seven days a week.

- F. Michael Walsh, M.D., Mike.WalshMD@promedica.org
- Susan P. Shapiro M.D., Susan.ShapiroMD@promedica.org

Please take a few minutes to review this information with your appropriate staff. We value your business and appreciate the opportunity to serve your laboratory needs in conjunction with these initiatives. If there are further questions regarding this information, please contact your account representative or Ruth Blake, PathLabs' Compliance Officer at (419) 255-4600 or (800) 281-8804. Thank you.

Attachments:

2021 AMA RECOGNIZED ORGAN / DISEASE PANELS

MEDICARE PREVENTATIVE SCREENING LABORATORY TESTS

2021 AMA RECOGNIZED ORGAN / DISEASE PANELS

PANEL NUMBER	PANEL NAME AND COMPONENTS	PANEL CPT CODE(S)	PATIENT BILL PRICE	2021 MEDICARE ALLOWABLE ¹	2021 OHIO MEDICAID ALLOWABLE ²
907	Acute Hepatitis Panel Hepatitis A Ab, IgM Hepatitis B Core Ab, IgM Hepatitis B Surface Antigen Hepatitis C Antibody	80074	\$425.25	\$47.63	\$35.72
904	Basic Metabolic Panel (Calcium, Total) Calcium, Total Glucose Carbon Dioxide Potassium Chloride Sodium Creatinine Urea Nitrogen	80048	\$36.50	\$8.46	\$6.34
905	Comprehensive Metabolic Panel Albumin Phosphatase, Alkaline Bilirubin, Total Potassium Calcium, Total Protein, Total Carbon Dioxide Sodium Chloride ALT (SGPT) Creatinine AST (SGOT) Glucose Urea Nitrogen	80053	\$50.25	\$10.56	\$7.92
303	Electrolyte Panel Carbon Dioxide Chloride Potassium Sodium	80051	\$27.50	\$7.01	\$5.26
927	General Health Panel Comprehensive Metabolic Panel Complete Blood Count (CBC) with WBC Differential TSH	80050	\$139.25	No published rate as Medicare considers this a non-covered service.	No published rate as Medicaid considers this a non-covered service.
906	Hepatic Function Panel Albumin Protein, Total Bilirubin, Total ALT (SGPT) Bilirubin, Direct AST (SGOT) Phosphatase, Alkaline	80076	\$34.25	\$8.17	\$6.13
997	Lipid Panel Cholesterol HDL Cholesterol Triglycerides	80061	\$71.50	\$13.39	\$10.04
310	Obstetric Panel Antibody Screen Hepatitis B Surface Antigen Blood Typing, ABO RPR Blood Typing, Rh (D) Rubella Ab Complete Blood Count (CBC) with WBC Differential	80055	\$263.00	\$47.81	\$35.86
908	Renal Function Panel Albumin Glucose Calcium, Total Phosphorus, Inorganic Carbon Dioxide Potassium Chloride Sodium Creatinine Urea Nitrogen	80069	\$41.25	\$8.68	\$6.51

¹ Prices reflect the 2021 Medicare allowable rate as published by CGS Administrators, LLC, Ohio's Medicare Carrier. PathLabs bills Medicare and Medicaid at its patient/third party prices. PathLabs is reimbursed the lower of the price it bills or the local carrier/agency fee schedule reimbursement.

² Federal law requires that Medicaid reimbursement be the same as or lower than Medicare reimbursement. Prices reflect the rates set forth in Chapter 5160-11 of the Ohio Administrative Code (Medicaid Reimbursement).

MEDICARE PREVENTATIVE SCREENING LABORATORY TESTS
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN) REQUIRED WITH EACH ENCOUNTER

Laboratory Test(s)	National Coverage Determination (NCD) Statutory Frequency Limit (Per Beneficiary)	Considered as preventive screening ONLY when the physician provides one of the ICD-10-CM “Z” Codes published by Medicare for the test ordered. CMS Publication 100-4, Chapter 18, titled “Preventive and Screening Services” https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Cancer Screening, Prostate Prostate Specific Antigen (PSA, Total)	One (1) every twelve (12) months for male beneficiaries who have attained age of 50 years	Z12.5 Encounter for screening for malignant neoplasm of prostate
Cardiovascular Disease Screening Lipid Testing: Lipid Panel (Total Chol, HDL, Trig) Cholesterol, Total HDL Cholesterol Triglycerides LDL Cholesterol, direct measurement	One Lipid Panel OR One of each individual test every 5 years (60 months) <u>12 Hour Fasting required</u>	Z13.6 Encounter for screening for cardiovascular disease
Cervical or Vaginal Cancer Screening Pap Test	For female beneficiaries: <u>Low Risk</u> (routine screen): One (1) every two (2) years (24 months) <u>High Risk:</u> One (1) every 12 months	<u>Low Risk DX codes:</u> Z12.4 Encounter for screening for malignant neoplasm of cervix Z01.411* Gynecological exam with abnormal findings Z01.419* Gynecological exam w/o abnormal findings * Only use when the clinician performs a full gynecological exam. Z12.72 Encounter for screening for malignant neoplasm of vagina Z12.79 Encounter for screening for malignant neoplasm of genitourinary organs Z12.89 Encounter for screening for malignant neoplasm of other sites <u>High Risk DX Codes:</u> Z77.29 Contact with and (suspected) exposure to other hazardous substances Z77.9 Other contact with exposures hazardous to health Z91.89 Other specified personal risk factors, NOC Z92.89 Personal history of other medical treatment Z72.51 High risk heterosexual behavior Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior

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Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p>Cervical or Vaginal Cancer Screening Co-Testing with HPV Screening Pap and HPV screening test</p>	<p>For female beneficiaries: One (1) HPV screening test may be performed once every five (5) years for asymptomatic beneficiaries aged thirty (30) to sixty-five (65) years in conjunction with the Pap test.</p>	<p>Primary DX: Z11.51 Encounter for screening for HPV AND one of the following Secondary DX: Z01.411 Gynecological exam with abnormal findings Z01.419 Gynecological exam w/o abnormal findings</p>
<p>Colorectal Cancer Screening Fecal Occult Blood</p>	<p>Once per year (1-3 simultaneous determinations) for beneficiaries who have attained age of 50 years</p>	<p>Z12.11 Encounter for screening for malignant neoplasm of colon Z12.12 Encounter for screening for malignant neoplasm of rectum</p>
<p>Diabetes Screening Glucose, Quantitative, Fasting</p> <p>Glucose, 2 Hour, post 75 gm load glucose</p> <p>Glucose Tolerance, 3 specimens w/75 gm load non-pregnant adults</p>	<p>Pre-diabetes diagnosed = 2 screening tests per year (12 months)</p> <p>Previously tested but not diagnosed with pre-diabetes or never tested before = 1 screening test per year (12 months)</p>	<p>Z13.1 Encounter for screening for diabetes mellitus</p>
<p>Hepatitis C Virus (HCV) Screen</p>	<p>For services provided to beneficiaries born between 1945 and 1965 who are not considered high risk, HCV screening is limited to once per lifetime</p> <p>Repeat screening for high risk individuals is covered annually.</p> <p>The determination of "high risk" is identified by the clinician who assesses the patient's history and records it in the medical record.</p>	<p>For persons not high risk: Z11.59 Encounter for screening for other specified viral diseases</p> <p>For those determined to be high risk: Z72.89 Other problems related to lifestyle</p> <p>For those at high risk with continued illicit drug injection use: Z72.89 Other problems related to lifestyle AND F19.20 Other psychoactive substance dependence, unspecified</p>

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Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p>Hepatitis B Surface Antigen Screen</p> <p>Asymptomatic, non-pregnant adolescents and adults at <u>high risk for HBV infection.</u></p>	<p>CMS has determined that repeated screening would be appropriate annually for beneficiaries with continued high risk persons.</p> <p>The determination of "high risk" is identified by the clinician who assesses the patient's history and records it in the medical record.</p> <p>Testing is covered annually only for persons who have continued high risk (men who have sex with men, injection drug users, household contacts or sexual partners of persons with HBV infection) who have not received hepatitis B vaccination.</p>	<p>CMS will allow coverage for HBV screening only when services are reported with both of the following diagnosis codes denoting high risk:</p> <p>Z11.59 - Encounter for screening for other viral disease Z72.89 - Other Problems related to life style</p> <p>CMS will allow coverage for HBV screening for <u>subsequent visits</u>, only when services are reported with the following diagnosis codes:</p> <p>Z11.59 Encounter for screening for other viral disease</p> <p>AND one of the high risk codes below: F11.10-F11.99 Opioid related disorders F13.10-F13.99 Sedative, hypnotic, or anxiolytic related disorders F14.10-F14.99 Cocaine related disorders F15.10-F15.99 Other stimulant related disorders Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission Z20.5 Contact with and (suspected) exposure to viral hepatitis Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior</p> <p><u>If a high risk code is not provided, CMS will deny the testing.</u></p>

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Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p>Hepatitis B Surface Antigen Screen</p> <p>Pregnant Women</p>	<p>Pregnant women at the first prenatal visit when the diagnosis of pregnancy is known.</p> <p>Re-screening at the time of delivery for those with new or continuing risk factors.</p>	<p>Pregnant Women (with Pregnancy DX) Z11.59 Encounter for screening for other specified viral diseases</p> <p>AND one of the following: Z34.00 Encounter for supervision of normal first pregnancy unspecified trimester Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester O09.90 Supervision of high risk pregnancy, unspecified, unspecified trimester</p> <p>Pregnant Women at increased risk (both): Z11.59 Encounter for screening for other specified viral diseases Z72.89 Other problems related to lifestyle</p> <p>AND one of the following: Z72.51 High risk heterosexual behavior Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior</p> <p>AND also one of the following DX: Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester Z34.01 Encounter for supervision of normal first pregnancy, first trimester Z34.02 Encounter for supervision of normal first pregnancy, secondary trimester Z34.03 Encounter for supervision of normal first pregnancy, third trimester Z34.80 Encounter for supervision of other normal first pregnancy, unspecified trimester Z34.81 Encounter for supervision of other normal first pregnancy, first trimester Z34.82 Encounter for supervision of other normal first pregnancy, second trimester Z34.83 Encounter for supervision of other normal first pregnancy, third trimester Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester Z34.91 Encounter for supervision of other normal pregnancy, unspecified, first trimester Z34.92 Encounter for supervision of other normal pregnancy, unspecified, second trimester Z34.93 Encounter for supervision of other normal pregnancy, unspecified, third trimester O09.90 Supervision of high risk pregnancy, unspecified, unspecified trimester O09.91 Supervision of high risk pregnancy, unspecified, first trimester O09.92 Supervision of high risk pregnancy, unspecified, second trimester O09.93 Supervision of high risk pregnancy, unspecified, third trimester</p>

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Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p>HIV Screening</p>	<p>Males or Non-Pregnant Females between the ages of 15 and 65 without regard to perceived risk</p> <p>Males or Non-Pregnant Females One (1) annual voluntary HIV screening of Medicare beneficiaries at increased risk for HIV infection</p> <p>Pregnant Females Three (3) voluntary screening tests per pregnancy</p> <ol style="list-style-type: none"> 1. First, when a woman is diagnosed with pregnancy 2. Second, during the third trimester 3. Third, at labor, if ordered by the woman's clinician 	<p>Z11.4 encounter for screening for human immunodeficiency virus (HIV)</p> <p>Note: Both Primary and Secondary DX required for those at increased risk.</p> <p>All patients - Primary DX Z11.4 encounter for screening for human immunodeficiency virus (HIV)</p> <p>AND – at least one Secondary DX Z72.89 Other problems related to life style Z72.51 High risk heterosexual behavior Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior</p> <p>Secondary DX for pregnant females: Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester Z34.01 Encounter for supervision of normal first pregnancy, first trimester Z34.02 Encounter for supervision of normal first pregnancy, secondary trimester Z34.03 Encounter for supervision of normal first pregnancy, third trimester Z34.80 Encounter for supervision of other normal first pregnancy, unspecified trimester Z34.81 Encounter for supervision of other normal first pregnancy, first trimester Z34.82 Encounter for supervision of other normal first pregnancy, second trimester Z34.83 Encounter for supervision of other normal first pregnancy, third trimester Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester Z34.91 Encounter for supervision of other normal pregnancy, unspecified, first trimester Z34.92 Encounter for supervision of other normal pregnancy, unspecified, second trimester Z34.93 Encounter for supervision of other normal pregnancy, unspecified, third trimester O09.90 Supervision of high risk pregnancy, unspecified, unspecified trimester O09.91 Supervision of high risk pregnancy, unspecified, first trimester O09.92 Supervision of high risk pregnancy, unspecified, second trimester O09.93 Supervision of high risk pregnancy, unspecified, third trimester</p>

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Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p>Sexually Transmitted Infections (STIs) Screen</p> <p>Chlamydia and Gonorrhea</p> <p>Note: This coverage is for FEMALES only</p>	<p>1. Pregnant women who are ≤ 24 years old or younger when the diagnosis of pregnancy is known.</p> <p>a. Repeat screening during the third trimester if high-risk sexual behavior has occurred since the initial screening test</p> <p>2. Pregnant women at increased risk for STIs when diagnosis of pregnancy is known</p> <p>a. Repeat screening during the third trimester if high-risk sexual behavior has occurred since the initial screening test</p> <p>3. Non-pregnant women at increased risk for STIs – annually</p>	<p>Non-Pregnant Women at <u>increased risk</u>: Z11.3 Encounter for screening for infections with predominantly sexual mode of transmission</p> <p>AND one of the following: Z72.89 Other problems related to lifestyle Z72.51 High risk heterosexual behavior Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior</p> <p>Pregnant Women at <u>increased risk</u>: Z11.3 Encounter for screening for infections with predominantly sexual mode of transmission</p> <p>AND one of the following: Z72.89 Other problems related to lifestyle Z72.51 High risk heterosexual behavior Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior</p> <p>AND one of the following Pregnancy DX: Z34.00 Encounter for supervision of normal first pregnancy unspecified trimester Z34.01 Encounter for supervision of normal first pregnancy, first trimester Z34.02 Encounter for supervision of normal first pregnancy, secondary trimester Z34.03 Encounter for supervision of normal first pregnancy, third trimester Z34.80 Encounter for supervision of other normal first pregnancy, unspecified trimester Z34.81 Encounter for supervision of other normal first pregnancy, first trimester Z34.82 Encounter for supervision of other normal first pregnancy, second trimester Z34.83 Encounter for supervision of other normal first pregnancy, third trimester Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester Z34.91 Encounter for supervision of other normal pregnancy, unspecified, first trimester Z34.92 Encounter for supervision of other normal pregnancy, unspecified, second trimester Z34.93 Encounter for supervision of other normal pregnancy, unspecified, third trimester O09.90 Supervision of high risk pregnancy, unspecified, unspecified trimester O09.91 Supervision of high risk pregnancy, unspecified, first trimester O09.92 Supervision of high risk pregnancy, unspecified, second trimester O09.93 Supervision of high risk pregnancy, unspecified, third trimester</p>

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Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p>Sexually Transmitted Infections (STIs) Screen</p> <p>Syphilis Screening</p> <p>Note: This coverage is for both MALE and FEMALE that are sexually active adolescents and adults at increased risk for STIs</p>	<p>1. Pregnant women when the diagnosis of pregnancy is known.</p> <p>a. Repeat screening during the third trimester if high risk sexual behavior has occurred since the previous screening test.</p> <p>b. Repeat screening at delivery if high-risk behavior has occurred since the previous screening test.</p> <p>2. Men and non-pregnant women at increased risk for STIs-annually.</p>	<p><u>Pregnant Women (with Pregnancy DX):</u> Z11.3 Encounter for screening for infections with predominantly sexual mode of transmission</p> <p><u>Pregnant Women at increased risk:</u> Z11.3 Encounter for screening for infections with predominantly sexual mode of transmission</p> <p>AND one of the following: Z72.89 Other problems related to lifestyle Z72.51 High risk heterosexual behavior Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior</p> <p><u>AND one of the following Pregnancy DX:</u> Z34.00 Encounter for supervision of normal first pregnancy unspecified trimester Z34.01 Encounter for supervision of normal first pregnancy, first trimester Z34.02 Encounter for supervision of normal first pregnancy, secondary trimester Z34.03 Encounter for supervision of normal first pregnancy, third trimester Z34.80 Encounter for supervision of other normal first pregnancy, unspecified trimester Z34.81 Encounter for supervision of other normal first pregnancy, first trimester Z34.82 Encounter for supervision of other normal first pregnancy, second trimester Z34.83 Encounter for supervision of other normal first pregnancy, third trimester Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester Z34.91 Encounter for supervision of other normal pregnancy, unspecified, first trimester Z34.92 Encounter for supervision of other normal pregnancy, unspecified, second trimester Z34.93 Encounter for supervision of other normal pregnancy, unspecified, third trimester O09.90 Supervision of high risk pregnancy, unspecified, unspecified trimester O09.91 Supervision of high risk pregnancy, unspecified, first trimester O09.92 Supervision of high risk pregnancy, unspecified, second trimester O09.93 Supervision of high risk pregnancy, unspecified, third trimester</p> <p><u>Men/Non-Pregnant Women increased risk:</u> Z11.3 Encounter for screening for infections with predominantly sexual mode of transmission</p> <p>AND one of the following: Z72.89 Other problems related to lifestyle Z72.51 High risk heterosexual behavior Z72.52 High risk homosexual behavior Z72.53 High risk bisexual behavior</p>