

CYTOLOGY REQUISITION



NAPLES PATHOLOGY ASSOCIATES

1110 Pine Ridge Rd, Unit 306, Naples, FL 34108
 Phone: 239-263-1777 • Fax: 239-263-6983

____ BILL DOCTOR ____ BILL MEDICARE ____ BILL PT/INSURANCE

DATE COLLECTED		CYTOLOGY #	ORDERING PHYSICIAN
DATE OF BIRTH		AGE	Courtesy Copy to the following physician(s):
OFFICE / PATIENT ID #	SEX	M F	SOCIAL SECURITY #
PATIENT'S NAME LAST FIRST MI		PRIMARY INSURANCE CARRIER OR MEDICARE #	
STREET ADDRESS		Please attach insurance card or billing information	
CITY, STATE, ZIP	TELEPHONE	DIAGNOSIS AND CLINICAL INFO:	
For Medicare non-coverage notice (ABN) waiver of liability, see reverse of Billing copy. POS: ____ Office ____ Ambulatory Service Center (ASC) Hospital ____ Inpt ____ Outpt		Authorized Provider Signature: _____	
ICD-10 CODES (REQUIRED):			

NON-GYN CYTOLOGY			
	SPECIMEN SITE	SPECIMEN TYPE (FNA, Fluid, Washing, Brushing)	Nodule Size
A			
B			
C			

URINE CYTOLOGY	
SOURCE: <input type="checkbox"/> Voided Urine <input type="checkbox"/> Bladder Washing	TEST: <input type="checkbox"/> Cytology and UroVysion <input type="checkbox"/> Cytology Only <input type="checkbox"/> UroVysion Only

GYN CYTOLOGY	
<p>GYN CYTOLOGY & HPV TESTING</p> <p>INDICATION FOR TESTING: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic</p> <p>GYN CYTOLOGY TESTING ORDERS: <input type="checkbox"/> ThinPrep Pap <input type="checkbox"/> Conventional Pap (smear) <input type="checkbox"/> No Pap, ANCILLARY TESTING ONLY</p> <p>HPV ORDERS: <input type="checkbox"/> HPV High-Risk REFLEX <input type="checkbox"/> HPV High-Risk SCREEN <input type="checkbox"/> Reflex to HPV Genotyping if HPV HR Screen is positive <input type="checkbox"/> HPV GENOTYPING (no initial screen) 714</p>	<p>MOLECULAR TESTING</p> <p>PANELS</p> <p><input type="checkbox"/> AEROBIC VAGINITIS (AV) PANEL (<i>GBS, S. aureus, E. coli, E. faecalis</i>) 182</p> <p><input type="checkbox"/> BACTERIAL VAGINOSIS (BV) PANEL [<i>A. vaginae, BVAB2, G. vaginalis, Megaspheara species (Types 1&2)</i>] with <i>Lactobacillus Profiling</i> 166</p> <p><input type="checkbox"/> CANDIDA VAGINITIS (CV) PANEL (<i>C. albicans, C. glabrata, C. parapsilosis, C. tropicalis</i>) 560 <input type="checkbox"/> Reflex to fluconazole resistance</p> <p><input type="checkbox"/> CTNG (<i>C. trachomatis + N. gonorrhoeae</i>) 109</p> <p><input type="checkbox"/> LEUKORRHEA PANEL (<i>N.gonorrhoeae, C.trachomatis, T.vaginalis</i>) 121</p> <p><input type="checkbox"/> UROGENITAL MYCOPLASMA & UREAPLASMA PANEL (<i>M. genitalium, M.hominis, U. urealyticum</i>) 134</p> <p>INDIVIDUAL TESTS</p> <p><input type="checkbox"/> <i>Candida albicans</i> 551</p> <p><input type="checkbox"/> <i>Gardnerella vaginalis</i> 132</p> <p><input type="checkbox"/> Group B Streptococcus (GBS) 127</p> <p><input type="checkbox"/> Group B Streptococcus (GBS) antibiotic resistance by PCR (for penicillin-allergic pts when erythromycin/clindamycin resistance determination is necessary for alternative treatmt) 137</p> <p><input type="checkbox"/> <i>Herpes Simplex Virus Subtype (HSV-1, HSV-2)</i> 126</p> <p><input type="checkbox"/> <i>Neisseria gonorrhoeae</i> (Reflex to Antibiotic Resist. by Bio-Plex Analysis) 167</p> <p><input type="checkbox"/> <i>Treponema pallidum</i> (syphilis) 110</p> <p><input type="checkbox"/> <i>Trichomonas vaginalis</i> 111</p> <p><input type="checkbox"/> <i>Varicella-zoster virus</i> (shingles) 215</p> <p><input type="checkbox"/> Other: _____</p>
<p>SOURCE: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Endocervical <input type="checkbox"/> Vulva</p> <p>HISTORY: Last Menstrual Period: _____ Previous Cytology Date & Result: _____ Follow up for: _____</p> <p><input type="checkbox"/> Prenatal <input type="checkbox"/> Repeat Pap <input type="checkbox"/> Postpartum <input type="checkbox"/> Abnormal bleeding <input type="checkbox"/> Premenopausal <input type="checkbox"/> Cervical Lesion <input type="checkbox"/> Postmenopausal <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Hormones: _____</p> <p>Risk Factors: _____</p>	<p>CYTOTECHNOLOGIST IMPRESSION:</p>
	<p>PATHOLOGIST IMPRESSION:</p>

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/11)

Form Approved OMB No. 0938-0566

CYTOLOGY CHARGES

ADDITIONAL CHARGES FOR ACCN# _____

NAME _____

NPA Path	NON-GYN CYTOLOGY	GYN CYTOLOGY (Technical Charges)
	___ 88112 Thin Prep - Non-gyn	___ 8164C Conv Slide Screen (P3000)
	___ 88172 Immediate Adequacy	___ 8142L Thin Prep/SurePath Screen (G0123)
	___ 88173 FNA Interpretation	___ 88164 Conv Slide Diagnostic
	___ 88305 Cell Block / Biopsy	___ 88142 Thin Prep/SurePath Diagnostic
3 HDG	___ 88106 Cytospin - fluids/washing/brushings	
	___ 88107 Cytospin + Smears 1-5	___ 87621 HPV HR screen ___ 87798 Reflex to HPV genotyping if HPV HR +
5 AK	___ 88161 Smears 1-5	___ 87621 HPV LR screen ___ 87798 + 87621 HPV Genotyping (no initial scn)
	___ 88162 Smears 6 or more	___ 87491 Chlamydia trachomatis
6 JTL		___ 87591 Neisseria gonorrhoeae
		___ 87529 Herpes Simplex 1
7 THR	___ 88312 Special Stains Micro	___ 87529 Herpes Simplex 2
	___ 88313 Special Stain All Other	___ 88121 UroVysion ___ No NPA charges on this case
4 TWJ	___ 88342 Immunoperoxidase	
	___ 88333 Touch Prep Initial	
10 EW	___ 88334 Touch Prep Additional	
8 IJS	PROFESSIONAL CHARGES (Abnormal Review by MD)	MOLECULAR TESTING
	___ 8141C Interp Conv Pap Screen (P3001)	___ Aerobic Vaginitis (AV) Panel 182
	___ 8141L Interp Thin Prep Screen (G0124)	___ Bacterial Vaginosis (BV) Panel 166
	___ 88141 Interp Pap Diagnostic	___ Candida Vaginitis Panel 560
	___ 88321 Consult - Referred slides	___ CTNG (Chlamydia + gonorrhea) Panel 109
		___ Herpes Simplex Subtype (HSV-1 + HSV-2) 126
		___ Leukorrhea Panel 121
		___ Urogenital Mycoplasma & Ureaplasma Panel 134
		___ OTHER - list test & CPT(s) _____