AVERO™

GYN PATHOLOGY REQUISITION

PATIENT INFORMATION

Patient Name (Last, First, MI) | Chart#

SSN | DOB | Sex ☐ M ☐ F

Ethnicity
☐ Asian ☐ African American ☐ Caucasian ☐ French Canadian/Cajun ☐ Hispanic ☐ Jewish, Ashkenazi ☐ Jewish, non-Ashkenazi ☐ Middle Eastern ☐ Other/Mixed/Unknown ____ ☐ Native American

Address

City | State | Zip | Phone ( )

PHYSICIAN INFORMATION

Provider Signature **REQUIRED**

PATIENT INSURANCE INFORMATION

Primary Insurance ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Client Bill

Secondary Insurance ☐ Medicare ☐ Medicaid ☐ Insurance

Did you attach a copy of the Insurance Card (front and back) & Demographic Sheet? ☐ **YES** INSURANCE NAME & POLICY# HERE

SPECIMEN INFO: **Date Collected (MM/DD/YY)** | **Time Collected** ☐ AM ☐ PM

DIAGNOSTIC INFORMATION (ICD-10) (Check all that apply)

☐ **MEDICARE SCREENING - See Medicare Section & Sign Advance Beneficiary Notice of Noncoverage (ABN)**

Code	Description
☐ C53.9	Malignant neoplasm of cervix uteri, unsp.
☐ N72	Inflammatory disease of cervix uteri
☐ N76.0	Acute vaginitis
☐ N76.1	Subacute and chronic vaginitis
☐ N76.2	Acute vulvitis
☐ N76.3	Subacute and chronic vulvitis
☐ N87.9	Dysplasia of cervix uteri, unsp.
☐ N89.7	Hematocolpos
☐ N92.5	Other sp. irr. menstruation
☐ N93.8	Other sp. abnl. uterine bleeding
☐ N95.0	Postmenopausal bleeding
☐ N95.2	Postmenopausal atrophic vag.
☐ R87.615	Unsat. ctyo smear cervix
☐ R87.619	Unsp ab. cyto. from cervix urteri
☐ Z34.01	Enctr suprvn norm 1st preg, 1st
☐ Z34.02	Enctr suprvn norm 1st preg, 2nd
☐ Z34.03	Enctr suprvn norm 1st preg, 3rd
☐ Z34.81	Enctr suprvn norm preg, 1st tri.
☐ Z34.82	Enctr suprvn norm preg, 2nd tri.
☐ Z34.83	Enctr suprvn norm preg, 3rd tri.
☐ Z01.411	Enctr Gyn (gnrl) w/abnl. finding
☐ Z01.419	Enctr Gyn (gnrl)w/o abnl finding
☐ Z11.51	Enctr for screen HPV
☐ Z11.3	Enctr screen infect w/sex transmiss
☐ Z12.4	Enctr screen malig. neo. cervix
☐ Z12.72	Enctr screen malig. neo. vagina
☐ Z34.00	Enctr suprvsn norm 1st preg unsp
☐ Z34.80	Enctr suprvsn norm preg usp
☐ Z77.21	Cont. w Exp. to pot. hazard fl.
☐ Z91.89	Other personal risk factors
☐ Z13.71	Nonprocreative screening for genetic disease carrier status
☐ Z31.430	Female for testing for genetic disease carrier status for procreative mgmt
☐ Other:	

CLINICAL INFORMATION (Check all that apply)

Provide all relevant patient clinical history

Date of most recent Pap smear

☐ ASCUS ☐ LGSIL ☐ ASC-H ☐ HGSIL ☐ AGC

☐ Abnl. Appearing Cervix ☐ History of Cancer ☐ Birth Control / OCP Method? ____
☐ History of Radiation ☐ Hormone Therapy ☐ Hysterectomy ☐ Other ____
☐ IUD ☐ LEEP/Laser Surgery/Cone ☐ Post Menopausal
☐ Postpartum ☐ Pregnant ☐ Supracervical Hysterectomy

GYN CYTOLOGY AND MOLECULAR

SPECIMEN SOURCE ☐ Cervix/Endocervix ☐ Vagina | **LMP or Menopause Date**

☐ Follow Provider-Driven Rules on File ☐ Override Rules on file (or if none on file), and follow below

☐ **Pap test, only**
- ☐ Reflex to **High Risk HPV** if Pap is ○ ASC-US ○ ASC-US or above
- ☐ Reflex to **Genotyping 16, 18, & 45** if ○ HR HPV pos. ○ Over age 30, NILM pap, HR HPV pos. ○ Other

☐ **Pap test + High Risk HPV**
☐ **Pap test + High Risk HPV + CT, NG, TV**
- ☐ Reflex to **Genotyping 16, 18, & 45** if ○ HR HPV pos. ○ Over age 30, NILM pap, HR HPV pos. ○ Other ____

☐ **Dtex Cervical FISH Test**
- ☐ Reflex if ○ Pap is ASC-US/HR positive ○ HPV positive ○ Pap LSIL ○ Other ____

MEDICARE - Patients with screening Paps must sign ABN on the back page. HPV every 5 years.
- ☐ Medicare Screening Pap, Low Risk, Cervical – 2yrs. Dx: Z12.4
- ☐ Medicare Screening Pap, Low Risk, Vagina – 2yrs. Dx: Z12.72
- ☐ Medicare Screening Pap, Routine Exam – 2yrs. Dx: Z01.419
- ☐ Medicare Screening Pap, Routine Exam, w/abnormal findings – 2yrs. Dx: Z01.411
- ☐ Medicare Screening Pap, High Risk, Medical Hx – 1yr. Dx: Z91.89
- ☐ Medicare Screening HPV, Routine Exam, w/ abnormal findings – 5 yrs. Dx: Z11.51 and Z01.411
- ☐ Medicare Screening HPV, Routine Exam, – 5 yrs. Dx: Z11.51 and Z01.419

OTHER CYTOLOGY

SPECIMEN SOURCE: ☐ Right Breast ☐ Left Breast ☐ Anal

☐ Halo™ Breast Pap Test ☐ Breast Nipple Aspirate (Direct Smear)
☐ Anal Pap Test ☐ Anal Pap Test w/ HR HPV

GYNECOLOGIC HISTOLOGY (DIAGRAM)

- ☐ **A. Endocervical Curetting -ECC**
- ☐ **B. Endometrial Biopsy - EMB**
- ☐ **C. Cervical Biopsy**
- ☐ **D. Cervical Cone**
- ☐ **E. Labial Biopsy**
- ☐ **F. LEEP**
- ☐ **G. Perineum Biopsy**
- ☐ **H. Vaginal Biopsy**
- ☐ **I. Vulvar Biopsy**
- ☐ **J. Other** ____
- ☐ **K. Other** ____

12 1 2 3 4 5 6 7 8 9 10 11

Cervical Diagram with Patient in Lithotomy Position
Please Note the Biopsy Site(s)

MOLECULAR TESTS AND PANELS

For asymptomatic patients, Medicare requires a letter of Medical Necessity.

ANTEPARTUM SCREENING
- ☐ Group B Streptococcus by RT-PCR

CERVICAL TESTING
- ☐ High Risk HPV
- ☐ HPV Type 16, 18 & 45 genotyping
- ☐ Dtex Cervical FISH Test

STD TESTING (INDIVIDUAL)
- ☐ Leukorrhea Panel (CT/NG/TV)
- ☐ *Chlamydia trachomatis* (NAAT)
- ☐ *Neisseria gonorrhoeae* (NAAT)
- ☐ *Trichomonas vaginalis* (NAAT)
- ☐ Herpes Simplex Virus 1 & 2 (NAAT)

SYMPTOMATIC TESTING (COMBINATION PANELS)
- ☐ Bacterial Vaginitis Panel
- ☐ Candidiasis Panel
- ☐ Cervicitis/Vaginitis Panel
- ☐ Vaginosis/Vaginitis Panel
- ☐ Vaginosis/Vaginitis Extended Panel
- ☐ Mycoplasma Panel
- ☐ Ureaplasma Panel
- ☐ PID/Infertility Panel
- ☐ Aerobic Vaginitis Panel
- ☐ BD Affirm™ Vaginosis Panel

GENETICS

☐ **Preparent® Standard Panel** tests for carrier status of 29 hereditary disorders with ACOG/ACMG guidelines
for list of disorders tested, visit progenity.com/resources/standard

☐ **Preparent® Global Panel** tests for carrier status of 200+ hereditary disorders
for list of disorders tested, visit progenity.com/resources/global

☐ **Preparent® Global+ Panel** tests for carrier status of 220+ hereditary disorders
for list of disorders tested, visit progenity.com/resources/global

*The **Standard**, **Global**, and **Global+** panels all include testing for CF, SMA, fragile X, Ashkenazi Jewish disorders, and a hemoglobin evaluation. Carrier testing for X-linked disorders is not performed in males.*

☐ **Preparent® Ashkenazi Jewish Panel** tests for carrier status of 9 common Jewish disorders

☐ **Other single-gene testing** (specify disorder): ____

☐ ***OPT IN*** for Tay-Sachs Hexosaminidase A enzyme analysis *(for all Preparent® panels)*
HEXA enzyme requires a blood specimen (ACD yellow top tube)

GENETICS CLINICAL INFORMATION

Has patient had a blood transfusion (past 3 months) or a bone marrow/organ transplant? ☐ YES ☐ NO

Is patient pregnant?
☐ YES (select box to right) ☐ NO Z31.430
First pregnancy (primigravida) ☐ 1st tri Z34.01 ☐ 2nd tri Z34.02 ☐ 3rd tri Z34.03
Gestational age at draw: ______ WEEKS ______ DAYS
Not first pregnancy (multigravida) ☐ 1st tri Z34.81 ☐ 2nd tri Z34.82 ☐ 3rd tri Z34.83

Is there family history of genetic disorders? ☐ YES (check appropriate box below) ☐ NO
☐ Hereditary genetic disorder Z84.81
☐ Musculoskeletal disorder Z82.69

Specify condition ____ Relationship to patient or partner ____

Has patient had previous carrier testing? ☐ YES ☐ NO

Is partner available for carrier screening, if needed? ☐ YES ☐ NO

Name of reproductive partner (optional) ____

Partner's date of birth (MM/DD/YYYY) ____

Notice: Medicare will pay for medical necessity testing only when supported with a symptomatic diagnosis.

AV-23023-01 REV 042018

GYN327000 ECC Name DOB	GYN327000 Labial Biopsy Name DOB	GYN327000 ThinPrep™ Pap ☐ Name DOB	GYN327000 Name DOB
GYN327000 EMB Name DOB	GYN327000 LEEP Name DOB	GYN327000 Name DOB	GYN327000 Name DOB
GYN327000 ____O'Clock Cervical Biopsy Name DOB	GYN327000 Perineum Biopsy Name DOB	GYN327000 Name DOB	GYN327000 Name DOB
GYN327000 ____O'Clock Cervical Biopsy Name DOB	GYN327000 Vaginal Biopsy Name DOB	GYN327000 Name DOB	GYN327000 Name DOB
GYN327000 ____O'Clock Cervical Biopsy Name DOB	GYN327000 Vulvar Biopsy Name DOB	GYN327000 Name DOB	GYN327000 Name DOB

AVERO COPY

AVERO™

Dallas Laboratory: 6221 Riverside Drive, Irving, TX 75039
Lubbock Laboratory: 410 North Utica Avenue, Lubbock, TX 79416
www.averodx.com | **Client Services:** 1-866-987-7284

A. Notifier:

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.**____________ 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.**____________ below.

D.	E. Reason Medicare May Not Pay:	F. 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 the **D.**____________ 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.**____________ 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.**____________ 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.**____________ 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:

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:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

AVERO™

Dallas Laboratory: 6221 Riverside Drive, Irving, TX 75039
Lubbock Laboratory: 410 North Utica Avenue, Lubbock, TX 79416
www.averodx.com | **Client Services:** 1-866-987-7284

AVERO™ SYMPTOMATIC TESTING PANELS

Aerobic Vaginitis Panel: Group B Streptococcus, *Enterococcus faecalis, Escherichia coli, Staphylococcus aureus*

BD Affirm™ Vaginosis Panel: Candida, Gardnerella, Trichomonas

Bacterial Vaginitis Panel: *Atopobium vaginae,* BVAB2, *Gardnerella vaginalis, Lactobacillus spp, Megasphaera (Phylotype I), Mobiluncus curtisii, Mobiluncus mulieris*

Candidiasis Panel: *Candida albicans, Candida glabrata, Candida krusei, Candida parapsilosis, Candida tropicalis*

Cervicitis/Vaginitis Panel: CT/NG, TV, Candidiasis, BV, MP, UP

Mycoplasma Panel: *Mycoplasma genitalium, Mycoplasma hominis*

PID/Infertility Panel: CT/NG, TV, BV, MP, UP

Ureaplasma Panel: Ureaplasma spp

Vaginosis/Vaginitis Panel: TV, BV, Candidiasis

Vaginosis/Vaginitis Extended Panel: CT/NG, TV, BV, Candidiasis

Progenity® and Preparent® are registered service marks of Progenity, Inc.