



CYTXXXXXXXXX

CYTOLOGY TEST REQUISITION
CLIENT INFORMATION

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name	First	MI
Address	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
City	SS #	
ST	ZIP	Home Phone
Physician Office Patient ID#	CC MRN:	

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

BILL TO: Client Insurance Patient **ABN** Yes No **WORKERS COMP:** Yes No DOI: _____

PRIMARY Medicare Medicaid Other Ins. _____ Self Spouse Child

Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
Claims Address	City	ST ZIP

SECONDARY Other Ins. _____

Subscriber Last Name	First	MI
Beneficiary / Member #	Group #	
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PHYSICIAN SIGNATURE REQUIRED

Physician Signature	Date / Time
Physician Print Name	NPI#
Date collected: _____ / _____ / _____	Time: _____
Collected by: _____	

DIAGNOSIS: _____

CLINICAL HISTORY: _____

GYNECOLOGIC (PAP TEST)

ThinPrep™ Smear Surepath

SOURCE

Cervix/Endocervix Vagina: Vault Wall

INDICATIONS FOR PAP TEST

ICD-9 code required: _____ See reverse side for ICD-9's codes

Screening Pap: routine

Screening Pap: high risk of cervical cancer

Diagnostic Pap Smear

LMP: _____

ABN is required if previous pap is less than 2 years ago

Previous Pap date: _____ Result: _____

NON-GYNECOLOGIC

ICD-9 code required: _____ See reverse side for ICD-9's codes

SOURCE

URINE

Catheterized Renal pelvis: R L

Voided Bladder wash

Ureter: R L

BREAST

Left Cyst aspirate

Right Nipple discharge

Solid mass aspirate

Aspiration Biopsy (Specify site): _____

Other: _____

PAP TESTS ONLY FOR LIQUID- BASED

Reflex HPV typing for ASCUS result (76557-HPV) (83741-HPVSP)
If reflex HPV typing is checked, the sample will be sent for HPV typing only if current PAP is ASCUS.

Automatic HPV typing (76557-HPV) (83741-HPVSP)

GC/Chlamydia Amplification (79830-GCCT)

Chlamydia Amplification (79809-CT)

GC Amplification (79810-GC)

MOLECULAR TESTS

FISH for Bladder Cancer with Urinary Cytology

FISH for Bladder Cancer

CLINICAL - Check all that apply to GYN and NON-GYN cases:

<input type="checkbox"/> Routine Exam	<input type="checkbox"/> Hysterectomy, total	<input type="checkbox"/> Cryo of Cervix	<input type="checkbox"/> History of Malignancy
<input type="checkbox"/> Pregnant _____ wks	<input type="checkbox"/> Hysterectomy, subtotal	<input type="checkbox"/> Hormone Replacement Therapy	Site: _____
<input type="checkbox"/> Post Partum _____ wks	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Oral Contraceptives	_____
<input type="checkbox"/> Post menopausal	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> DES Exposure	
<input type="checkbox"/> Post Abortion	<input type="checkbox"/> Cervix Conization	<input type="checkbox"/> IUD	
<input type="checkbox"/> Abnormal bleeding	<input type="checkbox"/> Cryolaser	<input type="checkbox"/> Colposcopy	



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ThinPrep™ Smear Surepath

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<input type="checkbox"/> Post Abortion	<input type="checkbox"/> Cervix Conization	<input type="checkbox"/> IUD	
<input type="checkbox"/> Abnormal bleeding	<input type="checkbox"/> Cryolaser	<input type="checkbox"/> Colposcopy	

CLIENT COPY



CYTXXXXXXXXX

MOST FREQUENTLY USED ICD-9 CODES for CYTOLOGY TESTING

The shaded diagnosis codes are not accepted for pap smears by Medicare & must have a signed ABN for Medicare patients.

ICD-9 Description		ICD-9 Description		ICD-9 Description	
DXS for SCREENING PAP SMEARS		DXS for DIAGNOSTIC PAP SMEARS & OB/GYN		239.0	Pancreas Mass
V762	Routine Screening	220	Benign neoplasm-Ovary	577.0	Pancreatitis, Acute
V15.89	High Risk Screening	233.1	Carcinoma in situ-Cervix uteri	577.1	Pancreatitis Chronic
V72.3	GYN Exam - NOT VALID for Medicare	V16.40	Family history of genital cancer	DXS for FINE NEEDLE ASPIRATIONS	
V70.0	Routine Exam - NOT VALID for Medicare	V16.41	Family history of ovarian cancer	239.7	Adrenal Gland Mass
DXS for DIAGNOSTIC PAP SMEARS & OB/GYN		V10.40	History of cancer-Female gentl organs	174.9	Breast Cancer, Female, unspecified
795.0	Abnormal PAP Smear of cervix	V10.41	History of cancer-Cervix uteri	175.9	Breast Cancer, Male, unspecified
626.6	Abnormal Bleeding-female genital tract	V10.42	History of cancer, Other parts of uterus	610.0	Breast Cyst
626.0	Absence of menstruation	V10.43	History of Ovarian cancer	611.72	Breast Mass
616.0	Cervicitis & endocervicitis	180.0	Malig neoplasm-Endocervix	611.79	Breast or Nipple Disorder, unspecified
220	Cyst, Dermoid ovarian	183.0	Malig neoplasm-Ovary	162.9	Bronchus or Lung Cancer, NOS
V25.09	Contraceptive counselling	179	Malig neoplasm-Uterus, unspecified	245.2	Hashimoto's Thyroiditis
625.3	Dysmenorrhea	198.82	2ndary Malig neoplasm-Genital organs	242.90	Hyperthyroidism, NOS
625.0	Dyspareunia	239.5	Neoplasm of unknown nature of	239.5	Kidney Mass
622.1	Dysplasia of Cervix		other genitourinary organs	239.0	Liver Mass
621.3	Endometrial Hyperplasia	DXS FOR BODY FLUIDS		793.1	Lung Infiltrate per x-rays
617.3	Endometriosis of Pelvic Peritoneum	320.9	Meningitis, NOS	785.6	Lymphadenopathy
617.9	Endometriosis, site unspecified	420.90	Pericarditis, Acute	202.80	Lymphomas, Malignant, NOS
626.2	Excessive or frequent menstruation	423.9	Pericarditis, NOS	241.9	Nodular Goiter, NOS
625.9	Female Genital Symptoms, NOS	423.9	Pericardial Effusion, NOS	239.0	Pancreas Mass
054.10	Genital Herpes, unspecified	568.82	Peritoneal Effusion, NOS	239.5	Renal Mass
V07.4	Hormone Replacement Therapy	614.5	Peritonitis, Female, Acute	239.0	Salivary Gland Mass
621.2	Hypertrophy of the Uterus	567.2	Peritonitis, Male, Acute	193	Thyroid Cancer
628.8	Infertility, Female, unspecified	567.9	Peritonitis, NOS	240.9	Thyroid Mass
615.1	Inflamm. disease of uterus, chronic	511.9	Pleural Effusion, NOS	DXS for RESPIRATORY SPECIMENS	
626.1	Infrequent or scanty menstruation	DXS FOR GASTROENTEROLOGY		786.4	Abnormal Sputum
626.4	Irregular Menstrual cycle	789.30	Abdominal Mass, site unspecified	042	AIDS
627.2	Menopausal state	530.2	Barrett's Esophagus	493.90	Asthma, Bronchia
627.9	Menopausal disorder, NOS	156.9	Bile Duct Cancer, unspecified	493.20	Asthma, with COPD
622.8	Other noninflam. disorders of cervix	156.2	Bile Duct Cancer, Ampulla of Vater	466.0	Bronchitis, Acute
878.8	Other open wounds of genital organs	239.0	Biliary Tract Mass	491.21	Bronchitis, with COPD
789.34	Pelvic/abdominal swelling or mass, LLQ	576.2	Biliary Tract Stricture	485	Bronchopneumonia
789.33	Pelvis/abdominal swelling or mass, RLQ	576.1	Cholangitis	428.0	Congestive Heart Failure
622.7	Polyp - cervix	571.2	Cirrhosis, Laennec's	496	COPD, NOS
623.7	Polyp - vagina	558.9	Colitis, NOS	786.6	Lung Mass
626.7	Postcoital bleeding	556.9	Colitis, Ulcerative, unspecified	162.9	Malignant Lung Cancer
627.3	Postmenopausal atrophic vaginitis	239.0	Esophageal Mass	511.9	Pleural Effusion, unspecified
627.1	Postmenopausal bleeding	530.3	Esophageal Stricture NOS	486	Pneumonia, unspecified
618.5	Prolapse, post-hysterectomy	530.2	Esophageal Ulcer NOS	514	Pulmonary Edema or Congestion
618.3	Prolapse, uterovaginal	530.10	Esophagitis, NOS	DXS FOR UROLOGY SPECIMENS	
618.0	Prolapse, vaginal wall	239.0	Gastric Mass	599.7	Hematuria
V24.2	Routine Postpartum follow-up	531.9	Gastric Ulcer, NOS	596.8	Irritable Bladder
V22.1	Supervising other normal pregnancy	V10.05	History of Colon Cancer	188.9	Malignant Bladder Tumor
V25.41	Surveillance of contraceptive pill	239.0	Intestinal Mass	189.0	Malignant Renal Tumor
131.00	Trichomoniasis, genital, unspecified	560.9	Intestinal Stricture, NOS	189.2	Malignant Ureteral Tumor
616.10	Vaginitis or Vulvovaginitis, NOS	155.2	Liver Cancer, unspecified	791.7	Other cells & casts in urine

This is a reference list of ICD-9 codes to insert on the front of this requisition. If the diagnosis you want to use is not listed, then write the description or the ICD-9 code on the front, in the "clinical diagnosis" area.