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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: _____		
	Name: (Last) _____ (First) _____ (Middle) _____				
PATIENT	Date of Birth _____ Age _____ SSN** _____		PT ID# _____		
	Responsible Party (if Minor) _____		Responsible Party SSN _____		
	Patient Address _____				
City _____		State _____		Zip code _____	
				Phone _____	
<i>Please attach a printout of information from your EMR if available.</i>					
<b>** We are a covered entity under HIPAA regulations. SSN's are used to aid in linking patient history for optimal patient care.</b>					
SPECIMEN	COLLECTION DATE →	REQUIRED	TYPE	<input type="checkbox"/> Thin Prep Vial <input type="checkbox"/> Swab <input type="checkbox"/> Urine Container	
				SOURCE	<input type="checkbox"/> Vagina <input type="checkbox"/> Cervix/Endocervix <input type="checkbox"/> Urine <input type="checkbox"/> _____
TESTS ORDERED	<b>PAP test</b>		ICD10 Code(s) *		
	<input type="checkbox"/> Screening Pap (Low risk patient) <input type="checkbox"/> Screening Pap (High risk patient) <input type="checkbox"/> Diagnostic Pap		_____		
	<b>HPV screen (for high risk HPV types)</b>		_____		
	<input type="checkbox"/> HPV screen for <u>any</u> Pap result <small>May be used for ages 30-65.</small>		_____		
	HPV screen if Pap result is: <i>(check one or more)</i> <input type="checkbox"/> ASCUS <input type="checkbox"/> ASC-H <input type="checkbox"/> Low grade <input type="checkbox"/> High grade <input type="checkbox"/> <u>any</u> abnormal		_____		
	<input type="checkbox"/> HPV screen only <small>Must be in conjunction with recent Pap (FDA)</small>		_____		
<b>HPV genotype</b> <small>(To determine presence of types 16 &amp; /or 18)</small>		_____			
<input type="checkbox"/> on Positive HPV if Pap Normal <input type="checkbox"/> on all Positive HPV Screens ASCCP Guideline		_____			
<b>GC/CHLAMYDIA</b> <small>(check either or both)</small>		_____			
<input type="checkbox"/> Chlamydia (CT) rRNA Assay <input type="checkbox"/> Gonorrhea (GC) rRNA Assay <input type="checkbox"/> Trichomonas (Trich) rRNA Assay		_____			
<b>OTHER</b>		_____			
<input type="checkbox"/> _____		_____			
<p><i>* 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.</i></p>					
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 _____		<i>Please attach a copy of each insurance card.</i>			
BILL	<b>BILL TO:</b>			CASE #	
	_____				
				<i>For SEP Use Only</i>	

ICD 10 SCREENING CODES	MEDICARE <sup>1</sup>	Description	ICD-10
	M-H	High-Risk for developing Cervical Cancer	Z77.9
	M-L	Routine Gynecological Exam With Abnormal Findings	Z01.411
	M-L	Routine Gynecological Exam Without Abnormal Findings	Z01.419
	M-L	Routine Cervical Papanicolaou Test	Z12.4
	M-L	Vaginal Pap Status Post-Hysterectomy	Z12.72
	M-L	Encounter for Screening for Malignant Neoplasm of Other Gyn Organs	Z12.89
		HPV Screening	Z11.51
		Chlamydia trachomatis Screening	Z11.8
		Trichomoniasis Screening	Z11.8
	Venereal Disease Screening	Z11.3	
<sup>1</sup> <b>M-H</b> This is an allowable code for MEDICARE– High Risk. <b>ABN required for Medicare Screening Paps.</b> Can be repeated after 11 months (Medicare) <b>M-L</b> This is an allowable code for MEDICARE– Low Risk. <b>ABN required for Medicare Screening Paps.</b> Can be repeated at 2 years (Medicare)			
<sup>2</sup> <b>MEDICARE DEFINES HIGH RISK FOR CERVICAL CANCER AS:</b> <ul style="list-style-type: none"> <li>• Early onset of sexual activity—before age 16</li> <li>• Multiple sexual partners (5 or more in a lifetime)</li> <li>• History of STDs</li> <li>• Fewer than 3 negative Paps in the past 7 years</li> <li>• Daughter of a mother who took DES during pregnancy</li> </ul>			

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

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.