

Companion Article

Article Type

LCD Companion Article

Article Title

Billing and Coding Guidelines for PATH-031 (Syphilis Testing)

Document Effective Date

04/01/2004

CMS Citations

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services

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.

Coding and Billing Guidelines:

1. Any claim for a test listed in the CPT/HCPCS Code section of this policy must be submitted with an ICD-9-CM diagnosis code.
2. Code V82.9 (special screening of other conditions, unspecified condition) should be used to indicate screening tests performed in the absence of a specific sign, symptom, or complaint. Use of V82.9 will result in the denial of claims as noncovered screening services.
3. On line diagnosis coding is required.
4. Medicare does not pay for routine screening tests. ICD-9-CM code V82.9 (special screening of other conditions, unspecified condition) should be used to indicate screening tests performed in the absence of a specific sign, symptom or complaint. Use of V82.9 or a comparable narrative will result in the denial of claims as noncovered screening services.
5. Payment for reviewing results of laboratory tests, phoning results to patients, and filing such results is included in the payment for the evaluation and management (E&M) services to the patient.
6. The ordering physician should retain in the patient's medical record, history and physical, and examination notes, which document the evaluation and management for one of the Medicare, covered conditions/diagnoses.
7. There must be an attending/treating physician's order for each test documented in the patient's medical/clinical record.
8. Documentation must be submitted to Medicare upon request.

Published:

*11/01/2006; 04/01/2004

Revision History; Number/Explanation

Jurisdictional	*11/01/2006, CMS citations separated from policy (two); 04/01/2004, Coding and billing guidelines separated from policy due to LCD reformatting (one).
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