Woman's
Cancer Detection Laboratory Request

CARY DOUGHERTY CANCER DETECTION LABORATORY
OF THE WOMAN'S HOSPITAL FOUNDATION
100 WOMAN'S WAY • BATON ROUGE, LA 70817
TELEPHONE: 225-924-8432

ACCREDITED WITH CAP, TJC
CLIA#1900463036

PATHOLOGISTS:
DRS ROBERT KOSICK, BEVERLY OGDEN

PGL Pathology Group Of Louisiana

Service Date:_____

Physician:_____

Office Chart #_____

PATIENT INFORMATION: ***PLEASE PRINT ALL INFORMATION***

NAME			**GENDER:** ❑ **F** ❑ **M**	
ADDRESS			**EMAIL ADDRESS**	
CITY, STATE, ZIP CODE				
SOCIAL SECURITY #		**DATE OF BIRTH**	**TELEPHONE #**	
LMP *(First day of last menstrual period)*			**WAS BX ALSO SUBMITTED?** ❑ YES ❑ NO	
RADIATION? ❑ YES ❑ NO	**HORMONES?/BCP** ❑ YES ❑ NO	**IUD?** ❑ YES ❑ NO	**PREGNANT?** ❑ YES ❑ NO	**POST PARTUM** ❑ YES ❑ NO
PREVIOUS PAP #		**DATE**	**CHECK ONE:** ❑ NORMAL ❑ ABNORMAL	

SOURCE OF SPECIMEN: ❑ CX-VAG ❑ VAG ❑ ENDOCERVICAL ❑ BREAST SMEAR ❑ OTHER_____

INSURANCE INFORMATION

❑ **BILL PATIENT** ❑ **BILL INSURANCE/MEDICAID** ***ATTACH A LEGIBLE COPY OF BOTH SIDES OF THE PATIENT'S INSURANCE CARD(S)***

COMPLETE THE INSURANCE SUBSCRIBER INFORMATION BELOW:

Subscriber Name:_____

Relationship to patient:_____SS#_____DOB:_____

❑ **BILL MEDICARE**
ABN FORM REQUIREMENT- If there is the belief that services may not be covered under Medicare an ABN Form must be filled out by the patient. The ABN form is located on the back of this form. In substitution, if an ABN form was filled out in the physician's office a copy of that form will be permitted.

PAP TESTING

	Pap test Only
	Pap REPEAT due to recent UNSAT **Diagnosis Code:** ❑ R87.615 UNSAT CX ❑ R87.625 UNSAT VAG
	Pap test & HPV DNA testing
	Pap test & HPV DNA testing if ASCUS/AGC/ASC-H
	Pap test & HPV DNA testing if ASCUS/AGC/ASC-H/LSIL
	Pap test & HPV DNA on any abnormal Pap

Diagnosis Codes:
***MEDICARE- *Z01.419 & Z01.411 should only be used when a provider performs a full gynecological examination. MEDICARE will only pay using these 2 codes for a PAP every 2 years.**

	Z01.419 GYNECOLOGICAL EXAM NORM FINDINGS		Z12.4 SCREEN MAL NEOPLASM- CX
	Z01.411 GYNECOLOGICAL EXAM ABNORM FINDINGS		Z12.72 SCREEN MAL NEOPLASM- VAG
	Z77.9 CONTACT WITH EXPOSURES HAZ TO HEALTH		Z12.79 SCREEN MAL NEO OTHER GENITOURINARY ORG
	Z91.89 PER. RISK FACTORS, NOT ELSEWHERE CLASSIFIED		Z12.89 SCREEN MAL NEOPLASM- OTHER SITES
	OTHER DIAG CODE:		

HPV DNA TESTING

	HPV DNA Only

Diagnosis Codes:

	Z11.51 SCREEN FOR HPV		***OTHER DIAG CODE:***

STD DNA TESTING

	STD Screening (Chlamydia trachomatis, Neisseria gonorrhoeae and Trichomonas vaginalis)					
		Chlamydia trachomatis Only		Neisseria gonorrhoeae Only		Trichomonas vaginalis Only

Diagnosis Codes:

	Z11.8 SCREEN INFECTIOUS/PARASITIC DISEASES		Z11.3 SCREEN INFEC WITH SEXUAL MODE TRANSMISSION
	OTHER DIAG CODE:		

Physician Signature: _____
Physician Signature required before testing.

Notifier(s): **CDL OF THE WOMAN'S HOSPITAL FOUNDATION**
POST OFFICE BOX 95009 ; BATON ROUGE, LA 70895-9009
TELEPHONE: 225-924-8432

Patient Name:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for the **PAP TEST, HPV, AND STD SCREENING,** 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 **PAP TEST, HPV, AND STD SCREENING.**

TEST	Reason Medicare May Not Pay *MUST be filed out by physicians office*	CPT Code(s) HCPCS Code	Estimated Cost
❑ PAP TEST ONLY	❑ Denied as too frequent ❑ Medicare will not pay for your condition ❑ Main Reason:	88175	$112.00
❑ HPV TESTING ONLY	❑ Denied as too frequent ❑ Medicare will not pay for your condition ❑ Main Reason:	87624	$110.00
❑ PAP TEST including HPV testing	❑ Denied as too frequent ❑ Medicare will not pay for your condition ❑ Main Reason:	88142 87624	$222.00
❑ PAP TEST including HPV and STD testing	❑ Denied as too frequent ❑ Medicare will not pay for your condition ❑ Main Reason:	88175, 87624 87491, 87591, 87661	$574.41
❑ Chlamydia trachomatis	❑ Denied as too frequent ❑ Medicare will not pay for your condition ❑ Main Reason:	87491	$100.00
❑ Neisseria gonorrhoeae	❑ Denied as too frequent ❑ Medicare will not pay for your condition ❑ Main Reason:	87591	$108.00
❑ Trichomonas vag	❑ Denied as too frequent ❑ Medicare will not pay for your condition ❑ Main Reason:	87661	$144.41

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 **PAP TEST, HPV, AND STD SCREENING** 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.

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

OPTION 1. I want the ❑ **PAP TEST,** ❑ **HPV, AND** ❑ **STD SCREENING** listed above.
I 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 ❑ **PAP TEST,** ❑ **HPV, AND** ❑ **STD SCREENING** listed above, but do not bill Medicare. I 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 ❑ **PAP TEST,** ❑ **HPV, AND** ❑ **STD SCREENING** listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

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** (1-800-4227/**TTY**: 1-877-486-2048).
Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	**Date:**