



# HAWAII PATHOLOGISTS' LABORATORY, LLP

1301 PUNCHBOWL STREET • HONOLULU, HAWAII 96813  
TEL (808) 691-4271 • FAX (808) 691-4045  
www.hpllab.com

LAB. NO.: (FOR LAB USE)

BILL TO  INSURANCE / PATIENT  PHYSICIAN / INSTITUTION

PATIENT ID ▶

PATIENT NAME (LAST)	FIRST	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH / /
ADDRESS			PATIENT SOC. SEC. NO. OR PID	
CITY	STATE	ZIPCODE	PRIMARY TELEPHONE	SECONDARY TELEPHONE

ORDERING PHYSICIAN

SEND DUPL. REPORT TO PHYSICIAN / ADDRESS

PRIMARY INS.	INSURER	MEMBERSHIP NO. / COV / GRP	SUBSCRIBER NAME
SECONDARY INS.	INSURER	MEMBERSHIP NO. / COV / GRP	SUBSCRIBER NAME

My provider has informed me that my insurance may not pay for services which do not meet my insurance's determination criteria. By signing below, I agree to be personally and fully responsible for payment of the services, rendered by Hawaii Pathologists' Laboratory if my insurance denies payment.

**STAT** request, call 691-4271

Patient's or Authorized Person's Signature X

Date:

**SPECIAL INSTRUCTIONS / CLINICAL DIAGNOSIS**

**GYN CYTOLOGY – PAP TEST** Collection Date: \_\_\_/\_\_\_/\_\_\_

COLLECTION METHOD:  SUREPATH  THINPREP  CONVENTIONAL (slides)  
 SPECIMEN SOURCES(S):  CERVICAL-ENDOCERVICAL  VAGINAL  
 LIQUID BASED CYTOLOGY (with reflex to HPV testing per ASCCP protocol)  
 PAP only  PAP AND HPV Co-Testing w/Reflex to HPV 16/18 Genotyping  
 PAP AND HPV Co-Testing  No PAP, Molecular Testing only  
 MOLECULAR TESTING: (check all that apply) INDICATION/DIAGNOSIS FOR TESTING: \_\_\_\_\_  
 HPV High Risk only  HPV 16/18 Genotyping only  4336 Chlamydia by PCR  
 4337 GC by PCR  4328 Chlamydia AND GC by PCR  
 PATIENT HISTORY FOR PAP SMEARS: LMP: \_\_\_/\_\_\_/\_\_\_  
 ON HORMONES  PREGNANT  POST-PARTUM  IUD  POST-MENOPAUSAL  
 PREVIOUS ABNORMAL PAP / BIOPSIES / TREATMENT: \_\_\_\_\_

**TISSUE EXAM** Collection Date/Time: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ am/pm

TISSUE SPECIMEN SOURCE(S) WITH ORIENTATION:  
 A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_

ICD-10 CODES: \_\_\_\_\_ LMP: \_\_\_/\_\_\_/\_\_\_  
 HORMONE (GYN SPECIMEN): \_\_\_\_\_

**ICD-10 CODES FOR ROUTINE SCREENING**

Z01.419 ROUTINE GYN W/O ABNL FINDINGS  Z12.4 SCREEN MAL NEO CERVIX  
 Z01.411 ROUTINE GYN W/ABN FINDINGS  Z12.72 SCREEN MAL NEO VAGINA  
 Z12.79 ROUTINE GYN PT NO CERVIX, W/O AB FINDINGS  Z12.89 SCREEN MAL NEO OTHER SITES  
 OTHER \_\_\_\_\_

**ICD-10 CODES FOR ENDOMETRIAL BIOPSY**

N92.0 ABN BLEEDING, MENORRHAGIA  
 N92.1 ABN BLEEDING, METRORRHAGIA  
 N92.5 IRREGULAR MENSES, OTHER  
 N94.6 DYSMENORRHEA, UNSPECIFIED  
 N95.0 POSTMENOPAUSAL BLEEDING  
 OTHER \_\_\_\_\_

**ICD-10 CODES FOR HIGH RISK SCREENING**

Z91.89 OTHER SPEC PERSONAL RISK FACTORS, NOS  Z72.51 HIGH RISK HETEROSEXUAL BEHAVIOR  
 Z77.29 CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER HAZARDOUS SUBSTANCES  
 Z77.9 OTHER CONTACT W/AND (SUSPECTED) EXPOSURE HAZARDOUS TO HEALTH  Z72.52 HIGH RISK HOMOSEXUAL BEHAVIOR  
 Z92.89 PERSONAL HX OF OTH MEDICAL TREATMENT  Z72.53 HIGH RISK BISEXUAL BEHAVIOR  
 OTHER \_\_\_\_\_

**NON-GYN CYTOLOGY** Collection Date/Time: \_\_\_/\_\_\_/\_\_\_ :\_\_\_ am/pm

ICD-10 CODES: \_\_\_\_\_  
 NON-GYN CYTOLOGY SPECIMEN TYPE:  
 FNA-SITE(S) 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 TZANCK SMEAR - SITE \_\_\_\_\_  
 HSV DFA  VZV DFA  
 URINE CYTOLOGY  ANAL CYTOLOGY  
 NIPPLE DISCHARGE ( RIGHT  LEFT)  
 OTHER - SPECIFY \_\_\_\_\_

**ICD-10 CODES FOR DIAGNOSTIC PAP/CERVICAL BIOPSY**

R87.610 ABN PAP, ASCUS  N87.0 CIN I  
 R87.611 ABN PAP, ASC-H  N87.1 CIN II  
 R87.612 ABN PAP, LSIL  D06.7 CIN III  
 R87.613 ABN PAP, HSIL  N87.9 CIN NOS  
 B97.7 HPV AS CAUSE OF DISEASES CLASSIFIED ELSEWHERE  A60.03 GENITAL HERPES, HERPES CERVICITIS  
 R87.810 CERVICAL HIGH RISK HPV DNA TEST POSITIVE  R87.619 ABN PAP, UNSPECIFIED  
 R87.820 CERVICAL LOW RISK HPV DNA TEST POSITIVE  R87.615 UNSATISFACTORY CERVICAL SMEAR  
 R87.614 CYTOLOGIC EVIDENCE OF MALIGNANCY ON CERVICAL PAP  R87.618 OTH ABN CYTOLOGIC FINDINGS, CERVIX  
 OTHER \_\_\_\_\_

**ICD-10 CODES FOR HPV TESTING**

Z11.51 HPV SCREENING  Z12.4 SCREENING FOR MALIGNANT NEOPLASM OF THE CERVIX  
 R87.810 ABN PAP, HIGH RISK HPV  Z12.72 SCREENING FOR MALIGNANT NEOPLASM OF THE VAGINA  
 OTHER INDICATION/DIAGNOSES FOR TESTING: \_\_\_\_\_

**MEDICARE PATIENTS: PLEASE COMPLETE SECTIONS B, G, I AND J.**

**A. Notifier:** Hawaii Pathologists' Laboratory. 702 S Beretania St, Ste B100,  
Honolulu, HI 96813. Phone: (808) 538-3888. [www.hpllab.com](http://www.hpllab.com)

**B. Patient Name:**

**C. Identification Number:**

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**Advance Beneficiary Notice of Noncoverage (ABN)**

**NOTE:** If Medicare doesn't pay for **D. Laboratory 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 **D. Laboratory test(s)** below.

<b>D. Laboratory Testing</b>	<b>E. Reason Medicare May Not Pay:</b>	<b>F. Estimated Cost</b>
SurePath Liquid Based Pap Smear HPV testing on Liquid Based Sample	Medicare does not pay for this test as often as this (denied as too frequent).	Between \$55-80. Between \$70-90.

**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. Laboratory 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.

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

- OPTION 1.** I want the **D. Laboratory 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 **D. Laboratory 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 **D. Laboratory 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.**

**H. Additional Information:** Additional charges may be necessary if an interpretation is required or if additional reflex testing is triggered. For more information, please contact Hawaii Pathologists' Laboratory at (808) 538-3888.

**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:**

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