

MEDICARE FREQUENCY LIMITATIONS FOR SCREENING TESTS

| TEST NAME | Medicare Frequency Limitations | ICD-9 Code Required | Lab Tests (Procedure Codes) Covered |
|-------------------------------|---|---------------------|--|
| Occult Blood, Fecal Screen | 1 time/year, beneficiaries > 50 years old | V76.51 | G0107 |
| PAP Smear, Screen (Low Risk) | 1 time every 2 years | V76.2 | P3000, P3001, G0123, G0124, G0141, Q0091 |
| PAP Smear, Screen (High Risk) | 1 time / year | V15.89 | P3000, P3001, G0123, G0124, G0141, Q0091 |
| PSA, Screen | 1 time/year for males > 50 years old | V76.44 | G0103 |

Sources: *PSA Tennessee LMRP # 9705-02; May 15, 2002*
Medicare Bulletin GR 2001-3, May/June 2001: Pap Smears and Pelvic Exams
Medicare National Coverage Decision: Fecal Occult Blood