

Request Forms

Gynecologic Cytology Request Form (Front)



Billings Clinic
GYN CYTOLOGY REQUISITION
LABORATORY SERVICES
 2800 Tenth Avenue North
 Billings, MT 59107
 406-657-4060 FAX 406-657-3870
 1-866-232-2522
 COURIER PICKUP 406-657-4060

GYN CYTOLOGY

Patient Information:

Last	First	MI	DOB	Sex	Social Security #	Chart # Optional
------	-------	----	-----	-----	-------------------	------------------

Bill to:

Submitting Facility/Client	Medicare B	Medicaid	Patient Insurance	Patient Self Pay	Other
----------------------------	------------	----------	-------------------	------------------	-------

Billing Information:

(Patient Bill Only)
(Attach complete info)

Patient Address: _____
Street City State Zip

Primary Insurance - Name and Address _____
Co. Name Street City State Zip

Insurance/subscriber ID #	Insurance Group #	Other	Responsible Party/Subscriber Name
Medicare #	Medicaid Coupon or ID #		

Date Collected: _____ Ordering Provider: _____

Accession Number	<small>(LAB USE ONLY)</small>	Date Received:	Number of Slides:
		Source:	<input type="checkbox"/> Cervical <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal

Pertinent Clinical Information

Last Menstrual Period (LMP) _____ Indicate if: Pregnant Postpartum Postmenopausal

Include relevant clinical findings.

<input type="checkbox"/> Abnormal bleeding	<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> History of dysplasia
<input type="checkbox"/> Hormone Therapy	<input type="checkbox"/> Depo	<input type="checkbox"/> Previous Atypical PAP
<input type="checkbox"/> IUD	<input type="checkbox"/> History of Radiation	<input type="checkbox"/> History of Malignancy (Please Specify) _____
<input type="checkbox"/> Birth Control Pills	<input type="checkbox"/> Cervical Biopsy	<input type="checkbox"/> Other (Specify) _____

Medicare Patients:

For Medicare Patient: Indicate Screening Pap, High Risk Screening Pap, or Diagnostic Pap

<input type="checkbox"/> Screening Pap <small><input type="checkbox"/> V76.47 <input type="checkbox"/> V76.49, or <input type="checkbox"/> V76.2</small> <input type="checkbox"/> High Risk Pap Screening (V15.89)	<input type="checkbox"/> Diagnostic Pap
--	---

BC Pathology Department uses both automated and manual screening techniques. When ordering a Liquid-based PAP, the ordering physician or non-physician provider consents/orders the BC Pathology protocol where BC Laboratory performs automated screening and when specific criteria are met, performs a manual screen in addition to the automated screen. The CPT code billed reflects the testing actually performed. Obtain ABN for screening PAP's, and when likely that Medicare will deny payment on diagnostic.

<input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening + HPV reflex (ASCUS Only) <input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening + Hormone Eval <input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening <input type="checkbox"/> PAP Smear (Conventional) <input type="checkbox"/> PAP Smear (Conventional) + Hormone Eval
--

TEST	ICD-9 CODE(S)
<input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening + HPV reflex (ASCUS Only)	
<input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening + Hormone Eval	
<input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening	
<input type="checkbox"/> PAP Smear (Conventional)	
<input type="checkbox"/> PAP Smear (Conventional) + Hormone Eval	

Non-Medicare Patients:

TEST	ICD-9 CODE(S)
<input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening + HPV reflex (ASCUS Only)	
<input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening + Hormone Eval	
<input type="checkbox"/> Liquid-based PAP w/ Auto/Manual Screening	
<input type="checkbox"/> PAP Smear (Conventional)	
<input type="checkbox"/> PAP Smear (Conventional) + Hormone Eval	

Special Orders

TEST	ICD-9 CODE(S)
HPV	
<input type="checkbox"/> Perform HPV molecular testing on Negative diagnosis	
<input type="checkbox"/> Perform HPV molecular testing on LSIL and HSIL	
Chlamydia/Neisseria Gonorrhoea	
<input type="checkbox"/> Chlamydia/Neisseria PCR Combo	
<input type="checkbox"/> Chlamydia PCR Only	
<input type="checkbox"/> Neisseria Gonorrhoea PCR Only	

Gynecologic Cytology Request Form (Back)

Medicare Beneficiary Coverage

PAP Smears are covered for Medicare Beneficiary's when ordered and collected by a doctor of medicine or osteopathy, or other authorized practitioner—who is authorized under State law to perform the examination under one of the following conditions:

Screening: (Use Icd-9-CM code V76.2, V76.47 or V76.49) special screening for malignant neoplasm, cervix)
The Beneficiary has not had a screening Pap smear during the preceding 2 years.

High Risk Screening: (Use ICD-9-CM code V15.89, other specified personal history presenting hazards to health).

There is evidence (on the basis of the beneficiary's medical history or other findings) that she is of childbearing age and has had an examination that indicated the presence of cervical or vaginal cancer or other abnormalities during any preceding 2 years;

OR

That she is at high risk of developing cervical or vaginal cancer

Cervical Cancer High Risk Factors:

- Early onset of sexual activity (under 16 years of age)
- Multiple sexual partners (5 or more in lifetime)
- History of sexually transmitted disease (including HIV infection); and
- Fewer than three negative Pap smears within previous 7 years.

Vaginal Cancer High Risk Factors:

- DES (diethylstilbestrol)-exposed daughter of women who took DES during pregnancy

Diagnostic: (USE ICD-9-CM code from patient's medical record indicating diagnostic reason for performing test.)

- Previous cancer of the cervix, uterus, or vagina that has been or is presently being treated
- Previous abnormal Pap smear
- Any abnormal findings of the vagina, cervix, or uterus
- Any significant complaint by the patient referable to the female reproductive system
- Any signs or symptoms that might, in the physician's judgment, reasonably be related to a gynecologic disorder

Note: When billing for a diagnostic Pap smear, it is necessary to accurately code the medical indication for the test. Routine screening diagnoses will be denied when submitted with a diagnostic PAP. If doing a Pap smear for screening purposes, HCPCS codes for screening tests should be ordered.

References: Medicare Part A Bulletin HB 1015 Feb 13, 2001 and Medicare Part B APBM Pap Smear, Diagnostic

Liquid Based Pap CPT Codes	
88174	Cytopathology, cervical or vaginal (any reporting system), collection in preservation fluid, automated thin layer preparation; screening by automated system, under physician supervision.
G0144 MDCR Screening Code	Screening Cytopathology, cervical or vaginal (any reporting system), collection in preservation fluid, automated thin layer preparation; screening by automated system, under physician supervision.
88175	Cytopathology, cervical or vaginal (any reporting system), collection in preservation fluid, automated thin layer preparation; screening by automated system and manual system, under physician supervision.
G0145 MDCR Screening Code	Screening Cytopathology, cervical or vaginal (any reporting system), collection in preservation fluid, automated thin layer preparation; screening by automated system and manual system, under physician supervision.
88141 Path Reiview	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for technical service).
G0141 Path Review, Used when primary PAP test is MDCR Screening	Screening Cytopathology smears, cervical or vaginal, performed by automated system, with manual recscreening, requiring interpretation by physician.
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg. maturation index, karyopknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services).
88142	Cytopathology, cervical or vaginal (any reporting system), collection in preservation fluid, automated thin layer preparation; manual screening, under physician supervision.
87621X2 HPV Reflex	Infectious agent detected by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique

Pathology Review Guidelines

* According to CAP (College of American Pathologists) guidelines:

All gynelological slides in the following categories must be interpreted by a pathologist.

- reactive/repair
- dysplasia
- cervical intraepithelial neoplasia (CIN)
- low and high grade squamous intraepithelial lesions
- suspicious or malignant cells
- atypical cells of undetermined significance

Thank you for choosing Billings Clinic Laboratory

Laboratory Services Request Form (Front)



LABORATORY SERVICES
 2800 10th Avenue North
 Billings, Montana 59107
 406-657-4060 FAX 406-248-9101
 1-866-232-2522
 COURIER PICKUP 406-657-4060

Patient Information: _____

Bill to: Submitting Facility/Client PPS (Patient in Skilled Medicare A Bed) Medicare B Medicaid Patient Insurance Patient Self Pay

Billing Information: Fill in ONLY when appropriate

Patient address: _____
Street City State Zip

Primary Insurance - Name and Address
Co. Name Street City State Zip

Insurance/subscriber ID#	Insurance/Group#	Other	Responsible Party/Subscriber name
Secondary Insurance - (ATTACH COMPLETE INFORMATION)			
Medicare #	Medicaid Coupon or ID#		

TESTS/PANELS	ICD Code	TESTS/PANELS	ICD Code
6603 ANA Screen R S		4326 Hemoglobin A1C* L	
4057 B12 S		7010 Helicobacter Pylori Ab S	
4195 B12 & Folate S		4115 Lipid Panel* S	
1010 CBC no Diff* R L		4181 Hepatic Function Panel S	
6621 Clost Difficile R		8587 Microalb/CR Urine Ratio U	
4334 CEA* S		8420 PSA* S	
7071 Chlamydia DNA Probe		4056 TSH* S	
7072 Chlam & Neiss DNA Probe		4314 Valproic Acid S	
4441 Comp Metabolic S		3068 UA, Routine R U	
4039 Digoxin* S		3060 UA, Complete U	
4062 Ferritin* S		6650 Cult UR & Presump ID U	

Specimen Information
 Transport: Room Temp Frozen Refrigerated

Collection DATE: _____ Collection TIME: _____

REPORT: STAT Fax Results _____

Send Additional copy to: _____

Comments: _____

Ordering Physician/Provider: _____

*National Coverage Determinations: When appropriate obtain ABN.
 See reverse of form for further NCD and Reflex information.
 R= Reflex when ordering test(s) that may reflex to further testing, indicate IF "NO-Reflex Testing" is desired. TEST(S): _____

SEND THIS COPY WITH SPECIMEN
 08/06 30002885

S-Serum/Red Top L-Lavender U-Urine

Laboratory Services Request Form (Back)

Thank you for choosing Billings Clinic Laboratory.

Billings Clinic Laboratory provides health care providers who utilize our laboratory services with the ability to make deliberate choices when ordering laboratory services. Billings Clinic Laboratory urges physicians and other health care providers to deliberately select appropriate tests for each individual patient. Please be cautious and ensure that the convenience of ordering a panel does not impact your test selection(s). **Billings Clinic Laboratory encourages health care providers to order individual tests or a less inclusive panel when not all of the tests within a panel are medically necessary for the individual patient.**

2006 AMA CPT Approved Panels

<p>Basic Metabolic Panel 80048 Calcium Carbon Dioxide Chloride Creatinine Glucose Potassium Sodium Urea Nitrogen (BUN)</p> <p>General Health Panel 80050 Comprehensive Metabolic Panel CBC TSH</p>	<p>Comprehensive Metabolic Panel 80053 Albumin Bilirubin, total Calcium Carbon Dioxide Chloride Creatinine Glucose Phosphatase alkaline Potassium Protein, total Sodium Transferase, Alanine Amino (ALT) Transferase, Aspartate Amino (AST) Urea Nitrogen (BUN)</p>	<p>Obstetric Panel 80055 CBC with auto diff Hepatitis B Surface Antigen (HBSAG) Rubella Antibody RPR Serology Type and RH Antibody Screen (Indirect Coombs)</p>
<p>Electrolyte Panel 80051 Carbon Dioxide Chloride Potassium Sodium</p> <p>Acute Hepatitis Panel 80074 Hepatitis A Antibody Hepatitis B Core Antibody Hepatitis B surface Antigen Hepatitis C Antibody</p>	<p>Lipid Panel 80061 Cholesterol, total Triglycerides HDL</p> <p>Hepatic Function Panel 80076 Albumin Bilirubin, total Bilirubin, direct Phosphatase, Alkaline Transferase, Alanine Amino (ALT) Transferase, Aspartate Amino (AST)</p>	<p>Renal Function Panel 80069 Albumin Calcium Carbon Dioxide Chloride Creatinine Glucose Phosphorus Inorganic (phosphate) Potassium Sodium Urea Nitrogen (BUN)</p>

Medicare and Medically Necessity:

Medicare Law requires that Medicare only pay for services that are reasonable and "medically necessary" (according to Medicare) for the treatment and diagnosis of Medicare Beneficiaries.

Medicare has established guidelines for Laboratory services in the form of NCD (National Coverage Decision). NCDs are not intended to prevent a physician/non-physician provider from ordering a specific test that he/she feels is medically necessary; however, they are intended to inform providers of the circumstances under which Medicare will allow payment. Please consult www.cms.hhs.gov for the most recent NCDs.

Medicare requires that providers present a ABN (Advance Beneficiary Notice) to Medicare Beneficiaries when it is believed that Medicare will not pay for some or all of the service. The ABN must be properly executed in order for it to be valid. Please consult www.cms.hhs.gov for further ABN information.

Billings Clinic Reflex Tests:

Depending on the results of specific test(s), an additional "reflex test" with additional charges and additional CPT code(s) or modified CPT code will result **UNLESS the ordering physician/provider specifically indicates "NO REFLEX TESTING" with the original order.** Consult Billings Clinic Laboratory on-line directory for further information. www.billingsclinic.com

The following is a list of common reflex tests:

Test Name	If	Additional Test(s)
ANA Screen	Positive	ANA Titer
Antibody Screen	Positive	Antibody ID
Hepatitis B Surface Antigen	Positive	Hepatitis B surface AG serum by EIA to Mayo. If Positive, confirmation by Neutralization at Mayo.
HIV 1, 2	Positive	HIV AB type 2 to Mayo, HIV Western Blot to Mayo
Microbiology Cultures	Presumptive Positive	Definitive ID of each organism, may include MIC/Sensitivity
Rheumatoid Factor	Positive	RA Titer
RPR	Positive	VDRL to State Health Lab, FTA when requested or VDRL is positive at 2 dilutions or greater.
Strep Screen	Negative	Throat Culture for Strep only
Thyroid Cascade:	TSH >5.76 TSH <0.34 TSH <0.34 & normal free T4	Free T4 and Thyroid Peroxidase AB Free T4 Total T3
UA, Routine	Positive nitrites, WBC, cloudy, RBC, or protein	UA, Complete (UA with microscopic)

Reference Pathology/Non-Gynecologic Cytology Request Form

Billings Clinic
ANATOMIC PATHOLOGY REQUISITION
LABORATORY SERVICES
 2800 Tenth Avenue North
 Billings, MT 59107
 406-657-4060 FAX 406-657-3870
 1-866-232-2522
 COURIER PICKUP 406-657-4060

Pathology/Non-GYN

Patient Information:

Last	First	MI	DOB	Sex	Social Security #	Chart # Optional
------	-------	----	-----	-----	-------------------	------------------

Bill to:

Submitting Facility/Client <input type="checkbox"/>	Medicare B <input type="checkbox"/>	Medicaid <input type="checkbox"/>	Patient Insurance <input type="checkbox"/>	Patient Self Pay <input type="checkbox"/>	Other <input type="checkbox"/>
---	-------------------------------------	-----------------------------------	--	---	--------------------------------

Billing Information:

(Patient Bill Only)
 (Attach complete info)

Patient Address:					
Street		City		State Zip	
Primary Insurance - Name and Address					
Co. Name		Street		City State Zip	
Insurance/subscriber ID #	Insurance Group #	Other	Responsible Party/Subscriber Name		
Medicare #			Medicaid Coupon or ID #		
FOR HOSPITAL CLIENTS ONLY: Is this a Medicare In-patient? <input type="checkbox"/> Yes					

Date Collected: _____ Ordering Provider: _____

Pathology Specimen Information

Indicate Specimen Source	Procedure	Clinical Information/Previous Medical History (include pathology report if applicable)	Check for Margins	Time Placed in Formalin	DX Code
1			Y / N		
2			Y / N		
3			Y / N		
4			Y / N		
5			Y / N		
6			Y / N		

Special Instructions:

Non-GYN Cytology Specimen Information

Indicate Specimen Source	Procedure	Clinical Information/Previous Medical History (include pathology report if applicable)	Fixative Added	DX Code
1.			Y / N	
2.			Y / N	

Special Instructions:

Lab Use Only

Qty	Cytology	Qty	Histology	Qty	Histology
	88160 Smear		88300		88333 Int. Touch/Squash Prep
	88161 < 5 slides		88302		88334 add. Touch/Squash Prep
	88162 > 5 slides		88304		88342 IP
	88172 Interp Eval FNA		88305		88346 IF
	88173 FNA Interp.		88307		88360 Morph. Analysis Semi quant.
	88112 Liquid Based		88309		
	88108 Cyto Concentrated		88311 decal	Qty	Hematology
			88312 ss microbes		85060 Smear Review
			88313 ss mets		85097 BM Asp
			88321 Consult		88319 Sp stain, Cyto chem
			88323 Consult & Slide Production		
			88329 Gross		
			88331 FS		
			88332 add FS		