



# CLINICAL LABS OF HAWAII

Date: August 2, 2022  
To: Clinical Labs of Hawaii/Pan Pacific Pathologists (“CLH”) Clients  
From: Compliance Department  
Re: 2022 Annual Notice to Providers

CLH provides this notice as a part of our Compliance Program, in accordance with the recommendations of the Office of Inspector General (“OIG”). Periodically, we advise our physicians and clients about program changes and information related to federally-funded healthcare programs that affect both the provider and laboratory. Please note that these notices are not intended to be exhaustive, but are intended to help all parties comply with regulations and mitigate risk. When ordering tests for which Medicare reimbursement will be sought, the following policies apply:

## **Provider Signatures**

An ordering provider’s signature is required to show proof of an authenticated medical record supporting the provider’s intent to order specific tests. A signature is valid if: (1) handwritten or electronic, (2) legible or can be confirmed by comparing it to a signature log or attestation statement, and (3) included with the services you provided or ordered. For electronic signatures, please note that systems and software products must include protections against modification, and you should apply administrative safeguards that meet all standards and laws. Stamped signatures are valid if you have a physical disability and are unable to sign due to that disability. If a valid authentication is lacking, CLH will contact the provider to retrieve the necessary authentication **prior to** providing any laboratory service to patients. This information may be viewed at: <https://www.cms.gov/Signatures>

## **Medicare Medical Necessity Policy**

For any service to be covered by Medicare, the patient’s medical record must contain sufficient documentation to support the need. This should include the patient’s diagnosis and other pertinent information, such as duration of the patient’s condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitation, other therapeutic interventions and results, past experience with related items, and any other information which establishes the need for the requested service. The OIG takes the position that providers 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.

As a Medicare participating provider, CLH 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. CLH may contact a provider, via telephone or fax, to obtain information that has been requested by Medicare to verify that Medicare coverage criteria have been met. Providers’ cooperation is a legal requirement. As outlined in the Social Security Act, the law governing Medicare, “[i]n case of an item or service...ordered by a physician or a practitioner...but furnished by another entity, if the Secretary (or fiscal agent of the Secretary) requires the entity furnishing the item or service to provide diagnostic and or other medical information in order for payment to be made to the entity, the physician or practitioner shall provide that information to the entity at the time that the item or service is ordered by the physician or practitioner.”

### **Medicare 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 tests are 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. All laboratory NCDs may be viewed at: <https://www.cms.gov/NCDsICD10>. To search the Medicare coverage database, go to: <https://www.cms.gov/MCD>. CMS has authorized Noridian Medicare (Hawaii’s Medicare Part B carrier) to develop LCDs. These guidelines may supplement or be in addition to the NCDs and give direction for medical necessity on selected tests. LCDs may be viewed at: <https://www.cms.gov/LCDs>.

### **Diagnosis Information**

Section 4317 of the Balanced Budget Act of 1997 requires the authorized ordering provider to submit diagnosis information on the laboratory order for submission of a Medicare claim. The supplied information should accurately describe the patient’s condition on the date of service as documented in the patient’s medical record. Providers’ offices will be contacted by CLH in the event that this required information is omitted on any laboratory order. Additions, Revisions, and Deletions for ICD-10-CM codes which became effective on October 1, 2020 may be viewed at: <https://www.cms.gov/icd-10>.

### **Frequency Limitations for Laboratory Tests**

Certain laboratory tests have specific frequency limitation requirements. The limitations may apply to tests from the laboratory NCDs and LCDs.

### **Medicare Preventive Screening Laboratory Tests**

Screening or Investigational-Use-Only tests are generally not covered by Medicare, with some exceptions for certain preventive screening laboratory tests. Benefit coverage is specific for each service, diagnosis code, coverage requirement, and frequency limitation. Visit: <https://www.cms.gov/MPS>.

### **American Medical Association (“AMA”) Organ or Disease-Oriented Panels**

The AMA panels were developed for coding purposes only and should not be interpreted as clinical parameters. Authorized ordering providers should only order AMA-defined Organ or Disease-Oriented Panels when all components are medically necessary. An approved test panel must only be ordered when every test in that panel is medically necessary. If all components are not medically necessary, you should order individual tests or a panel that contains only the medically necessary tests. In the case of custom test panels, all individual tests must meet medical necessity guidelines. These AMA panels and their components is attached at the end of this document.

### **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. Whenever you order an initial test subject to a reflex test, you must consider whether the reflex test is, in your judgment, medically necessary for that patient. If you consider the reflex test unnecessary, order the initial test without the reflex test on the requisition form.

### **Advance Beneficiary Notice of Noncoverage (“ABN”)**

Not all laboratory services are covered by Medicare. For statutorily excluded services, CLH may bill Medicare patients directly. For certain other laboratory tests, an ABN is used to document that the patient has: (a) been made aware that Medicare may not pay for service(s); and (b) agreed to pay the laboratory if payment is denied by Medicare. A separate ABN must be completed for each specimen collection encounter. CLH will provide ABN forms to clients at their request. **Client-collected ABNs must accompany the order/requisition when samples are submitted to CLH.** CLH will be responsible for collecting the ABN from the patient when there is a face-to-face interaction between the patient and a CLH staff member.

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 ensure that the most current form (Exp. 06/30/2023) is being utilized and completed, when an ABN is needed for a Medicare beneficiary. Information about ABNs may be viewed at: <https://www.cms.gov/ABN>.

### **Medicare Clinical Laboratory Fee Schedule**

Medicare reimbursement for laboratory CPT/HCPCS codes is located at: <https://www.cms.gov/Fee>. Additional details can be found at: <https://www.cms.gov/PAMA>. Medicaid reimbursement amount will be equal to, or less than, the amount of Medicare reimbursement.

### **Medicare Part B National Correct Coding Initiative (NCCI) Edits**

The Medicare NCCI was implemented to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. Information on the NCCI edits may be found at: <https://www.cms.gov/NCCI>.

### **Billing Information**

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

- ✓ patient's full name,
- ✓ patient's complete current mailing address,
- ✓ 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 required.**
- ✓ ordering/referring provider'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.

### **Licensed Physicians and Non-Physician Practitioners**

A clinical laboratory may only bill Medicare and Medicaid for testing ordered by a licensed provider authorized by law to order laboratory tests. 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). Information on PECOS and how to enroll may be viewed at: <https://pecos.cms>. If your license has been revoked or suspended, notify CLH immediately.

### **Client Services**

Client Services representatives are available to assist at: (808) 677-7998 or 1-866-281-6816 (toll free).

Please take a few minutes to review this information with your staff. We greatly value your business and appreciate the opportunity to serve your laboratory needs in conjunction with these initiatives. If there are questions regarding this information, please contact your CLH account representative or the CLH Compliance Manager at (808) 834-5151.

*Thank you for supporting Clinical Labs of Hawaii and Pan Pacific Pathologists.*



# CLINICAL LABS OF HAWAII

## AMA Recognized Organ/ Disease Panels

CPT Code	Description
<b>80048</b>	<b>Basic Metabolic Panel (BASIC)</b> Calcium, Total                      Glucose                                      *Anion Gap CO2 (Bicarbonate)                      Potassium                                      *MGFR Chloride                                      Sodium Creatinine                                      (BUN) Urea Nitrogen
<b>80051</b>	<b>Electrolyte Panel (LYTES)</b> CO2 (Bicarbonate)                      Potassium                                      *Anion Gap Chloride                                      Sodium
<b>80053</b>	<b>Comprehensive Metabolic panel (COMP)</b> Albumin                                      Glucose                                      Urea Nitrogen Bilirubin, Total                                      Potassium                                      Phosphatase, Alkaline Calcium, Total                                      Protein, Total                                      *Anion Gap CO2 (Bicarbonate)                                      Sodium                                      *MGFR Chloride                                      ALT (SGPT)                                      *Globulin Creatinine                                      AST (SGOT)                                      *A/G Ratio
<b>80055</b>	<b>Obstetric Panel / Prenatal III Panel (O39NU)</b> Antibody Screen                                      CBC w/ WBC Differential                      RPR Blood Typing, ABO                                      Hepatitis B Surface Ag                      Rubella AB Blood Typing, Rh (D)
<b>80061</b>	<b>Lipid Panel (CRISK)</b> Cholesterol                                      Triglycerides                                      *LDL HDL Cholesterol                                      *CHOL/HDL Ratio
<b>80069</b>	<b>Renal Function Panel (RENAL)</b> Albumin                                      Creatinine                                      Urea Nitrogen Calcium, Total                                      Glucose                                      Phosphorus, Inorganic CO2 (Bicarbonate)                                      Potassium                                      *Anion Gap Chloride                                      Sodium                                      *MGFR
<b>80074</b>	<b>Acute Hepatitis Panel (AHEPP)</b> Hepatitis A Ab, IgM                                      Hepatitis B Surface Ag                      Hepatitis C Ab Hepatitis B Core Ab, IGM
<b>80076</b>	<b>Hepatic Function Panel (HEPAT)</b> Albumin                                      Protein, Total                                      *Bilirubin, Indirect Bilirubin, Total                                      ALT (SGPT)                                      *Globulin Bilirubin, Direct                                      AST (SGOT)                                      *A/G Ratio Phosphatase, Alkaline

\* Calculated result



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

Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p><b>Cervical or Vaginal Cancer Screening Co-Testing with HPV</b> Screening Pap and HPV screening test</p>	<p>Asymptomatic <b>female</b> beneficiaries aged 30-65 years: One HPV screening test every 5 years <i>in conjunction with the Pap test</i>.</p>	<p><b>Primary DX: Z11.51</b> Encounter for screening for HPV <b>AND one of the following Secondary DX:</b> <b>Z01.411</b> Gynecological exam with abnormal findings <b>Z01.419</b> Gynecological exam w/o abnormal findings</p>
<p><b>Colorectal Cancer Screening</b> Fecal Occult Blood</p>	<p>Beneficiaries aged 50 years or older: One per year (12 months) (1-3 simultaneous determinations).</p>	<p><b>Z12.11</b> Encounter for screening for malignant neoplasm of colon <b>Z12.12</b> Encounter for screening for malignant neoplasm of rectum</p>
<p><b>Diabetes Screening</b> 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 <b>not diagnosed</b> with pre-diabetes <b>OR never tested before:</b> One screening test per year (12 months).</p>	<p><b>Z13.1</b> Encounter for screening for diabetes mellitus</p>
<p><b>Hepatitis C Virus (HCV) Screen</b></p>	<p><b>NOT high risk</b> beneficiaries born between 1945 and 1965: One per lifetime.</p> <p><b>High risk</b> individuals: Repeat screening every year.</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><b>For persons NOT high risk:</b> <b>Z11.59</b> Encounter for screening for other specified viral diseases</p> <p><b>For persons determined to be high risk:</b> <b>Z72.89</b> Other problems related to lifestyle</p> <p><b>For those at high risk with continued illicit drug injection use:</b> <b>Z72.89</b> Other problems related to lifestyle <b>AND</b> <b>F19.20</b> Other psychoactive substance dependence, unspecified</p>

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<p><b>Hepatitis B Surface Antigen Screen for:</b></p> <p><b>asymptomatic, non-pregnant adolescents and adults at <u>high risk for HBV infection.</u></b></p>	<p>Beneficiaries with <b><u>continued high risk</u></b>: Repeat screening every year.</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><b>High Risk DX Codes for HBV Screening:</b>  <b>Z11.59</b> - Encounter for screening for other viral disease  <b>Z72.89</b> - Other Problems related to life style</p> <p><b>High Risk DX Codes for subsequent visits:</b>  <b>Z11.59</b> - Encounter for screening for other viral disease  <b>AND one of the following:</b>  <b>F11.10-F11.99</b> Opioid related disorders  <b>F13.10-F13.99</b> Sedative, hypnotic, or anxiolytic related disorders  <b>F14.10-F14.99</b> Cocaine related disorders  <b>F15.10-F15.99</b> Other stimulant related disorders  <b>Z20.2</b> Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission  <b>Z20.5</b> Contact with and (suspected) exposure to viral hepatitis  <b>Z72.52</b> High risk homosexual behavior  <b>Z72.53</b> High risk bisexual behavior</p>

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<p><b>Hepatitis B Surface Antigen Screen for:</b></p> <p><b>Pregnant Women</b></p>	<p>One at the <b>first prenatal visit</b> when the diagnosis of pregnancy is known.</p> <p>Re-screening at the time of <b>delivery</b> for those with <b>new/continuing increased risk factors</b>.</p>	<p><b>Pregnant Females (with Pregnancy DX)</b>  <b>Z11.59</b> Encounter for screening for other specified viral diseases  <b>AND one of the following:</b>  <b>Z34.00</b> Encounter for supervision of normal first pregnancy unspecified trimester  <b>Z34.80</b> Encounter for supervision of other normal pregnancy, unspecified trimester  <b>Z34.90</b> Encounter for supervision of normal pregnancy, unspecified, unspecified trimester  <b>009.90</b> Supervision of high risk pregnancy, unspecified, unspecified trimester</p> <p><b>Pregnant Females at increased risk:</b>  <b>Z11.59</b> Encounter for screening for other specified viral diseases  <b>Z72.89</b> Other problems related to lifestyle  <b>AND one of the following:</b>  <b>Z72.51</b> High risk heterosexual behavior  <b>Z72.52</b> High risk homosexual behavior  <b>Z72.53</b> High risk bisexual behavior  <b>AND one of the following DX:</b>  <b>Z34.00</b> Encounter for supervision of normal first pregnancy unspecified trimester  <b>Z34.01</b> Encounter for supervision of normal first pregnancy, first trimester  <b>Z34.02</b> Encounter for supervision of normal first pregnancy, secondary trimester  <b>Z34.03</b> Encounter for supervision of normal first pregnancy, third trimester  <b>Z34.80</b> Encounter for supervision of other normal first pregnancy, unspecified trimester  <b>Z34.81</b> Encounter for supervision of other normal first pregnancy, first trimester  <b>Z34.82</b> Encounter for supervision of other normal first pregnancy, second trimester  <b>Z34.83</b> Encounter for supervision of other normal first pregnancy, third trimester  <b>Z34.90</b> Encounter for supervision of normal pregnancy, unspecified, unspecified trimester  <b>Z34.91</b> Encounter for supervision of other normal pregnancy, unspecified, first trimester  <b>Z34.92</b> Encounter for supervision of other normal pregnancy, unspecified, second trimester  <b>Z34.93</b> Encounter for supervision of other normal pregnancy, unspecified, third trimester  <b>009.90</b> Supervision of high risk pregnancy, unspecified, unspecified trimester  <b>009.91</b> Supervision of high risk pregnancy, unspecified first trimester  <b>009.92</b> Supervision of high risk pregnancy, unspecified second trimester  <b>009.93</b> Supervision of high risk pregnancy, unspecified third trimester</p>



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Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p><b>HIV Screening</b></p>	<p><b>Males or Non-Pregnant Females</b> between the ages of 15 and 65 without regard to perceived risk: One voluntary HIV screening a year (12 months).</p> <p><b>Males or Non-Pregnant Females at <u>increased risk</u></b> for HIV infection who are younger than 15 or older than 65: One voluntary HIV screening a year (12 months).</p> <p><b>Pregnant Females:</b> Three voluntary screening tests per pregnancy:</p> <ol style="list-style-type: none"> <li>1. First, when a woman is diagnosed with pregnancy;</li> <li>2. Second, during the third trimester;</li> <li>3. Third, at labor, if ordered by the woman's clinician.</li> </ol>	<p><b>Z11.4</b> encounter for screening for human immunodeficiency virus (HIV)</p> <p><b>Both Primary and Secondary DX required for those at increased risk.</b></p> <p><b>All patients: Primary DX</b> <b>Z11.4</b> encounter for screening for human immunodeficiency virus (HIV)</p> <p><b>AND one of the following Secondary DX</b> <b>Z72.89</b> Other problems related to life style <b>Z72.51</b> High risk heterosexual behavior <b>Z72.52</b> High risk homosexual behavior <b>Z72.53</b> High risk bisexual behavior</p> <p><b>Secondary DX for pregnant females:</b> <b>Z34.00</b> Encounter for supervision of normal first pregnancy, unspecified trimester <b>Z34.01</b> Encounter for supervision of normal first pregnancy, first trimester <b>Z34.02</b> Encounter for supervision of normal first pregnancy, second trimester <b>Z34.03</b> Encounter for supervision of normal first pregnancy, third trimester <b>Z34.80</b> Encounter for supervision of other normal first pregnancy, unspecified trimester <b>Z34.81</b> Encounter for supervision of other normal first pregnancy, first trimester <b>Z34.82</b> Encounter for supervision of other normal first pregnancy, second trimester <b>Z34.83</b> Encounter for supervision of other normal first pregnancy, third trimester <b>Z34.90</b> Encounter for supervision of normal pregnancy, unspecified, unspecified trimester <b>Z34.91</b> Encounter for supervision of normal pregnancy, unspecified, first trimester <b>Z34.92</b> Encounter for supervision of normal pregnancy, unspecified, second trimester <b>Z34.93</b> Encounter for supervision of normal pregnancy, unspecified, third trimester <b>009.90</b> Supervision of high risk pregnancy, unspecified, unspecified trimester <b>009.91</b> Supervision of high risk pregnancy, unspecified, first trimester <b>009.92</b> Supervision of high risk pregnancy, unspecified, second trimester <b>009.93</b> Supervision of high risk pregnancy, unspecified, third trimester</p>

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Laboratory Test	Statutory Frequency Limit	ICD-10-CM "Z" Codes
<p><b>Sexually Transmitted Infections (STIs) Screen</b></p> <p><b>Chlamydia and Gonorrhea</b></p> <p>Note: Coverage is for <b>females</b> only.</p>	<p><b>Pregnant females &lt; 24 years old</b> when the diagnosis of pregnancy is known: Repeat screening during the third trimester <i>if high-risk sexual behavior has occurred since the initial screening test.</i></p> <p><b>Pregnant females at <u>increased risk</u></b> for STIs when diagnosis of pregnancy is known: Repeat screening during the third trimester <i>if high-risk sexual behavior has occurred since the initial screening test.</i></p> <p><b>Non-pregnant females at <u>increased risk</u></b> for STIs: One per year (12 months).</p>	<p><b>Non-pregnant females at increased risk:</b> <b>Z11.3</b> Encounter for screening for infections with predominantly sexual mode of transmission <b>AND one of the following:</b> <b>Z72.89</b> Other problems related to lifestyle <b>Z72.51</b> High risk heterosexual behavior <b>Z72.52</b> High risk homosexual behavior <b>Z72.53</b> High risk bisexual behavior</p> <p><b>Pregnant females at increased risk:</b> <b>Z11.3</b> Encounter for screening for infections with predominantly sexual mode of transmission <b>AND one of the following:</b> <b>Z72.89</b> Other problems related to lifestyle <b>Z72.51</b> High risk heterosexual behavior <b>Z72.52</b> High risk homosexual behavior <b>Z72.53</b> High risk bisexual behavior <b>AND one of the following Pregnancy DX:</b> <b>Z34.00</b> Encounter for supervision of normal first pregnancy, unspecified trimester <b>Z34.01</b> Encounter for supervision of normal first pregnancy, first trimester <b>Z34.02</b> Encounter for supervision of normal first pregnancy, second trimester <b>Z34.03</b> Encounter for supervision of normal first pregnancy, third trimester <b>Z34.80</b> Encounter for supervision of other normal first pregnancy, unspecified trimester <b>Z34.81</b> Encounter for supervision of other normal first pregnancy, first trimester <b>Z34.82</b> Encounter for supervision of other normal first pregnancy, second trimester <b>Z34.83</b> Encounter for supervision of other normal first pregnancy, third trimester <b>Z34.90</b> Encounter for supervision of normal pregnancy, unspecified, unspecified trimester <b>Z34.91</b> Encounter for supervision of normal pregnancy, unspecified, first trimester <b>Z34.92</b> Encounter for supervision of normal pregnancy, unspecified, second trimester <b>Z34.93</b> Encounter for supervision of normal pregnancy, unspecified, third trimester <b>009.90</b> Supervision of high risk pregnancy, unspecified, unspecified trimester <b>009.91</b> Supervision of high risk pregnancy, unspecified, first trimester <b>009.92</b> Supervision of high risk pregnancy, unspecified, second trimester <b>009.93</b> Supervision of high risk pregnancy, unspecified, third trimester</p>

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<p><b>Sexually Transmitted Infections (STIs) Screen</b></p> <p><b>Syphilis Screening</b></p> <p>Note: Coverage is for <b>both male and female</b> sexually active adolescents and adults at <b>increased risk</b> for STIs</p>	<p><b>Pregnant women</b> when the diagnosis of pregnancy is known:</p> <p>Repeat screening during the third trimester <i>if <b>high risk</b> sexual behavior has occurred since the previous screening test.</i></p> <p>Repeat screening at delivery <i>if <b>high risk</b> sexual behavior has occurred since the previous screening test.</i></p> <p><b>Men and non-pregnant women</b> at <b>increased risk</b> for STIs: One per year (12 months).</p>	<p><b>Pregnant females (with Pregnancy DX):</b>  <b>Z11.3</b> Encounter for screening for infections with predominantly sexual mode of transmission</p> <p><b>Pregnant females at increased risk:</b>  <b>Z11.3</b> Encounter for screening for infections with predominantly sexual mode of transmission</p> <p><b>AND one of the following:</b>  <b>Z72.89</b> Other problems related to lifestyle  <b>Z72.51</b> High risk heterosexual behavior  <b>Z72.52</b> High risk homosexual behavior  <b>Z72.53</b> High risk bisexual behavior</p> <p><b>AND one of the following Pregnancy DX:</b>  <b>Z34.00</b> Encounter for supervision of normal first pregnancy, unspecified trimester  <b>Z34.01</b> Encounter for supervision of normal first pregnancy, first trimester  <b>Z34.02</b> Encounter for supervision of normal first pregnancy, second trimester  <b>Z34.03</b> Encounter for supervision of normal first pregnancy, third trimester  <b>Z34.80</b> Encounter for supervision of other normal first pregnancy, unspecified trimester  <b>Z34.81</b> Encounter for supervision of other normal first pregnancy, first trimester  <b>Z34.82</b> Encounter for supervision of other normal first pregnancy, second trimester  <b>Z34.83</b> Encounter for supervision of other normal first pregnancy, third trimester  <b>Z34.90</b> Encounter for supervision of normal pregnancy, unspecified, unspecified trimester  <b>Z34.91</b> Encounter for supervision of normal pregnancy, unspecified, first trimester  <b>Z34.92</b> Encounter for supervision of normal pregnancy, unspecified, second trimester  <b>Z34.93</b> Encounter for supervision of normal pregnancy, unspecified, third trimester  <b>009.90</b> Supervision of high risk pregnancy, unspecified, unspecified trimester  <b>009.91</b> Supervision of high risk pregnancy, unspecified, first trimester  <b>009.92</b> Supervision of high risk pregnancy, unspecified, second trimester  <b>009.93</b> Supervision of high risk pregnancy, unspecified, third trimester</p> <p><b>Men/Non-Pregnant Women increased risk:</b>  <b>Z11.3</b> Encounter for screening for infections with predominantly sexual mode of transmission</p> <p><b>AND one of the following:</b>  <b>Z72.89</b> Other problems related to lifestyle  <b>Z72.51</b> High risk heterosexual behavior  <b>Z72.52</b> High risk homosexual behavior  <b>Z72.53</b> High risk bisexual behavior</p>