

**2018**  
**MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 210.10**  
 PROCEDURE CODE(S): 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87800

**PREVENTIVE SERVICES:  
 SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS (STIs)  
 AND HIGH INTENSITY BEHAVIORAL COUNSELING (HIBC) TO  
 PREVENT STIs: CHLAMYDIA**

**DLS TEST CODES AND NAMES**

<b>53249</b>	<b>CHLAMYDIA &amp; CHLAMYDOPHILA AB PANEL</b> (Proc Code: 86631 x6 & 88632 x3)
<b>49608</b>	<b>CHLAMYDIA &amp; CHLAMYDOPHILA AB, IGG</b> (Proc Code: 86631 x3)
<b>49618</b>	<b>CHLAMYDIA &amp; CHLAMYDOPHILA AB, IGM</b> (Proc Code: 86632 x3)
<b>43281</b>	<b>CHLAMYDIA AND GC, PCR</b> (Proc Code: 87491)
<b>43360</b>	<b>CHLAMYDIA TRACHOMATIS, PCR</b> (Proc Code: 87491)
<b>4840</b>	<b>CHLAMYDIA, PCR</b> (Proc Code: 87491)
<b>1830</b>	<b>CHLAMYDIA/GC, PCR</b> (Proc Code: 87491)
<b>41839</b>	<b>CHLAMYDIA TRACHOMATIS, CULTURE</b> (Proc Code: 87110)
<b>51819</b>	<b>LGV DIFFERENTIAL ANTIBODY PANEL</b> (Proc Code: 86631 x8 & 86632 x4)

**POLICY:**

**Who Is Covered**

Certain Medicare beneficiaries when all of the following are true:

- Sexually active adolescents and adults at increased risk for STIs
- Referred for this service by a primary care provider and provided by a Medicare-eligible primary care provider in a primary care setting

**Frequency**

- One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant
- One annual occurrence of screening for syphilis in men at increased risk
- Up to two occurrences per pregnancy of screening for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening
- One occurrence per pregnancy of screening for syphilis in pregnant women:
  - Up to two additional occurrences in the third trimester and at delivery if at continued increased risk for STIs
- One occurrence per pregnancy of screening for hepatitis B in pregnant women:
  - One additional occurrence at delivery if at continued increased risk for STIs

Note: 11 full months must elapse following the month in which the previous test was performed in order for the subsequent test to be covered.

<b>ICD-10 CODE</b>	<b>DESCRIPTION</b>
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
<b>AND</b>	<b>Z11.3 MUST BE SUBMITTED WITH ONE OF THE FOLLOWING:</b>
Z72.89	Other problems related to lifestyle
<b>OR</b>	
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior
Z72.53	High risk bisexual behavior