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PATIENT INFORMATION			REQUESTED BY:
PATIENT LAST NAME	FIRST NAME	MI	
PATIENT DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PROVIDER SIGNATURE			
COLLECTION DATE/TIME:			
ADDITIONAL COPY OF RESULTS TO			
BILLING INFORMATION			
<input type="checkbox"/> Insurance <input type="checkbox"/> Medicare (attached ABN) <input type="checkbox"/> Medicaid <input type="checkbox"/> Patient			
SEPARATE SHEET SHOWING PATIENT DEMOGRAPHIC INFORMATION MUST BE ATTACHED			
CLINICAL INFORMATION (CHECK ALL THAT APPLY)		DIAGNOSTIC INFORMATION (ICD-10) MARK ALL THAT APPLY FOR TESTING ORDER	
<p>LMP DATE: ____/____/____</p> <p>PREVIOUS PAP DATE: ____/____/____</p> <p>PREVIOUS BX DATE: ____/____/____</p> <div><div><input type="checkbox"/> ROUTINE <input type="checkbox"/> HIGH RISK <input type="checkbox"/> PREGNANT - HOW MANY WEEKS? ____ <input type="checkbox"/> POSTPARTUM - HOW MANY WEEKS? ____ <input type="checkbox"/> POSTMENOPAUSAL <input type="checkbox"/> HYSTERECTOMY, TOTAL <input type="checkbox"/> HYSTERECTOMY, W/INTACT CERVIX <input type="checkbox"/> HISTORY OF ABNORMAL PAP - SPECIFY _____ <input type="checkbox"/> OTHER _____</div><div><input type="checkbox"/> ORAL CONTRACEPTIVES <input type="checkbox"/> IUD <input type="checkbox"/> HORMONE THERAPY <input type="checkbox"/> DEPO PROVERA <input type="checkbox"/> REPEAT / FOLLOW-UP <input type="checkbox"/> HPV INFECTION</div></div>		<p>SCREENING</p> <p>____ Z12.4 ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX</p> <p>____ Z12.72 ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF VAGINA</p> <p>____ Z11.3 ENCOUNTER FOR SCREENING FOR INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION</p> <p>____ Z11.51 ENCOUNTER FOR SCREENING FOR HUMAN PAPILLOMAVIRUS (HPV)</p> <p>____ Z01.419 ENCOUNTER FOR GYNECOLOGICAL EXAMINATION (GENERAL) (ROUTINE) WITHOUT ABNORMAL FINDINGS</p> <p>____ Z39.2 ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP</p> <p>DIAGNOSTIC</p> <p>____ R87.610 ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE ON CYTOLOGIC SMEAR OF CERVIX (ASC-US)</p> <p>____ R87.612 LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION ON CYTOLOGIC SMEAR OF CERVIX (LGSIL)</p> <p>____ R87.820 LOW RISK HPV CERVIX</p> <p>____ R87.810 HIGH RISK HPV CERVIX</p>	
GYN CYTOLOGY		OTHER _____	
SPECIMEN SOURCE		THE PRECEDING DIAGNOSIS CODES ARE LISTED FOR YOUR CONVENIENCE ONLY. ORDERING PHYSICIANS SHOULD USE THE ICD-10 CODE THAT BEST DESCRIBES THE REASON FOR PERFORMING THE TEST, WHETHER OR NOT THAT CODE IS LISTED ABOVE.	
<input type="checkbox"/> CERVICAL/ENDOCERVICAL <input type="checkbox"/> VAGINAL <input type="checkbox"/> OTHER _____			
PAP & HPV TESTING (Check box for ordering)			
<input type="checkbox"/> THINPREP PAP TEST SCREEN (ACCEPTABLE FOR AGES 21 AND ABOVE) WITH MANAGEMENT OF ABNORMAL SCREENING RESULTS PER ASCCP PREFERRED GUIDELINES **			
<input type="checkbox"/> THINPREP PAP WITH HIGH RISK HPV SCREEN (CO-TEST, PREFERRED USE IN AGES 30 AND ABOVE) WITH MANAGEMENT OF ABNORMAL SCREENING RESULTS PER ASCCP PREFERRED GUIDELINES. **			
<input type="checkbox"/> THINPREP PAP TEST WITH HIGH RISK HPV TESTING (CO-TEST)			
<input type="checkbox"/> THINPREP PAP TEST WITH HIGH RISK HPV REFLEX TESTING IF DIAGNOSIS IS ASCUS			
<input type="checkbox"/> THINPREP PAP TEST WITH HIGH RISK HPV WITH REFLEX TO HPV 16, 18/45 GENOTYPING (ONLY IF PAP NEG/HPV POS)			
<input type="checkbox"/> THINPREP PAP TEST			
<input type="checkbox"/> HIGH RISK HPV			
<input type="checkbox"/> HPV 16, 18/45 REFLEX (IF HIGH RISK HPV IS POSITIVE)			
MOLECULAR STI TESTS			
<input type="checkbox"/> CHLAMYDIA/GONORRHEA <input type="checkbox"/> TRICHOMONAS			
COMMENT: _____		YPI Accession #:	

PHYSICIAN / PROVIDER INFORMATION

ICD-10 diagnosis code(s) must be provided for each test ordered. Only tests that you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient rather than for screening purposes.

The advanced beneficiary notice must give the patient (beneficiary) an idea of why the physician / provider is predicting the likelihood of Medicare denial so the patient (beneficiary) can make an informed decision whether or not to receive the service and pay for it out-of-pocket.

DEFINITION OF "HIGH RISK" PATIENT:

- A. The patient is of childbearing age and has had an examination that indicated the presence of cervical or vaginal cancer or some abnormality during any of the preceding three years; or
- B. Regardless of the patient's age, she is considered to be at high risk of developing cervical or vaginal cancer due to at least one of the following factors:
 - 1. early onset (under 16 years of age) of sexual activity;
 - 2. multiple sexual partners (five or more to date);
 - 3. history of sexually transmitted disease (including HIV infection);
 - 4. fewer than three negative PAP smears within the previous seven years; or
 - 5. mother took DES (diethylstilbestrol) during pregnancy with patient.

DEFINITION OF "DIAGNOSTIC" PAP SMEAR

A "diagnostic PAP smear" is one that is ordered by the referring physician using that distinction based on his/her finding that one or more of the following circumstances applies to the Medicare beneficiary at hand.

- 1. The patient has been previously diagnosed with cancer of the vagina, cervix, or uterus that has been or is presently being treated;
- 2. The patient has had a previous abnormal PAP smear;
- 3. The patient presents any current abnormal findings of the vagina, cervix, uterus, ovaries, or adnexa;
- 4. The patient presents any significant complaint referable to the female reproductive system; or
- 5. The patient shows any sign or symptom that might, in the referring physician's judgement, reasonably be related to a gynecologic disorder.