



Jackson Hospital-Employee

To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

1725 Pine Street

Montgomery

AL 36106

01003500-8



CHECK ONE
03 ACCOUNT BILL

Patient's Legal Name (Last, First, MI)		Sex	Date of Birth MO DAY YR	Collection Time AM <input type="checkbox"/> Yes PM <input type="checkbox"/> No	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	Collection Date MO DAY YR	Urine hrs/vol hrs ____ vol ____
NPI	Physician's ID #	Patient's ID #		Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient			
Physician's Name (Last, First)		Physician/Authorized Signature X _____		Patient Phone			
<input type="checkbox"/> Fax <input type="checkbox"/> Call <input type="checkbox"/> Mail		Send additional copy of report to: Client Number/Physician's Name _____ Phone/Fax Number _____ Physician's Address _____ City, State, Zip _____					

CONVENTIONAL GYN CYTOLOGY†

GYN Pap Smear 88164/P3000
 009100 1 slide 009191 2 slides

NON GYN CYTOLOGY

009050 Abdominal Fluid 88112
 009134 Breast Secretion 88161 ___ Left ___ Right
 009332 Bronchial Brushing 88104 Lobe _____
 009035 Bronchial Washing 88112 Lobe _____
 009001 Fine Needle Aspiration 88173
 Body Site _____
 009126 Labia/Vulva 88161
 009159 Misc. Fluid 88112 ___ Synovial ___ CSF
 Body Site _____
 009126 Misc. Smear 88161 - Herpes (Tzanck)
 Body Site _____
 009043 Pleural Fluid 88112
 009076 Sputum 88108
 009068 Urine 88112 ___ Voided ___ Cath
 Pt History:
 Admitting or Clinical Dx:

HISTOLOGY

Material Submitted:
Tissue Source:
 Body Site/Descriptor _____

Procedure:
 Curettage Biopsy Punch
 Shave Excision Re-Excision

Specimen Information:
 Fixative: 10% Neutral Buffered Formalin
 Other (Please Specify) _____
 Collection Date: ____ Collection Time: ____ AM PM
 Time in Fixative: _____ AM PM

Clinical Impression/Pertinent Clinical Data:

Accompanying Cytology Yes No

Additional Tests/Special Instructions:

PM

IMAGE GUIDED GYN CYTOLOGY (check only one, CPTs on reverse)

(** all Aptima® genotyping is 16,18/45)

Age-based Test Combinations (See Reverse for Tests)
 193060 ACOG Age Gdln HPV & STDs (Aptima®) 193070 ACOG Age Gdln HPV plus CTNG (Aptima®)
 193065 ACOG Age Gdln HPV (Aptima®) 193075 ACOG Age Gdln HPV plus CTNG/TV (Aptima®)

193000 Pap Test

****Aptima® Options with High-Risk (hr) HPV**
 199330 199123 Pap with hr HPV
 199305 197146 Pap with hr HPV, rfx 16&18
 192153 Pap with Ct/Ng, hr HPV
 199310 197124 Pap with Ct/Ng, hr HPV, rfx 16&18
 199315 196599 Pap with Ct/Ng/Tv, hr HPV, rfx 16&18
 198305 Pap with Ct/Ng/Tv/HSV, hr HPV, rfx 16&18

****Aptima® Options with Reflex to High-Risk (hr) HPV when ASC-U**
 199300 194074 Pap with rfx to hr HPV ASC-U
 199320 194027 Pap with Ct/Ng, rfx to hr HPV ASC-U
 199325 196527 Pap with Ct/Ng/TV, rfx to hr HPV ASC-U
 198335 Pap with Ct/Ng/Tv/HSV rfx to hr HPV ASC-U

****Aptima® Options with Reflex to High-Risk (hr) HPV when ASCUS, SIL, AGUS**
 199345 196250 Pap with rfx to hr HPV ASCUS,SIL,AGUS
 199355 196565 Pap with Ct/Ng, rfx to hr HPV ASCUS, SIL, AGUS
 199360 196595 Pap with Ct/Ng/Tv, rfx to hr HPV ASCUS, SIL, AGUS
 198330 Pap with Ct/Ng/Tv/HSV rfx to hr HPV ASCUS, SIL, AGUS

Options with Ct/Ng/Tv/HSV
 196402 Pap with Ct/Ng 198300 Pap with HSV
 196502 Pap with Ct/Ng/Tv 198315 Pap with Ct/Ng/Tv/HSV

Date, Spec#, & Dx of Previous Cytology/Histology: _____ Previous Biopsy? Y N
 If yes, Spec. # _____

Previously Submitted Material:

ADDITIONAL TESTING

180039 NuSwab® Vaginitis (VG) 87798(x3), 87481(x2), 87661
 180021 NuSwab® Vaginitis Plus (VG+) 87798(x3), 87481(x2), 87661, 87491, 87591
 180042 NuSwab® (VG) w/ Candida (6sp) 87798(x3), 87481(x6), 87661
 180068 NuSwab® Plus (VG+) w/ Candida (6sp) 87798(x3), 87481(x6), 87661, 87491, 87591
 183194 Ct/Ng NAAAT 87491, 87591
 183160 Ct/Ng/Tv 87491, 87591, 87661
 188070 Ct/Ng/Tv/HSV 87491, 87591, 87661, 87529(x2)
 183198 Ct/Ng Rfx to TV See www.LabCorp.com for CPT
 188056 HSV 1&2 87529(x2)
 507301 High-risk HPV HC 87624

REQUIRED INFORMATION

Pregnant Hysterectomy: Total Partial
 Postmenopausal Bleeding Other _____

Date of LMP/Menopause _____

Collection Vial
 ThinPrep® SurePath® Aptima Combo 2® Digene®

GYN Body Site
 Vagina Cervix Vulva Endocervix
 Endometrium Labium majus Labium minus

Collection Technique
 Brush / Spatula Swab / Spatula Cervix Broom Only
 Spatula Only Brush Only Other

Non-guided liquid based GYN cytology test numbers and descriptions are listed on the back of this form. To order, write appropriate test number in the "Other Tests" section.

(REV 01/23/2017)

TEST COMBINATION / PANEL POLICY

LabCorp's policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels does not distance physicians who wish to order a test combination/profile from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the LabCorp® request form. LabCorp encourages clients to contact their local LabCorp representative or LabCorp location if the testing configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired. In an effort to keep our clients fully informed of the content, charges and coding of its test combinations/panels when billed to Medicare, we periodically send notices concerning customized test combinations/panels, as well as information regarding patient fees for all LabCorp services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed are in accordance with the current edition of 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 payor 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. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. LabCorp will process the specimen for a microbiology test based on source.

AGE-BASED TEST COMBINATION CRITERIA

When age-based Pap test combinations are ordered, testing is performed according to the following patient age criteria. CPT codes can be found in the table below.

193060 ACOG Age Gdn HPV & STDs (Aptima®)

- If age 30-65, perform: Image-guided Pap plus high-risk HPV. If Pap is normal but the high-risk HPV is positive, a reflex to HPV 16/18,45 will be performed.
- If age 26-29, perform: Image-guided Pap only. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.
- If age 21-25, perform: Image-guided Pap plus Ct/Ng. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.

193065 ACOG Age Gdn HPV (Aptima®)

- If age 30-65, perform: Image-guided Pap plus high-risk HPV. If Pap is normal but the high-risk HPV is positive, a reflex to HPV 16/18,45 will be performed.
- If age 21-29, perform: Image-guided Pap only. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.

193070 ACOG Age Gdn HPV plus CT/NG (Aptima®)

- If age 30-65, perform: Image-guided Pap plus high-risk HPV plus Ct/Ng. If Pap is normal but HPV is positive, reflex to HPV 16/18,45 will be performed.
- If age 21-29, perform: Image-guided Pap plus Ct/Ng. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.

193075 ACOG Age Gdn HPV plus CT/NG/TV (Aptima®)

- If age 30-65, perform: Image-guided Pap plus high-risk HPV plus Ct/Ng and Tv. If Pap is normal but HPV is positive, a reflex to HPV 16/18,45 will be performed.
- If age 21-29, perform: Image-guided Pap plus Ct/Ng and Tv. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.

Pap Test	Image-Guided Cytology Options★		Liquid-Based Cytology Options★	
	Test No.	CPTs	Test No.	CPTs
Pap Test	193000	88175/G0145	192005	88142/G0123
Options with High-Risk (hr) HPV DNA				
Pap with hr HPV	199123	88175/G0145, 87624	195050	88142/G0123, 87624
Pap with hr HPV, rfx 16&18•	197146	88175/G0145, 87624•	192197	88142/G0123, 87624•
Pap with Ct/Ng, hr HPV	192153	88175/G0145, 87491, 87591, 87624	192146	88142/G0123, 87491, 87591, 87624
Pap with Ct/Ng, hr HPV, rfx 16&18•	197124	88175/G0145, 87491, 87591, 87624•	197017	88142/G0123, 87491, 87591, 87624•
Pap with Ct/Ng/Tv, hr HPV	196553	88175/G0145, 87491, 87591, 87624, 87661	192546	88142/G0123, 87491, 87591, 87661, 87624
Pap with Ct/Ng/Tv, hr HPV, rfx 16&18•	196599	88175/G0145, 87491, 87591, 87624, 87661•	192560	88142/G0123, 87491, 87591, 87661, 87624•
Pap with Ct/Ng/Tv/HSV, hr HPV, rfx 16&18•	198305	88175/G0145, 87491, 87591, 87624, 87661, 87529(x2)•		
Options with Reflex to High-Risk (hr) HPV DNA when ASC-U				
Pap with rfx to hr HPV ASC-U•	194074	88175/G0145•	192047	88142/G0123•
Pap with Ct/Ng, rfx to hr HPV ASC-U•	194027	88175/G0145, 87491, 87591•	192112	88142/G0123, 87491, 87591•
Pap with Ct/Ng/Tv, rfx to hr HPV ASC-U•	196527	88175/G0145, 87491, 87591, 87661•	192512	88142/G0123, 87491, 87591, 87661•
Pap with Ct/Ng/Tv/HSV rfx to hr HPV ASC-U•	198335	88175/G0145, 87491, 87591, 87661, 87529(x2)•		
Options with Reflex to High-Risk (hr) HPV DNA when ASCUS, SIL, AGUS				
Pap with rfx to hr HPV ASCUS,SIL,AGUS•	196250	88175/G0145•	192630	88142/G0123•
Pap with Ct/Ng, rfx to hr HPV ASCUS, SIL, AGUS•	196565	88175/G0145, 87491, 87591•	192104	88142/G0123, 87491, 87591•
Pap with Ct/Ng/Tv, rfx to hr HPV ASCUS, SIL, AGUS•	196595	88175/G0145, 87491, 87591, 87661•	192504	88142/G0123, 87491, 87591, 87661•
Pap with Ct/Ng/Tv/HSV rfx to hr HPV ASCUS, SIL, AGUS•	198330	88175/G0145, 87491, 87591, 87529(x2), 87661•		
Options with Ct/Ng/Tv/HSV				
Pap with Ct/Ng	196402	88175/G0145, 87491, 87591	192120	88142/G0123, 87491, 874591
Pap with Ct/Ng/Tv	196502	88175/G0145, 87491, 87591, 87661	192520	88142/G0123, 87491, 87591, 87661
Pap with Ct/Ng/Tv/HSV	198315	88175/G0145, 87491, 87591, 87661, 87529(x2)		
Pap with HSV	198300	88175/G0145, 87529(x2)		

★ = Additional charge for physician-reviewed Pap Tests 88141/G0124/P3001 • = Additional charge(s) and CPT code(s) if reflex testing performed

To order non-guided liquid-based GYN cytology testing, please write the test number in the "Other Tests" section on the front of this form.

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

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 the 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. For your convenience, the National Coverage Determinations are listed below.

National Coverage Determinations as of 01/01/2017

Alpha-Fetoprotein: 82105
 Blood Counts: 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049
 Blood Glucose Testing: 82947, 82948, 82962
 Carcinoembryonic Antigen (CEA): 82378
 Cardiovascular Disease Screening: 80061, 82465, 83718, 84478
 Collagen Cross Links, Any Method: 82523
 Colorectal Cancer Screening: 82270, G0328
 Cytogenetic Studies: 88230-88299
 Diabetes Screening Tests: 82947, 82950, 82951
 Digoxin Therapeutic Assay: 80162
 Fecal Occult Blood: 82272
 Gamma Glutamyltransferase (GGT): 82977
 Glycated Hemoglobin: 83036
 Glycated Protein: 82985
 Hepatitis Panel / Acute Hepatitis Panel: 80074
 Histocompatibility Studies: 86812, 86813, 86816, 86817, 86821, 86822, 86825, 86826
 Human Chorionic Gonadotropin (hCG): 84702
 Human Immunodeficiency Virus (HIV) Infection Screening: G0432, G0433, G0435, G0475

Human Immunodeficiency Virus (HIV) Testing (Diagnosis): 86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538
 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring): 87536, 87539
 Lipids: 80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478
 Lymphocyte Mitogen Response Assays: 86352, 86353
 Pap Smears, Diagnostic: 88141-88175
 Pap Smears, Screening: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
 Partial Thromboplastin Time (PTT): 85730
 Prostate Cancer Screening Test: G0103
 Prostate Specific Antigen: 84153
 Prothrombin Time: 85610
 Screening for Cervical Cancer with Human Papillomavirus (HPV) Testing: G0476
 Screening for Hepatitis C Virus (HCV) in Adults: G0472
 Screening for Sexually Transmitted Infections (STIs): 86592, 86593, 86631, 86632, 86780, 87110, 87270, 87320, 87340, 87341, 87490, 87491, 87590, 87591, 87800, 87810, 87850
 Serum Iron Studies: 82728, 83540, 83550, 84466
 Sweat Test: 82438, 89230
 Thyroid Testing: 84436, 84439, 84443, 84479
 Tumor Antigen by Immunoassay CA 15-3 & CA 27.29: 86300
 Tumor Antigen by Immunoassay CA 19-9: 86301
 Tumor Antigen by Immunoassay CA 125: 86304
 Urine Bacterial Culture: 87086, 87088

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

8800