

Syphilis Test

CPT: 86592, 86593, 86780

CMS Policy for Florida, Puerto Rico, and U.S. Virgin Islands

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive
ICD Codes are listed
on subsequent page(s)
of this document.

Coverage Indications, Limitations, 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.

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov ►

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Please refer to the [Limitations or Utilization Guidelines](#) section on previous page(s) for frequency information.

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

***Note—Bolded diagnoses below have the highest utilization**

Code	Description
A51.49	Other secondary syphilitic conditions
A52.19	Other symptomatic neurosyphilis
A52.2	Asymptomatic neurosyphilis
A53.0	Latent syphilis, unspecified as early or late
A53.9	Syphilis, unspecified
A64	Unspecified sexually transmitted disease
B18.2	Chronic viral hepatitis C
B20	Human immunodeficiency virus [HIV] disease
F03.90	Unspecified dementia without behavioral disturbance
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
G30.9	Alzheimer's disease, unspecified
G31.84	Mild cognitive impairment, so stated
G60.3	Idiopathic progressive neuropathy
G60.9	Hereditary and idiopathic neuropathy, unspecified
G94	Other disorders of brain in diseases classified elsewhere
R21	Rash and other nonspecific skin eruption
R26.81	Unsteadiness on feet
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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