

**ICD-10 QUICK REFERENCE:  
LABORATORY PREVENTATIVE SCREENING**

SERVICE	Test name	ICD-10-CM CODES	FREQUENCY
<b>Cardiovascular Disease Screenings</b>	Lipid Panel Cholesterol Lipoprotein Triglycerides	Report one or more of the following: <b>Z13.6</b>	Every 5 years
<b>Diabetes Screening</b>	Glucose, quantitative, blood (except reagent strip) Glucose, post-glucose dose (includes glucose) Glucose Tolerance (GTT), three specimens (includes glucose)	<b>Z13.1</b> <i>Report modifier "TS" (follow-up service) for diabetes screening where the beneficiary meets the definition of pre-diabetes</i>	<ul style="list-style-type: none"> <li>• 2 screening tests per year for beneficiaries diagnosed with pre-diabetes</li> <li>• 1 screening per year if not previously diagnosed with pre-diabetes</li> </ul>
<b>Screening Pap Tests</b>	Pap Smear, Thin Prep or Image Assisted	<b>Low Risk</b> <i>Report one of the following:</i> <b>Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, Z12.89</b> <b>High Risk</b> <b>Z77.22, Z77.9, Z91.89, Z92.89, Z72.51, Z72.52, Z72.53</b>	<ul style="list-style-type: none"> <li>• <b>Low Risk</b>- Every 24 months</li> <li>• <b>High-Risk</b>- annually</li> </ul>
<b>Colorectal Cancer Screening</b>	Fecal Occult Blood	Use appropriate code <i>Contact local Medicare Contractor for guidance</i> <i>Ex.Z12.11, Z12.12</i>	<ul style="list-style-type: none"> <li>• Beneficiaries age 50 and older</li> <li>• Fecal Occult Blood: annually</li> </ul>
<b>Prostate Cancer Screening</b>	PSAS	<b>Z12.5</b>	<ul style="list-style-type: none"> <li>• Male beneficiaries 50 and over</li> <li>• Annually</li> </ul>
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<b>Human Immunodeficiency Virus (HIV) Screening</b>	HIV Antibody	<p><b><u>No Increased Risk Factors</u></b> Z11.4</p> <p><b><u>Increased Risk</u></b> Z11.4 &amp; Z72.89, Z72.51, Z72.52 or Z72.53</p> <p><b><u>Pregnant Women</u></b> Z11.4 + one of the following: Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, O09.90-O09.93</p>	<ul style="list-style-type: none"> <li>• 1 screening per year</li> <li>• 3 screenings of pregnant Medicare beneficiaries :             <ol style="list-style-type: none"> <li>1) When diagnosis of pregnancy is known.</li> <li>2) During 3<sup>rd</sup> trimester.</li> <li>3) At labor, if ordered by the women’s clinician.</li> </ol> </li> </ul>
<b>Hepatitis C Antibody Screening</b>	Hepatitis C Antibody	<p><b><u>No increased Risk Factors</u></b> Z11.59</p> <p><b><u>Those determined to be high-risk initially</u></b> Z72.89</p> <p><b><u>Those at high-risk with continued illicit injection drug use</u></b> Z72.89 and F19.20</p>	<ul style="list-style-type: none"> <li>• Once in a lifetime for those born between 1945-1965</li> <li>• Only performed once in a lifetime unless there is continued drug use.</li> <li>• High risk is defined as a current or past history of illicit drug injection use or have a history of receiving a blood transfusion prior to 1992.</li> <li>• Annually – defined as 11 full months must pass following the month of the last negative HCV screening.</li> </ul>
<b>Human Papillom Virus (HPV)</b>	HPV	<p><b><u>Z11.5- encounter for screening for HPV</u></b> <b><u>AND</u></b> <b><u>Z01.411- encounter for GYN exam</u></b></p>	<ul style="list-style-type: none"> <li>• Once every 5 years for asymptomatic beneficiaries aged 30-65 <b>with</b> a PAP test.</li> </ul>

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		<u>with abnormal finding</u> <b>OR</b> <u>Z01.419- encounter for GYN exam</u> <u>with normal finding</u>	
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