

OFFICE	Submitting Clinician: _____		
	*Name (Last) _____ (First) _____ (Middle) _____		
PATIENT	* Date of Birth _____ Age _____ *SSN _____ PT ID # _____		
	Responsible Party (if Minor) _____ Responsible Party SSN _____		
	Patient Mailing Address _____		
	City _____ State _____ Zip _____ Phone _____		
<i>Please attach a printout of information from your EMR if available.</i>			
** 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"/> 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"/> _____
TEST ORDERED	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		_____
	HPV screen (for high risk HPV types)		_____
	<input type="checkbox"/> HPV screen for any Pap result May be used for ages 30-65. <input checked="" type="checkbox"/> Reflexive Screen for HPV: (check one or more)		_____
	<input type="checkbox"/> ASCUS <input type="checkbox"/> ASC-H <input type="checkbox"/> Low grade <input type="checkbox"/> High grade <input type="checkbox"/> any abnormal		_____
	<input type="checkbox"/> HPV screen only Must be in conjunction with recent Pap (FDA)		_____
HPV genotype (To determine presence of types 16 & /or 18/45)		_____	
<input type="checkbox"/> on Positive HPV if Pap Normal ASCCP Guideline <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>			
INSURANCE	Primary INS _____		Clinical History
	Claims Address _____		
	Insured's Name _____	Insured's DOB _____	
	Insured's SSN _____	Policy/Member # _____	
	Insured's Relation to Patient _____	Group #/ Employer _____	
	Secondary INS _____	Medicare/ Medicaid# _____	
LABEL	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:

- Early onset of sexual activity– before age 16
- Multiple sexual partners (5 or more in a lifetime)
- History of STD's
- 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
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 O09.511 (1st Trimester)/ O09.512 (2nd Trimester)/ O09.523 (3rd Trimester)/ O09.529 (Unspecified)	
Pregnancy Other than First, Advanced Maternal Age O09.521 (1st Trimester)/ O09.522 (2nd Trimester)/ O09.523 (3rd Trimester)/ O09.529 (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 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.