

# GYN CYTOLOGY

**STAT**     CALL REPORT \_\_\_\_\_ (AFTER HOURS PHONE)  
 FAX REPORT \_\_\_\_\_

**PeaceHealth Laboratories**

541-687-2134  
800-826-3616  
[www.peacehealthlabs.org](http://www.peacehealthlabs.org)

Place label here →  
 PROBLEM  
 INITIALS  
 SOLVED  
 RECEIVE  
 PHLE  
 SST  
 RED  
 LAV  
 SPEC- MEN  
 BLUE  
 YELLOW  
 GREEN  
 GREY  
 SERUM  
 PLASMA  
 SLIDE  
 URINE  
 CULT  
 MSC  
 FZN

PATIENT	LAST NAME		FIRST		MI
	SEX	DOB	SSN		
	PATIENT PHONE		CHART # / PID #	<input type="checkbox"/> GENETIC OPT OUT	
RESPONSIBLE PARTY	LAST NAME		FIRST		MI
	MAILING ADDRESS		CITY	STATE	ZIP
	INSURANCE CO				
	MAILING ADDRESS		CITY	STATE	ZIP
ID NO.			GROUP NO.		

**Bill to:**     Insurance     Medicare/Medicaid     Patient     Client/Office

**LAB USE ONLY**

ABN not needed  
 ABN enclosed  
 Billing checked

95250 Handling     95290 Handling/Venipuncture (study pts only)

**SEND DUPLICATE REPORT TO: FULL NAME & ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE AND TIME COLLECTED**

\_\_\_\_\_

BARCODE HERE XXXXXXXXXX	BARCODE HERE XXXXXXXXXX
Name _____	Name _____
BARCODE HERE XXXXXXXXXX	BARCODE HERE XXXXXXXXXX
Name _____	Name _____

**ADDITIONAL TESTS AREA**

**ICD-9 Required**

1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_

**GYN Cytology:**

Source:     Cervical/Vaginal     Vaginal

**Liquid Based Cytology (LBC) - ThinPrep (TP) or SurePath (SP) vial**

PAP (TP-70072; SP-70062)  
 PAP with HPV (30 yrs and older) (TP-70066; SP-70091)  
 PAP reflex HPV if ASCUS (TP-70073; SP-70064)  
 PAP reflex HPV if Abnormal (TP-70074; SP-70068)

**Human Papillomavirus (HPV) Test Options\***

68329 HPV (Digene Swab, SurePath or ThinPrep vial)  
 68335 HPV 16/18 Genotype - if HPV positive (ThinPrep vial)  
 96130 HPV 16/18 Genotype - if HPV positive (SurePath vial)

\*HPV can be added to LBC within 4 weeks of collection

**Chlamydia Trachomatis (CT) and Neisseria Gonorrhoeae (GC) (Urine, Aptima Swab or ThinPrep Vial)**

68363 CT and GC, TMA Amplified  
 68360 CT, TMA Amplified  
 68362 GC, TMA Amplified

**Other Testing**

70069 Pap Anal/Rectal (LBC only)  
 65389 Vaginosis Screen by Affirm (Use Affirm collection kit)  
*Candida species, Gardnerella vaginalis, and Trichomonas vaginalis*

REPORT COMMENTS \_\_\_\_\_

**GYN History:**

**Last Menstrual Period (LMP) - REQUIRED** \_\_\_\_\_ (date)

Post Menopausal  
 Pregnant \_\_\_\_\_ Months  
 Post partum \_\_\_\_\_ Months  
 Abnormal Bleeding

**Physical Exam**

Normal  
 Hysterectomy     Total     Partial  
 Previous Cone/Bx \_\_\_\_\_ (date)  
 Lesion/Ulcer  
 Hormonal Contraceptives (BCPs/Dep)  
 Hormone Therapy  
 Pelvic Radiation  
 IUD

**PAP History**

Normal \_\_\_\_\_ (date)  
 Previous Abn PAP \_\_\_\_\_ (date)  
 Hx HPV  
 ASCUS  
 Malignancy  
 Previous Unsatisfactory \_\_\_\_\_ (date)

**Non-GYN Cytology tests are ordered on the Pathology Consultants referral requisition**



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

Identification Number: \_\_\_\_\_

### ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

**NOTE:** If Medicare doesn't pay for the Laboratory Tests 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 Laboratory Tests below.

Laboratory Test	Reason Medicare May Not Pay:	Estimated Cost
<input type="checkbox"/> PAP Test - Liquid Based	Medicare does not pay for these tests as often as ordered for you.	\$ _____
<input type="checkbox"/> PAP Test - Conventional 1 - Slide	Medicare does not pay for these tests as often as ordered for you.	\$ _____

#### 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 Laboratory Tests 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.

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

**OPTION 1.** I want the Laboratory Tests 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 Laboratory Tests 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 Laboratory Tests listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

#### 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.

Signature: \_\_\_\_\_

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.