

SHADED AREAS MUST BE COMPLETED FOR THIRD PARTY BILLING

LAST NAME		FIRST NAME		MI	CHART NUMBER		CONTROL NUMBER		
RESPONSIBLE PARTY			MAIDEN NAME		INSTITUTION			INSTITUTION ID	
STREET ADDRESS				PHONE		PHYSICIAN			
CITY		STATE		ZIP		BLUE SHIELD #		WOMEN'S WAY - CIRCLE IF "YES"	
PATIENT D.O.B.		PATIENT SOCIAL SECURITY #			MEDICARE #		MEDICAID #		
DATE OF PAP		OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE			COMMERCIAL INSURANCE & POLICY #		COMMERCIAL INSURANCE ADDRESS		

ALL CLINICAL INFORMATION BELOW IS REQUIRED

DATE OF LMP: _____

PREVIOUS ABNORMAL PAP: YES NO DATE: _____

CONTRACEPTIVES: YES NO HYSTERECTOMY: YES NO ADDITIONAL COMMENTS: _____

HORMONE THERAPY: YES NO (complete / cervix intact)

PREGNANT: YES NO POST MENOPAUSAL: YES NO

POST PARTUM: YES NO CRYOTHERAPY: YES NO

IUD: YES NO RADIATION THERAPY: YES NO

HPV VACCINATION: YES NO

ROUTINE (ANNUAL / PERIODIC) PAP SCREEN YES NO

SPECIMEN SOURCE: CERVICAL VAGINAL OTHER _____

WOMEN 20 YEARS AND YOUNGER:

- THINPREP WITH REFLEX HPV TESTING IF ASC-US
 - PERFORM HPV 16, 18/45 IF HPV SCREEN POSITIVE
- COTESTING THINPREP AND HPV TESTING
 - PERFORM HPV 16, 18/45 IF HPV SCREEN POSITIVE
- THINPREP ONLY

WOMEN 30 YEARS AND OLDER:

- COTESTING THINPREP AND HPV TESTING (PREFERRED PER ASCCP GUIDELINES)
 - PERFORM HPV 16, 18/45 IF HPV SCREEN POSITIVE
- THINPREP WITH REFLEX HIGH-RISK HPV TESTING IF ASC-US (ACCEPTABLE PER ASCCP GUIDELINES)
 - PERFORM HPV 16, 18/45 IF HPV SCREEN POSITIVE
- THINPREP ONLY

OTHER TESTS:

- HPV TESTING WITHOUT THINPREP
 - PERFORM HPV 16, 18/45 IF HPV SCREEN POSITIVE
- CHLAMYDIA TRACHOMATIS / NEISSERIA GONORRHEA TESTING (PERFORMED ON THINPREP VIAL)
- CONVENTIONAL PAP NUMBER OF SLIDES 1 2 3 4
 - CONVENTIONAL PAP WITH HPV TESTING (REQUIRES THINPREP VIAL)
 - PERFORM HPV 16, 18/45 IF HPV SCREEN POSITIVE

MEDICARE PATIENT BILLING INFORMATION - MUST BE PROVIDED

Non-Screening (Diagnostic) Pap smears are performed in those instances where symptoms or signs of disease are present, or where there is a past history.

NONSCREENING (DIAGNOSTIC) PAP YES NO

PATIENT DIAGNOSIS/ICD-10 _____ (SEE BELOW)

Screening Pap smears are performed for patients who have neither symptoms, signs, nor a past history of disease.

Medicare covers one Screening Pap every two years.

SCREENING PAP YES NO

IF YES, VAGINAL/CERVICAL CANCER HIGH RISK FACTORS: YES NO

PATIENT DIAGNOSIS/ICD-10 _____ (See Below)

Non-screening (Diagnostic) Pap smears are covered when ordered by a Physician or authorized practitioner under one of the following conditions (NCD 190.2 Diagnostic PAP):

- 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.

Non-screening (Diagnostic) Pap Smears: (ICD-10-CM Codes)

B97.7	D06.9	N72	N91.2
C51.0-C51.9	D07.0-D07.2	N73.0-N73.4	N91.5
C52	D07.30	N73.6	N92.0-N92.3
C53.0-C53.9	D07.39	N73.8-N73.9	N92.5-N92.6
C54.1-C54.9	D25.0-D26.9	N76.0-N76.3	N93.0
C55	D27.9	N77.1	N93.8-N93.9
C56.9	D28.0-D28.9	N80.0-N80.4	N94.89
C57.00	D39.0	N83.0-N83.29	N95.0
C57.10	D39.10	N84.0-N84.2	R87.610-R87.616
C57.20	D39.2	N85.00-N85.02	R87.619-R87.623
C57.3	D39.8-D39.9	N86	R87.628
C57.4	N70.01-N70.03	N87.0-N87.9	R87.810
C57.7-C57.9	N70.11-N70.13	N88.0	R87.820
C79.60	N70.91-N70.93	N89.3-N89.4	Z85.41-Z85.44
C79.82	N71.0-N71.9	N89.8	

Screening Pap smears are covered when ordered by a physician or authorized practitioner under one of the following conditions (NCD 210.2 Screening PAP):

- The beneficiary has not had a screening Pap Smear test during the preceding 2 years (**use ICD-10-CM code**)
 - **Z12.4**, encounter for screening for malignant neoplasm, cervix.
 - **Z12.72**, encounter for screening for malignant neoplasm, vagina.
 - **Z12.89**, encounter for screening for malignant neoplasm, other sites.

OR

- There is evidence (on the basis of her medical history or other findings) that she is of childbearing age and has had an examination that indicated the presence of cervical or vaginal cancer or other abnormalities during any of the preceding 3 years, or that she is at high risk of developing cervical or vaginal cancer (**use ICD-10-CM code Z92.89**, other specified personal history presenting hazards to health).

Cervical Cancer High Risk Factors:

- Early onset of sexual activity (under 16 years of age) (**use ICD-10-CM code: Z72.51** high risk heterosexual behavior)
- Multiple sexual partners (five or more in a lifetime)
- History of sexually transmitted disease (including HIV infection)
- Fewer than three negative Pap smears within the previous 7 years

Vaginal Cancer High Risk Factors:

- DES (diethylstilbestrol) exposed daughters of women who took DES during pregnancy

Patient Name: _____ Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Test(s) 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 **Test(s)** below.

Test(s)	Reason Medicare May Not Pay:	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 **Test(s)** 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 **Test(s)** 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 **Test(s)** 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 **Test(s)** 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** (1-800-633-4227/TTY: 1-877-486-2048).

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

Signature: _____	Date: _____
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Form CMS-R-131 (Exp.06/30/2023)

Form Approved OMB No. 0938-0566

P3001	G0124	CPT 88141 Pathologist Interpretation Part B	SPECIMEN ADEQUACY	NOECC	PGNOECC	ATRONOCC	VAGNOECC	LUB	LUB	LUB
SATSEC	SATNECC	SAT ^(Cascade follows)	ECC	NOECC	PGNOECC	ATRONOCC	VAGNOECC	FMAT	THK	FMAT
DRY	XCY	INC	NOLMP	POBL	POIN	SCT	THK	FMAT	THK	FMAT
UNSR ^(Cascade follows)	XCY	OBL	OIN	PCP	TFC	FMAT	ACEL	LUB	ACEL	LUB
UNSR ^(Cascade follows)	SNL	BROKEN	ID							
NEGIL	ECA	OTHER								
Free Text:										
GENERAL CATEGORIZATION										
Free Text:										
(Carcinoma Cascade)	SQCA	ADCA	ADFC	ADFM	ADFX	(HSIL Cascade)	HSIL	HSIL	HSIL	HSIL
(LSIL Cascade)	LSIL	(AGUS Cascade)	ATYECC	ATYECCNBO	ECAIS	AGUS	AGUS	AGUS	AGUS	AGUS
(ASCUS Cascade)	ASC	ASC	ASC	ASC	ASC	ASC	ASC	ASC	ASC	ASC
Free Text:										
OTHER FINDINGS										
TRC	CAN	BAC	ACT	HSV						
AT	ATV	BLOD	CYTO	EM45	EPM	FOLCX	HIST	HISTHOR	GLAPH	
HK	INFL	MATCP	PSAIR	RCC	PAR	TUBMET				
Free Text:										
EDUCATIONAL NOTES AND SUGGESTIONS										
Free Text:										
FALSENEG	COLPBX	COLBXC	RECGUIDE							