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Place patient label here

**Gynecologic Cytology (Pap) / HPV / STI Test Requisition**

**CLIENT INFORMATION**

Ordering Provider: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Copy Report to:  
 Name(s): \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  F  M  Unspecified

**Billing Information:**  
 Insurance  OHP  
 Patient  Other: \_\_\_\_\_  
 Medicare \_\_\_\_\_

**Menstrual Status:**  
 LMP \_\_\_\_\_  Hysterectomy  
 Pregnant  Complete  
 Menopausal  Supracervical

**Clinical History:**  
 Normal history  Hormone tx (replacement or contraception)  
 Prior abnormal Pap/HPV/Biopsy  Visible lesion on exam  
 Abnormal bleeding  IUD  
 Other: \_\_\_\_\_

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

**SPECIMEN INFORMATION**

**Test Type/ICD-10 Codes (required):**

- Routine cervical screening **Z12.4**  
*Medicare coverage q 2 years*
- Routine vaginal screening **Z12.72**  
*Medicare coverage q 2 years*
- Routine vaginal screening history of malignancy of other site (not cervix) **Z12.89**  
*Medicare coverage q 2 years*
- Screening for high risk pt **Z91.89**  
*Medicare coverage yearly*
- Diagnostic Pap - Medicare covers as medical necessity but must give ICD-10:
  - N87.0** Dysplasia (not CIN3/CIS)
  - D06.9** CIN3/CIS
  - R87.820** Abnormal Pap/HPV
  - N72** Cervicitis
  - N76.0** Vaginitis
  - N93.8** Abnormal uterine bleeding
  - N95.0** Post-Menopausal bleeding
  - N89.8** Vaginal discharge
  - A60.00** Genital Herpes
  - C53.1** Malignant neoplasm cervix
  - C54.1** Malignant neoplasm endometrium
  - Z34.** Pregnancy
  - Other: \_\_\_\_\_

**Specimen Site (required):**  
 Cervical/endocervical  Vaginal

**Pap and High Risk HPV Testing (ThinPrep Pap Vial)**  
 (Cancer screening based on ASCCP guidelines.)

- Pap + High Risk HPV co-testing:** consider for pts  $\geq$  age 30; High Risk HPV testing will be performed regardless of Pap diagnoses. Genotyping will be performed for patients with a Negative Pap diagnosis and positive High Risk HPV Result.
- Pap + Reflex High Risk HPV:** consider for pts  $\geq$  age 21-29. High Risk HPV testing will be performed for patients with an ASCUS Pap diagnosis.
- Reflex Genotyping:** select for 16/18-45 genotyping when High Risk HPV testing is positive regardless of Pap diagnosis.
- Pap only:** No High Risk HPV testing.

**Molecular Ancillary Testing**

- N. gonorrhoea/C. trachomatis**
  - ThinPrep vial
  - Orange, Aptima Multi-test swab (Vaginal swab)
  - Yellow, Aptima Urine Collection tube (Urine - male or female)
- Herpes Simplex Virus (HSV) 1 & 2 (ThinPrep vial only)**
- Vaginitis Panel** (Orange, Aptima Multi-test swab: includes testing for BV, Candida spp., Candida gla., and Trichomonas).

**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:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.