Dianon PATHOLOGY
LabCorp Specialty Testing Group

1 Forest Parkway
Shelton, CT 06484
800-328-2666
203-926-7100

840 Research Parkway
Oklahoma City, OK 73104
800-411-1839
405-290-4000

GYNECOLOGIC PATHOLOGY

ACCOUNT INFORMATION

ACCOUNT NO. TELEPHONE NO.

ACCOUNT NAME AND ADDRESS

REQUESTING PHYSICIAN (PLEASE PRINT) PHYSICIAN/AUTHORIZED SIGNATURE

REQUESTING PHYSICIAN NPI REFERRING PHYSICIAN (PLEASE PRINT)

PATIENT INFORMATION

CHART NUMBER PATIENT D.O.B.

PATIENT LAST NAME FIRST NAME M.I.

STREET ADDRESS

CITY STATE ZIP CODE

SEX M ☐ F ☐

RACE MRN / PATIENT ID# PATIENT TELEPHONE NO.

BILLING INFORMATION

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

REQUIRED
ICD-CM CODE(S):

BILL: ☐ PRACTICE/FACILITY ☐ PATIENT ☐ MEDICARE ☐ MEDICAID ☐ INSURANCE ☐ REFERRAL #

POLICY/ID# GROUP # 2ND INS POLICY/ID# GROUP #

INSURANCE CARRIER INSURANCE CARRIER

CLAIM ADDRESS CLAIM ADDRESS

CITY STATE ZIP CITY STATE ZIP

PATIENT HOSPITAL STATUS ☐ INPATIENT ☐ OUTPATIENT ☐ NON-PATIENT

INSURED'S NAME INSURED'S DOB

PATIENT'S RELATIONSHIP TO INSURED: ☐ SPOUSE ☐ CHILD ☐ OTHER

DATE OF COLLECTION: ___/___/___ # OF SPECIMENS:

CLINICAL INFORMATION

LMP:

☐ Routine Check-up ☐ Pregnant ☐ Post-Partum
☐ Prev. Abnormal Pap ☐ Hormone Therapy ☐ Post-Menopausal
☐ I.U.D. ☐ Abnormal Bleeding
☐ Other
☐ Previous Biopsy
Body Site:
Type:
Findings:

Treatment	Date	Treatment	Date
☐ LEEP		☐ Laser	
☐ Cone Biopsy		☐ Hysterectomy	
☐ Cryotherapy		☐ Radiation	
☐ Chemotherapy			

GYN CYTOLOGY

TEST REQUEST (See back for CPT codes)

Image-Guided	Liquid-Based	
☐ 193000	☐ 192005	Pap Test (all abnormal results reviewed by pathologist)@%
☐ 193069	☐ 192096	Pap Test w/Maturation Index@%

GYN Cytology with HPV DNA and/or CT/Ng

☐ 199123	☐ 195050	Pap Test w/High-Risk HPV DNA@%
☐ 197146	☐ 192197	Pap Test w/High-Risk HPV, reflex to 16/18@%
☐ 196402	☐ 192120	Pap Test w/Ct/Ng (NAA)@%
☐ 192153	☐ 192146	Pap Test w/High-Risk HPV, Ct/Ng@%

GYN Cytology with HPV DNA and/or CT/Ng Reflex Testing

☐ 194074	☐ 192047	Pap Test w/reflex to High-Risk HPV if ASC-U@%
☐ 194027	☐ 192112	Pap Test w/Ct/Ng, reflex to High-Risk HPV if ASC-U@%
☐ 196250	☐ 192630	Pap Test w/reflex to High-Risk HPV if ASCUS, SIL, AGUS@%
☐ 196565	☐ 192104	Pap Test w/Ct/Ng, reflex to High-Risk HPV if ASCUS, SIL, AGUS@%

Other

☐ 009100 Conventional Pap Smear (all abnormal results reviewed by pathologist)@%
☐ 009209 Conventional Pap Smear w/Maturation Index@%

METHOD OF COLLECTION

☐ Glass Slide ☐ Liquid-Prep ☐ Swab ☐ Brush ☐ Other

BODY SITE/SPECIMEN SOURCE

☐ Cervix ☐ Vagina ☐ Other

PREVIOUS CYTOLOGY HISTORY

Date: ___/___/___ Diagnosis

HISTOLOGY † (Gross and Microscopic Exam)

BODY SITE / SPECIMEN SOURCE

☐ Cervix ☐ Labia ☐ Vagina
☐ Endocervix ☐ Polyp ☐ Vulva
☐ Endometrium *Endometrial Dating* ☐ Yes ☐ No
☐ Other

TEST REQUEST

☐ Biopsy ☐ Cone Biopsy (including LEEP)
☐ Curetting ☐ Excision
☐ Consultation (Send Path Report): Slides Blocks

Specimen Type

SPECIMEN INFORMATION

Specimen #	Body Site/Descriptor	Biopsy Method
1		
2		
3		
4		

TECHNICAL (TC)

TEST REQUEST - TECHNICAL COMPONENT (TC) Indicate Site/Source Above

☐ Biopsy - TC ☐ Cone Biopsy (including LEEP) - TC
☐ Curetting - TC ☐ Excision - TC
☐ Other TC

CYTOLOGY †

TEST REQUEST

☐ FNA Site: ☐ Fluids Type:
☐ Brushing Type: ☐ Washing Type:
☐ Nipple Secretion:
☐ Other:

ADD'L TESTS

When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.
†Separately billable stains may be added by pathologist when medically necessary to render a diagnosis.

WHITE COPY TO DIANON YELLOW COPY TO PHYSICIAN

Test Description	Image - Guided Cytology Options •		Liquid - Based Cytology Options •	
	Test No.	CPT Code(s)	Test No.	CPT Code(s)
Pap Test	193000	88175@%/G0145@%	192005	88142@%/G0123@%
Pap Test w/Maturation Index	193069	88175@%/G0145@%, 88155@%	192096	88142@%/G0123@%, 88155@%
Pap Test w/High-Risk HPV DNA	199123	88175@%/G0145@%, 87624	195050	88142@%/G0123@%, 87624
Pap Test w/High-Risk HPV, reflex to 16/18	197146	88175@%/G0145@%, 87624	192197	88142@%/G0123@%, 87624
Pap Test w/Ct/Ng (NAA)	196402	88175@%/G0145@%, 87491@%, 87591@%	192120	88142@%/G0123@%, 87491@%, 87591@%
Pap Test w/High-Risk HPV, Ct/Ng	192153	88175@%/G0145@%, 87491@%, 87591@%, 87624	192146	88142@%/G0123@%, 87491@%, 87591@%, 87624
Pap Test w/reflex to High-Risk HPV if ASC-U	194074	88175@%/G0145@%, reflex add 87624	192047	88142@%/G0123@%, reflex add 87624
Pap Test w/Ct/Ng, reflex to High-Risk HPV if ASC-U	194027	88175@%/G0145@%, 87491@%, 87591@%, reflex add 87624	192112	88142@%/G0123@%, 87491@%, 87591@%, reflex add 87624
Pap Test w/reflex to High-Risk HPV if ASCUS, SIL, AGUS	196250	88175@%/G0145@%, reflex add 87624	192630	88142@%/G0123@%, reflex add 87624
Pap Test w/Ct/Ng, reflex to High-Risk HPV if ASCUS, SIL, AGUS	196565	88175@%/G0145@%, 87491@%, 87591@%, reflex add 87624	192104	88142@%/G0123@%, 87491@%, 87591@%, reflex add 87624

B-1A

Test Description	Conventional Cytology Options •	
	Test No.	CPT Code(s)
Pap Smear	009100	88164@%
Pap Smear w/Maturation Index	009209	88164@%, 88155@%

• Additional charge for physician-reviewed slides: 88141@%/G0124@%/P3001@%

The CPT code(s) listed here are in accordance with the current edition of Physicians' Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payer that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier.

Determining Necessity of Advance Beneficiary Notice of Noncoverage (ABN) Completion*

1. **Diagnose.** Determine your patient's diagnosis.
2. **Document.** Write the diagnosis code(s) on the front of this requisition.
3. **Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity.
4. **Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test(s) is being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

How to Complete an Advance Beneficiary Notice of Noncoverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131)
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column
4. Include an estimated cost for the test(s)/procedure(s) subject to the ABN
5. Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary
6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered

Symbols used to designate Medicare medical review as of 07/01/2019

@ = Subject to Medicare medical necessity guidelines.
% = Subject to Medicare frequency guidelines.
# = Medicare deems investigational. Medicare does not pay for services it deems investigational.

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