



1032 E. Jackson Street
 Medford, OR 97504
 ph: 541-770-4559
 fax: 541-770-4511
 www.vistapathology.com

Place patient label here

Gynecologic Cytology (Pap)/HPV Test Requisition

CLIENT INFORMATION

Creekside Family Medicine 2859 State Street Medford, OR 97504 fax: 541-282-6581	Ordering Provider: <input type="checkbox"/> Alan Bates, DO <input type="checkbox"/> Margaret Bismark, FNP <input type="checkbox"/> Christy A. Stanek, FNP	Provider Phone: 541-282-6505	<input type="checkbox"/> Copy Report to: Name(s): _____
	<input type="checkbox"/> Christopher Morgan, MD <input type="checkbox"/> Lorie Morgan, MD <input type="checkbox"/> Sherry Castillo, MD	541-282-6500	_____
	<input type="checkbox"/> Stephen Nelson, MD <input type="checkbox"/> Deborah Boles, FNP <input type="checkbox"/> Tamara Dixon, FNP <input type="checkbox"/> Other: _____	541-282-6580	Collection Date: _____

PATIENT INFORMATION

Name (Last, First Middle): _____ DOB: _____		Clinical History: <input type="checkbox"/> Normal history <input type="checkbox"/> Prior abnormal Pap/HPV <input type="checkbox"/> Biopsy-proven dysplasia <input type="checkbox"/> High-risk <input type="checkbox"/> Radiation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Abnormal bleeding <input type="checkbox"/> Hormone tx (replacement or contraception) <input type="checkbox"/> Visible lesion on exam <input type="checkbox"/> IUD
Billing Information: <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Medicare	<input type="checkbox"/> OHP <input type="checkbox"/> Other: _____	Menstrual Status: <input type="checkbox"/> LMP _____ <input type="checkbox"/> Pregnant <input type="checkbox"/> Menopausal	<input type="checkbox"/> Hysterectomy <input type="checkbox"/> Complete <input type="checkbox"/> Supracervical

Please attach detailed billing information separately (including patient address, phone number and insurance information).

SPECIMEN INFORMATION

Test Type/ICD-10 Codes (required): <input type="checkbox"/> Routine cervical screening Z12.4 <i>Medicare coverage q 2 years</i> <input type="checkbox"/> Routine vaginal screening Z12.72 <i>Medicare coverage q 2 years</i> <input type="checkbox"/> Routine vaginal screening history of malignancy of other site (not cervix) Z12.89 <i>Medicare coverage q 2 years</i> <input type="checkbox"/> Screening for high risk pt Z91.89 <i>Medicare coverage yearly</i> <input type="checkbox"/> Diagnostic Pap - Medicare covers as medical necessity but must give ICD-10: <input type="checkbox"/> N87.0 Dysplasia (not CIN3/CIS) <input type="checkbox"/> D06.9 CIN3/CIS <input type="checkbox"/> R87.820 Abnormal Pap/HPV <input type="checkbox"/> N72 Cervicitis <input type="checkbox"/> N76.0 Vaginitis <input type="checkbox"/> N93.8 Abnormal uterine bleeding <input type="checkbox"/> N95.0 Post-Menopausal bleeding <input type="checkbox"/> N89.8 Vaginal discharge <input type="checkbox"/> A60.00 Genital Herpes <input type="checkbox"/> C53.1 Malignant neoplasm cervix <input type="checkbox"/> C54.1 Malignant neoplasm endometrium <input type="checkbox"/> Z34. Pregnancy <input type="checkbox"/> Other: _____	Specimen Site (required): <input type="checkbox"/> Cervical/endocervical <input type="checkbox"/> Vaginal
	Ancillary testing: <input type="checkbox"/> Pap + hr-HPV co-testing: consider for pts ≥ age 30; hr-HPV screen performed for all Pap diagnoses*. <input type="checkbox"/> Reflex to HPV genotyping: co-testing as above plus genotyping for HPV types 16/18 if Pap negative and hr-HPV screen positive**. <input type="checkbox"/> Pap + Reflex HPV: consider for pts age 24-29. hr-HPV performed if Pap is ASC-US; consider for Medicare***. <input type="checkbox"/> hr-HPV testing only: No Pap <input type="checkbox"/> Reflex to 16/18 genotyping if positive. <input type="checkbox"/> N. gonorrhea/C. trachomatis (performed on ThinPrep vial or Aptima tube) <input type="checkbox"/> With Pap (use ThinPrep) <input type="checkbox"/> Without Pap (use Aptima tube) <input type="checkbox"/> Herpes Simplex Virus (HSV) 1 & 2 (performed only on ThinPrep vial) <input type="checkbox"/> With Pap <input type="checkbox"/> Without Pap (default is with Pap) <input type="checkbox"/> Pap only: No ancillary testing
	<input type="checkbox"/> Vaginitis Panel (Candida, Gardnerella and Trichomonas) Time collected: _____ (requires separate collection) N76.0 <i>* In appropriate settings, if both the Pap and hr-HPV are negative, patient may not need additional screening for up to 5 years.</i> <i>** Colposcopy is indicated if Pap negative, hr-HPV positive, and 16 or 18 positive.</i> <i>*** Currently, Medicare does not cover hr-HPV screening if Pap is not abnormal.</i> <i>Above testing options based on ASCCP recommendations, see www.asccp.org</i>

NOTE **ADVANCE BENEFICIARY NOTICE (ABN)**
 ABN must be completed, signed and dated for all Medicare patients
 SEE OTHER SIDE OF THIS SHEET.

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.** items and services below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** items and services below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Screening Pap, (Pap may require pathologist interpretation, possible HPV testing) Chlamydia, Gonorrhea, Herpes Simplex Virus 1 & 2, Vaginitis testing	Frequency of Pap or HPV testing could exceed Medicare limits	\$30-\$700, depending on extent of testing

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** items and services listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the **D.** items and services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the **D.** items and services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the **D.** items and services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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