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WOMEN'S HEALTH TEST REQUISITION

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

OFFICE	Submitting Clinician: _____		
PATIENT	*Name (Last) _____ (First) _____ (Middle) _____		
	* Date of Birth _____ Age _____ *SSN _____ PT ID # _____		
	Responsible Party (if Minor) _____ Responsible Party SSN _____		
	Patient Mailing Address _____		
SPECIMEN	City _____ State _____ Zip _____ 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.		
TEST ORDERED	COLLECTION DATE	TYPE	SOURCE
		<input type="checkbox"/> Thin Prep Vial <input type="checkbox"/> Multitest Swab <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"/> _____
	PAP test ICD10 Code(s) *		
	<input type="checkbox"/> Screening Pap (Low risk patient) _____ <input type="checkbox"/> Screening Pap (High risk patient) _____ <input type="checkbox"/> Diagnostic Pap _____		
	<input type="checkbox"/> HPV screen for <u>any</u> Pap result _____ <input type="checkbox"/> Reflexive Screen for HPV if ASCUS _____ <input type="checkbox"/> Reflexive Screen for any Abnormal _____		
	HPV genotype (To determine presence of types 16 & /or 18/45) <input type="checkbox"/> on ALL Positive HPV Screens _____		
	STI (check any combination) <input type="checkbox"/> Chlamydia (CT) rRNA Assay _____ <input type="checkbox"/> Gonorrhea (GC) rRNA Assay _____ <input type="checkbox"/> Trichomonas (Trich) rRNA Assay _____		
	Vaginitis Panels MUST BE SUBMITTED IN A MULTITEST SWAB <input type="checkbox"/> Bacterial Vaginosis _____ <input type="checkbox"/> Candida/ Trichomonas Vaginitis _____ <i>Candida species, Candida glabrata, Trichomonas vaginalis</i>		
	<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>		
	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: _____ _____ _____			
INSURANCE	Primary INS _____		
	Claims Address _____		
	Insured's Name _____ Insured's DOB _____		
	Insured's SSN _____ Policy/Member # _____		
	Insured's Relation to Patient _____ Group #/ Employer _____		
LABEL	Secondary INS _____ Medicare/ Medicaid# _____		
	CASE # _____		

ICD-10 SCREENING CODES	ICD-10	Medicare ¹	Description
	Z77.9	M-H	High-Risk for developing Cervical Cancer
	Z01.411	M-L	Routine Gynecological Exam with Abnormal Findings
	Z01.419	M-L	Routine Gynecological Exam without Abnormal Findings
	Z12.4	M-L	Routine Cervical Papanicolaou Test
	Z12.72	M-L	Vaginal Pap Status Post-Hysterectomy
	Z12.89	M-L	Encounter for Screening for Malignant Neoplasm of Other Gyn Organs
	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)		
MEDICARE DEFINES HIGH RISK FOR CERVICAL CANCER AS: <ul style="list-style-type: none">• Early onset of sexual activity– before age 16• Multiple sexual partners (5 or more in a lifetime)• History of STD's• Fewer that 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
	B37.3	Candidiasis of Vulva and Vagina
	D06.9	Cervical Intraepithelial Neoplasia III (CIN III)
	N72	Cervical Inflammation and or Cervicitis/ Endo-cervicitis
	N76.0	Vaginitis, Acute
	N77.1	Vaginitis, Vulvitis, and or Vulvovaginitis
	N87.0	Mild Dysplasia of Cervix (CIN I)
	N87.1	Moderate Dysplasia of Cervix (CIN II)
	N89.8	Vaginal Discharge
	N89.9	Noninflammatory Disorder of Vagina
	N91.2	Amenorrhea
	N92.0	Menorrhagia
	N92.6	Irregular Menstrual Cycle
	N92.1	Metrorrhagia
	N93.8	Dysfunctional Uterine Bleeding
	N94.6	Dysmenorrhea
	N95.0	Postmenopausal Bleeding
	N95.2	Senile Atrophic Vaginitis
	R98.619	Abnormal Pap Result, Cervix
	R87.610	ASC-US, Cervix
	R87.611	ASC-H, Cervix
	R87.612	LGSIL, Cervix
	R87.613	HGSIL, Cervix
	R87.810	Cervical High-Risk HPV DNA Test Positive
	R87.628	Abnormal Pap Result, Vagina
	R87.811	Vaginal High-Risk HPV DNA Test Positive
	Pregnancy Normal First Z34.00 (Unspecified)/ Z34.02 (2nd Trimester)/ Z34.03 (3rd Trimester)	
	Pregnancy Normal Other than First Z34.90 (Unspecified)/ Z34.91 (1st Trimester)/ Z34.92 (2nd Trimester)/ Z34.93 (3rd Trimester)	
	Pregnancy First, Advanced Maternal Age 009.511 (1st Trimester)/ 009.512 (2nd Trimester)/ 009.523 (3rd Trimester)/ 009.529 (Unspecified)	
	Pregnancy Other than First, Advanced Maternal Age 009.521 (1st Trimester)/ 009.522 (2nd Trimester)/ 009.523 (3rd Trimester)/ 009.529 (Unspecified)	
	Z39.2	Routine Postpartum follow-up
	Z30.49	Encounter for Surveillance of Other Contraceptives

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 patients 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 purposes, except for those screening tests which have been specifically listed as covered by Medicare.