BASSETT HEALTHCARE NETWORK
The Mary Imogene Bassett Hospital
One Atwell Road
Cooperstown, New York 13326-1394
(607) 547-3700

Ordering Physician # _____

Attending Physician # _____

DATE OF REQUEST: VISIT NUMBER:

MR #: LOCATION:

PATIENT'S NAME:

DATE OF BIRTH:

☐ **RUSH** Contact Pathologist ☐ **ROUTINE**

CYTOLOGY NO.

SURGICAL NO.

19

CYTOLOGY REQUEST FORM

#2215
12/02;12/03;9/05;5/06;12/06;3/08;2/09;9/10 (f:\lab\cytol\.doc)

SPECIMEN

COLLECTED BY:	TIME:	DATE:

PLEASE COMPLETE FOR CYTOLOGY REQUESTS

SECTION 1

Pap Test

Test Order (check 1 or more boxes)
- ☐ Thinprep pap test
- ☐ Thinprep pap test with HPV on ASCUS interpretation only
- ☐ Thinprep pap test with HPV on negative Pap, patient over 30 years old
- ☐ Thinprep pap test with HPV regardless of results

Specimen Source
- ☐ Ectocervical
- ☐ Endocervical
- ☐ Vaginal

Indications
- ☐ Routine Screening
- ☐ High Risk Screening
- ☐ Diagnostic pap *See reverse side for coverage
  Patient signed ABN/waiver ☐ Yes ☐ No

Menstrual History
LMP _____
- ☐ Pregnant _____ wks
- ☐ Post Partum _____ wks
- ☐ Post Menopausal _____ yrs
- ☐ Hysterectomy

Hormonal History
- ☐ Hormone Replacement Therapy
- ☐ Depo Provera
- ☐ BCP
- ☐ Norplant
- ☐ IUD
- ☐ Hormone Therapy _____
- ☐ DES exposure

Prior Treatment
Last Pap Dated _____ ☐ Normal ☐ Abnormal pap
Treatment:
☐ Cryo/Lazer ☐ Conization ☐ Colposcopy/Biopsy Results: _____

Non-gynecological

- ☐ CSF
- ☐ Sputum
- ☐ Ascites
- ☐ Pleural Fluid
- ☐ Tzanck
- ☐ Breast Discharge
- ☐ Voided Urine
- ☐ Instrumented Urine
- ☐ Post Cysto Urine
- ☐ Bronch. Wash ☐ L ☐ R
- ☐ Bronch. Brush ☐ L ☐ R
- ☐ Needle Aspiration
  Specify Source:
- ☐ Gastrointestinal
  Specify Source:
- ☐ Other
  Specify Source:

SECTION 2

HX OF MALIGNANCY: ☐ YES ☐ NO

WHEN: _____

TYPE/PRIMARY: _____

THERAPY: ☐ RADIATION ☐ CHEMO ☐ SURGERY Specify Below:

SMOKER: ☐ YES ☐ NO

DETAIL: _____

PATIENT COMPLAINTS/CLINICAL HISTORY

SECTION 3

LABORATORY USE ONLY:

Number of Slides

Pathologist:

REC'D. IN LAB

PROVIDER'S SIGNATURE: DATE/TIME:

ICD-9 CODE:

Section 4102 of the Balanced Budget Act of 1997 amends the Social Security Act for Medicare Coverage of pap smears. Use the following criteria to determine test status.

Routine Screening Pap Tests: Screening pap tests are covered by Medicare every 2 years.

High Risk Pap Tests: Asymptomatic HIV infection status, DES exposure in utero, high risk behavior or other specified personal history presenting hazards to health

Diagnostic Pap Tests: 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, uterus, ovaries or adnexa. Any significant complaint by the patient referable to the female reproductive system, or any signs or symptoms that might in the physician's judgement reasonably be related to a gynecologic disorder.

Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific ICD-9 codes for each outpatient test ordered. Additionally only tests that are medically necessary for the indicated diagnosis or treatment should be ordered, with supporting documentation in the medical record. Under current Medicare regulations, when certain laboratory tests are ordered, and the diagnosis is not listed in the Local Coverage Determination or National Coverage Determination for that test, payment may be denied. In these cases Medicare requires an Advance Beneficiary Notice (waiver of liability) be signed to allow the hospital to bill the patient. The ABN box on the requisition MUST be checked when an ABN is obtained.

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CYTOLOGY NO.

SURGICAL NO.

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#2215
4/02;12/03;9/05;5/06;12/06;3/08;2/09;9/10 (f:\lab\cytol\.doc)

SPECIMEN

COLLECTED BY:	TIME:	DATE:

PLEASE COMPLETE FOR ALL REQUESTS

SECTION 1

Pap Test

Test Order (check 1 or more boxes)

☐ Thinprep pap test
☐ Thinprep pap test with HPV on ASCUS interpretation only
☐ Thinprep pap test with HPV on negative Pap, patient over 30 years old
☐ Thinprep pap test with HPV regardless of results

Specimen Source	**Indications**		**Medicare**	
☐ Ectocervical	☐ 88141	Routine Screening	G0124	V76.2
☐ Endocervical	☐ 88141	High Risk Screening	G0124	V15.89
☐ Vaginal	☐ 88141	Diagnostic pap	ICD-9 Code: _____	
	Patient signed ABN/waiver		☐ Yes	☐ No

Menstrual History

LMP _____
☐ Pregnant _____ wks
☐ Post Partum _____ wks
☐ Post Menopausal _____ yrs
☐ Hysterectomy

Hormonal History

☐ Hormone Replacement Therapy
☐ Depo Provera
☐ BCP
☐ Norplant
☐ IUD
☐ Hormone Therapy _____
☐ DES exposure

Prior Treatment

Last Pap Dated _____ ☐ Normal ☐ Abnormal pap

Treatment:
☐ Cryo/Lazer ☐ Conization ☐ Colposcopy/Biopsy Results: _____

Non-gynecological

☐	88104	CSF
☐	88112	Sputum
☐	88112	Fluid
☐	88112	Fluid
☐	87207	Tzanck
☐	88160	Smear
☐	88112	Urine
☐	88112	Urine
☐	88112	Urine
☐	88112	Bronch Wash
☐	88112	Bronch Brush
☐	88173	Fine Needle

☐ Gastrointestinal:

☐ Other:

SECTION 2

HX OF MALIGNANCY: ☐ YES ☐ NO

WHEN: _____

TYPE/PRIMARY: _____

THERAPY: ☐ RADIATION ☐ CHEMO ☐ SURGERY Specify Below:

SMOKER: ☐ YES ☐ NO

DETAIL: _____

PATIENT COMPLAINTS/CLINICAL HISTORY

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SECTION 3

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Number of Slides _____

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BILLING COPY

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