



706-291-2430
800-225-8702
Fax: 706-290-0201
www.sepath.com

311 West 8th Street Rome, GA 30165

WOMEN'S HEALTH TEST REQUISITION

A signed ABN must also be attached for Medicare Screening Paps.

OFFICE	Submitting Clinician: _____	Office Location: _____
---------------	-----------------------------	------------------------

PATIENT	Name: (Last) _____ (First) _____ (Middle) _____
	Date of Birth _____ Age _____ SSN** _____ PT ID# _____
	Responsible Party (if Minor) _____ Responsible Party SSN _____
	Patient Address _____
	City _____ State _____ Zip code _____ Phone _____

Please attach a printout of information from your EMR if available.

**** We are a covered entity under HIPAA regulations. SSN's are used to aid in linking patient history for optimal patient care.**

SPECIMEN	COLLECTION DATE	TYPE	SOURCE
	_____	<input type="checkbox"/> Thin Prep Vial <input type="checkbox"/> Swab <input type="checkbox"/> Urine Container	<input type="checkbox"/> Vagina <input type="checkbox"/> Cervix/Endocervix <input type="checkbox"/> Urine <input type="checkbox"/> _____

TESTS ORDERED	PAP <input type="checkbox"/> Screening Pap (Low Risk Patient) <input type="checkbox"/> Screening Pap (High Risk Patient) <input type="checkbox"/> Diagnostic Pap ICD10 Code(s) * _____ _____ _____	CLINICAL HISTORY	LMP _____ <input type="checkbox"/> Routine Exam <input type="checkbox"/> Abnormal Exam (HPV, lesion) * <input type="checkbox"/> Abnormal Bleeding <input type="checkbox"/> Contraceptive: type _____ <input type="checkbox"/> Estrogen Therapy <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Pregnant _____ weeks <input type="checkbox"/> Post Partum _____ weeks <input type="checkbox"/> Hx of Abnormal Pap <input type="checkbox"/> Hysterectomy—total <input type="checkbox"/> Hysterectomy, intact cervix <input type="checkbox"/> Hx of malignancy; Rx, surgery * <input type="checkbox"/> Pelvic Radiation * <input type="checkbox"/> Other high-risk factors * * Please explain item if checked: _____ _____ _____
	HPV High Risk Screening/Subtyping <input type="checkbox"/> HPV Regardless of Pap Result <small>May be used for over 30 screen.</small> <input checked="" type="checkbox"/> Reflexive Screen for HPV <i>(check one or more)</i> <input type="checkbox"/> if ASCUS <input type="checkbox"/> if ASC-H <input type="checkbox"/> if Low Grade <input type="checkbox"/> if High Grade <input type="checkbox"/> if any abnormal <input type="checkbox"/> HPV Screening only <small>Must be in conjunction with recent Pap (FDA)</small> <input checked="" type="checkbox"/> HPV Subtyping <i>(check either or both)</i> <small>To Determine Presence of types 16 & /or 18</small> <input type="checkbox"/> on Positive HPV if Pap Normal <small>ASCCP Guideline</small> <input type="checkbox"/> on all Positive HPV Screens		
	GC/CHLAMYDIA <i>(check either or both)</i> <input type="checkbox"/> Chlamydia (CT) rRNA Assay <input type="checkbox"/> Gonorrhea (GC) rRNA Assay <input type="checkbox"/> Trichomonas (Trich) rRNA Assay		
	OTHER <input type="checkbox"/> _____		
	<small>* A reference list of ICD-10 codes is shown on the back of this form. Please refer to an ICD-10 manual for a complete list and authoritative information. The ordering practitioner is ultimately responsible for providing medically appropriate ICD-10 codes based on the patient's signs and symptoms.</small>		

INSURANCE	Primary INS _____
	Claims Address _____
	Insured's Name _____ Policy/Member # _____
	Insured's DOB _____ Group #/Employer _____
	Insured's SSN _____ MEDICARE # _____
	Insured's Relation to Patient _____ Medicaid # _____
	Secondary INS _____

Please attach a copy of each insurance card.

LABEL	CASE #
_____	For SEP Use Only

ICD-10 SCREENING CODES

ICD-10	MEDICARE ¹	Description	ICD-9
Z77.9	M-H	High-Risk for developing Cervical Cancer	V15.89
Z01.411	M-L	Routine Gynecological Exam With Abnormal Findings	V72.31
Z01.419	M-L	Routine Gynecological Exam Without Abnormal Findings	V72.31
Z12.4	M-L	Routine Cervical Papanicolaou Test	V76.2
Z12.72	M-L	Vaginal Pap Status Post-Hysterectomy	V76.47
Z12.89	M-L	Encounter for Screening for Malignant Neoplasm of Other Gyn Organs	V76.49
Z11.51		HPV Screening	
Z11.8		Chlamydia trachomatis Screening	
Z11.8		Trichomoniasis Screening	
Z11.3		Venereal Disease Screening	

¹ **M-H** This is an allowable code for MEDICARE– High Risk. **ABN required for Medicare Screening Paps.** Can be repeated after 11 months (Medicare)

M-L This is an allowable code for MEDICARE– Low Risk. **ABN required for Medicare Screening Paps.** Can be repeated at 2 years (Medicare)

² **MEDICARE DEFINES HIGH RISK FOR CERVICAL CANCER AS:**

- Early onset of sexual activity—before age 16
- Multiple sexual partners (5 or more in a lifetime)
- History of STDs
- Fewer than 3 negative Paps in the past 7 years
- Daughter of a mother who took DES during pregnancy

COMMON ICD-10 DIAGNOSTIC CODES

ICD-10	Description	ICD-9
B37.3	Candidiasis of Vulva and Vagina	112.1
D06.9	Cervical Intraepithelial Neoplasia III (CIN III)	233.1
N72	Cervical Inflammation and or Cervicitis/Endocervicitis	616.0
N76.0	Vaginitis, Acute	616.10
N77.1	Vaginitis, Vulvitis and or Vulvovaginitis	616.11
N87.0	Mild Dysplasia of Cervix (CIN I)	622.11
N87.1	Moderate Dysplasia of Cervix (CIN II)	622.12
N89.8	Vaginal Discharge	623.5
N89.9	Noninflammatory Disorder of Vagina	623.8
N91.2	Amenorrhea	626
N92.0	Menorrhagia	626.2
N92.6	Irregular Menstrual Cycle	626.4
N92.1	Metrorrhagia	626.6
N93.8	Dysfunctional Uterine Bleeding	626.8
N94.6	Dysmenorrhea	625.3
N95.0	Postmenopausal Bleeding	627.1
N95.2	Senile Atrophic Vaginitis	627.3
R87.619	Abnormal Pap Result, Cervix	795.00
R87.610	ASC-US, Cervix	795.01
R87.611	ASC-H, Cervix	795.02
R87.612	LGSIL, Cervix	795.03
R87.613	HGSIL, Cervix	795.04
R87.810	Cervical High-Risk HPV DNA Test Positive	795.05
R87.628	Abnormal Pap Result, Vagina	795.10
R87.811	Vaginal High-Risk HPV DNA Test Positive	795.15
	Pregnancy Normal First Z34.00 (Unspecified) / Z34.01 (1st Trimester) / Z34.02 (2nd Trimester) / Z34.03 (3rd Trimester)	V22.0
	Pregnancy Normal Other than First Z34.90 (Unspecified) / Z34.91 (1st Trimester) / Z34.92 (2nd Trimester) / Z34.93 (3rd Trimester)	V22.1
	Pregnancy First, Advanced Maternal Age O09.511 (1st Tri.) / O09.512 (2nd Tri.) / O09.513 (3rd Tri.) / O09.519 (Unspecified)	
	Pregnancy Other than First, Advanced Maternal Age O09.521 (1st Tri.) / O09.522 (2nd Tri.) / O09.523 (3rd Tri.) / O09.529 (Unspecified)	
Z39.2	Routine Postpartum follow-up	V24.2
Z30.49	Encounter for Surveillance of Other Contraceptives	V25.49

This is a list of the diagnoses most commonly received by SEP for this type of test. Please refer to an ICD-10 manual for a complete list and authoritative information. The ordering physician or practitioner is ultimately responsible for providing medically appropriate ICD-10 codes based on the patient's signs and symptoms. Diagnosis information should be reflected in the patient's medical record.

Clinicians are reminded that tests for which Medicare reimbursement will be sought should only be ordered if medically necessary for the diagnosis and treatment of the patient rather than for screening purposes, except for those screening tests which have been specifically listed as covered by Medicare.