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Yellowstone Pathology Institute
interactive diagnostics

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Kelli M. Schneider, MD, FCAP

Gyn Cytology/Pathology Testing

PATIENT INFORMATION

PATIENT LAST NAME	FIRST NAME	MI

PATIENT DATE OF BIRTH	AGE	GENDER ☐ MALE ☐ FEMALE

PROVIDER SIGNATURE

COLLECTION DATE/TIME:

ADDITIONAL COPY OF RESULTS TO

REQUESTED BY:

BILLING INFORMATION

Insurance: Hospital ☐ IP ☐ OP ☐ Private Practice ☐ Hospital Owned Practice ☐ Insurance ☐ Medicare (attached ABN) ☐ Medicaid ☐ Uninsured

SEPARATE SHEET SHOWING PATIENT DEMOGRAPHIC INFORMATION MUST BE ATTACHED

CLINICAL INFORMATION (CHECK ALL THAT APPLY)

LMP DATE: _____/_____/_____

PREVIOUS PAP DATE: _____/_____/_____

PREVIOUS BX DATE: _____/_____/_____

☐ ROUTINE
☐ HIGH RISK
☐ PREGNANT - HOW MANY WEEKS? _____
☐ POSTPARTUM - HOW MANY WEEKS? _____
☐ POSTMENOPAUSAL
☐ HYSTERECTOMY, TOTAL
☐ HYSTERECTOMY, W/INTACT CERVIX
☐ ORAL CONTRACEPTIVES
☐ IUD
☐ HORMONE THERAPY
☐ DEPO PROVERA
☐ REPEAT / FOLLOW-UP
☐ HPV INFECTION
☐ HISTORY OF ABNORMAL PAP - SPECIFY _____
☐ OTHER _____

GYN CYTOLOGY

SPECIMEN SOURCE

☐ CERVICAL/ENDOCERVICAL ☐ VAGINAL ☐ OTHER _____

PAP & HPV TESTING (Check box for ordering)

☐ THINPREP PAP TEST SCREEN (ACCEPTABLE FOR AGES 21 AND ABOVE) WITH MANAGEMENT OF ABNORMAL SCREENING RESULTS PER ASCCP PREFERRED GUIDELINES **
☐ 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.**
☐ THINPREP PAP TEST WITH HIGH RISK HPV TESTING (CO-TEST)
☐ THINPREP PAP TEST WITH HIGH RISK HPV REFLEX TESTING IF DIAGNOSIS IS ASCUS
☐ THINPREP PAP TEST WITH HIGH RISK HPV WITH REFLEX TO HPV 16, 18/45 GENOTYPING (ONLY IF PAP NEG/HPV POS)
☐ THINPREP PAP TEST
☐ HIGH RISK HPV
☐ HPV 16, 18/45 REFLEX (IF HIGH RISK HPV IS POSITIVE)

MOLECULAR STI TESTS

☐ CHLAMYDIA/GONORRHEA ☐ TRICHOMONAS

COMMENT: _____

DIAGNOSTIC INFORMATION (ICD-10)

MARK ALL THAT APPLY FOR TESTING ORDER

SCREENING

_____	Z12.4	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX
_____	Z12.72	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF VAGINA
_____	Z11.3	ENCOUNTER FOR SCREENING FOR INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION
_____	Z11.51	ENCOUNTER FOR SCREENING FOR HUMAN PAPILLOMAVIRUS (HPV)
_____	Z01.419	ENCOUNTER FOR GYNECOLOGICAL EXAMINATION (GENERAL) (ROUTINE) WITHOUT ABNORMAL FINDINGS
_____	Z39.2	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP

DIAGNOSTIC

_____	R87.610	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE ON CYTOLOGIC SMEAR OF CERVIX (ASC-US)
_____	R87.612	LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION ON CYTOLOGIC SMEAR OF CERVIX (LGSIL)
_____	R87.820	LOW RISK HPV CERVIX
_____	R87.810	HIGH RISK HPV CERVIX

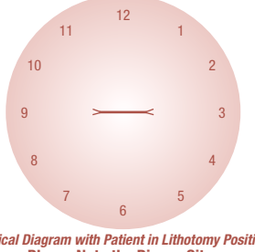
OTHER _____

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.

TISSUE / SURGICAL

GYNECOLOGIC HISTOLOGY (DIAGRAM)

☐A. ENDOCERVICAL CURETTING - ECC
☐B. ENDOMETRIAL BIOPSY - EMB
☐C. CERVICAL BIOPSY
☐D. CERVICAL CONE
☐E. LABIAL BIOPSY
☐F. LEEP - ANTERIOR
☐G. LEEP - POSTERIOR
☐H. PERINEUM BIOPSY
☐I. VAGINAL BIOPSY
☐J. VULVAR BIOPSY
☐K. COLPOSCOPY
☐OTHER _____



Cervical Diagram with Patient in Lithotomy Position
Please Note the Biopsy Site

SPECIMEN TYPE: ☐ SPIRABRUSH ☐ PUNCH BIOPSY ☐ LEEP ☐ OTHER

SPECIMEN SITE:

A. _____

B. _____

C. _____

YPI Accession #:

WHITE COPY - YPI CANARY COPY - CLIENT

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.

**ASCCP Guidelines may be found at:
https://www.asccp.org/management-guidelines or
by using the app on your mobile device - ASCCP Mobile.