Syphilis Test AB

FIRST COAST SERVICE OPTIONS
MAC - PART A/B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number

L33754

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09101 - Florida
09201 – Puerto Rico/Virgin Islands
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type

MAC – Part A and B

LCD Title

Syphilis Test

AMA CPT Copyright Statement

CPT only copyright 2002-2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright (c) American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.

CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.
Title XVIII of the Social Security Act, section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

[CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 4, §210.10, Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs.

Transmittals 2476, Change Request 7610, dated May 23, 2012]

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

05/12/2017

Revision Ending Date

05/11/2017

Indications and Limitations of Coverage and/or Medical Necessity

This local coverage determination (LCD) limits diagnostic syphilis testing for the treatment of syphilis. This LCD is not addressing screening for syphilis. Screening for syphilis will be covered when provided in accordance to the coverage limitations of the National Coverage Determination (NCD) 210.10-Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs.

Outside the screening benefit of NCD 210.10, Medicare will cover diagnostic qualitative syphilis testing (CPT 86592) when there are clinical findings of the skin, eyes, teeth, cardiovascular system, or central nervous system that suggest syphilitic infection. Diagnostic quantitative syphilis testing (CPT 86593) is indicated only when there has been previous positive result of either 86592 or 86780 but is never indicated when qualitative syphilis testing is negative. Confirmatory and specific treponemal testing is indicated only when there has been a previous positive test result of qualitative syphilis testing and very rarely when clinical disease particularly in the central nervous system (CNS) suggests tertiary syphilitic disease of meningoencephalitis, tabes dorsalis, or general paresis, despite a negative qualitative test for syphilis. Quantitative syphilis testing (CPT 86593) is indicated in the follow up of previous positive testing at periodic intervals not to exceed semiannually until seronegativity occurs.
Syphilis Test AB

Type of Bill Code

Hospital – 12x, 13x
Non-Patient Laboratory Specimens – 14x
SNF – Outpatient (includes Part B plan of treatment) – 23x

Revenue Codes

030x – Laboratory-general classification

CPT/HCPCS Codes

86592 Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)
86593 Syphilis test, non-treponemal antibody; quantitative
86780 Treponema pallidum

ICD-10 Codes that Support Medical Necessity

Note: Screening for syphilis will be covered when provided in accordance to the coverage limitations of the National Coverage Determination (NCD) 210.10-Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs. (ICD-10 Codes Z113, Z1159, Z7289, Z3400, Z3480, and O0990)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A50.01–A65</td>
<td>Infections with a predominantly sexual mode of transmission</td>
</tr>
<tr>
<td>A74.81–A74.89</td>
<td>Other chlamydial diseases</td>
</tr>
<tr>
<td>B00.0–B00.9</td>
<td>Herpesviral [herpes simplex] infections</td>
</tr>
<tr>
<td>B02.0–B02.9</td>
<td>Zoster [herpes zoster]</td>
</tr>
<tr>
<td>B07.0–B07.9</td>
<td>Viral warts</td>
</tr>
<tr>
<td>B08.1</td>
<td>Molluscum contagiosum</td>
</tr>
<tr>
<td>B15.0–B19.9</td>
<td>Viral hepatitis</td>
</tr>
<tr>
<td>B20</td>
<td>Human immunodeficiency virus [HIV] disease</td>
</tr>
<tr>
<td>B33.3</td>
<td>Retrovirus infections, not elsewhere classified</td>
</tr>
<tr>
<td>B97.30–B97.39</td>
<td>Retrovirus as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>B97.7</td>
<td>Papillomavirus as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>F03.90</td>
<td>Unspecified dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F05</td>
<td>Delirium due to known physiological condition</td>
</tr>
<tr>
<td>F06.1</td>
<td>Catatonic disorder due to known physiological condition</td>
</tr>
<tr>
<td>F06.8</td>
<td>Other specified mental disorders due to known physiological condition</td>
</tr>
<tr>
<td>F07.0</td>
<td>Personality change due to known physiological condition</td>
</tr>
<tr>
<td>F32.81</td>
<td>Premenstrual dysphoric disorder</td>
</tr>
<tr>
<td>F32.89</td>
<td>Other specified depressive episodes</td>
</tr>
<tr>
<td>G13.2–G13.8</td>
<td>Systemic atrophies primarily affecting central nervous system in diseases classified elsewhere</td>
</tr>
<tr>
<td>G30.0–G30.9</td>
<td>Alzheimer’s disease</td>
</tr>
<tr>
<td>G31.01–G31.2</td>
<td>Other degenerative diseases of nervous system, not elsewhere classified</td>
</tr>
<tr>
<td>G31.83–G31.9</td>
<td>Other specified degenerative diseases of nervous system</td>
</tr>
<tr>
<td>G60.0–G60.9</td>
<td>Hereditary and idiopathic neuropathy</td>
</tr>
<tr>
<td>G91.0–G91.9</td>
<td>Hydrocephalus</td>
</tr>
<tr>
<td>G93.7</td>
<td>Reye’s syndrome</td>
</tr>
<tr>
<td>G94</td>
<td>Other disorders of brain in diseases classified elsewhere</td>
</tr>
<tr>
<td>H30.011—H30.013</td>
<td>Focal chorioretinal inflammation, juxtapapillary, right eye—Focal chorioretinal inflammation, juxtapapillary, bilateral</td>
</tr>
</tbody>
</table>
Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

Documentation supporting the medical necessity of this procedure must be kept on the provider’s record and available to be furnished upon request. Failure to do so may result in rejection or denial of claim(s). This document should include but is not limited to: history and physical examination, notes documenting evaluation and management with relevant clinical signs, symptoms or abnormal laboratory test results. The patient's clinical record should further indicate changes/alterations and response or non-response in medications prescribed for the treatment of the patient's condition.

It is understood that any diagnosis information submitted must have (in the patient record) medical justification for components of the procedure. Subsequent determination that the medical record is lacking such justification will result in a retroactive denial under 1862(a)(1)(A)

Utilization Guidelines

N/A

Sources of Information and Basis for Decision
Syphilis Test AB

FCSO reference LCD number(s) – L29045, L29416, L29478

CDC’s Guidelines for Treatment of Sexually Transmitted Disease, 1998

CMD Clinical Laboratory Workgroup

CPT 2000, 2008

Current Medical Literature

HHS


NIAID

NIH

Other Contractors LCD's


Mayo Foundation for Clinical Education and Research (MFMER) Syphilis


HSJethwa, JL Schmitz, GDallabetta, F Behets, I Hoffmann et al Comparison of molecular and microscopic techniques for detection of Treponema pallidum in genital ulcers.

CDC Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB prevention

Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

04/01/2014

Revision History

Revision History Number: R3
Syphilis Test AB

Revision Number: 3
Publication: June 2017 Connection
LCR A/B2017-023

Explanation of Revision: Based on CR 8776, the following verbiage was removed from the “CPT/HCPCS Codes” section of the LCD: “Per CR 8572, beginning in CY 2014, payment for most laboratory tests (except for molecular pathology tests) will be packaged under the OPPS, therefore the clinical laboratory tests listed below, for TOB 13X (outpatient hospital), are packaged in this setting.” The effective date of this revision is for claims processed on or after 05/12/2017, for dates of service on or after 01/01/2014.

Revision History Number: R2

Revision Number: 2
Publication: October 2016 Connection
LCR A/B2016-097

Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised. Deleted ICD-10-CM diagnosis code F32.8. Added ICD-10-CM diagnosis code F32.81 - Premenstrual dysphoric disorder, and F32.89 - Other specified depressive episodes. Descriptor revised for ICD-10-CM diagnosis code P00.2, to read “Newborn affected by maternal infectious and parasitic diseases”. The effective date of this revision is based on date of service.

Revision History Number: R1

Revision Number: 1
Publication: September 2016 Connection
LCR A/B2016-088

Explanation of Revision: Based on a reconsideration request, the following diagnoses for posterior uveitis/chorioretinal inflammation were added to the “ICD-10 Codes that Support Medical Necessity” section of the LCD: H30.011-H30.013, H30.021-H30.023, H30.031-H30.033, and H30.041-H30.043. The effective date of this revision is based on date of service.

Revision Number: Original

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

N/A