

Cytology

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Requisitions

A properly completed requisition form must accompany each Cytology specimen submitted to AML. The AML Cytology lab has three different requisition forms, Gynecological (Pap), Non-Gynecological and Fine Needle Aspirate (FNA).

An example of each of the Cytology requisition forms is included in the "Forms" section of this manual for reference when filling out patient and specimen information.

Specimen Labeling

All specimens must be labeled with a *minimum of two identifiers* - preferably patient's name and date of birth.

For specimens in containers, the label must be on the container itself, not on the lid.

For slides, labeling must be in pencil on the frosted surface of each slide. DO NOT send unlabeled slides in a labeled container.

Unlabeled or mislabeled specimens will be rejected.

Specimen Requirements

Please refer to the Collection Manual for test specific specimen requirements.

Diagnosis Options

For all GYN specimens submitted to AML you must indicate the appropriate diagnosis option - "Screening or Diagnostic." On manual requisitions if no diagnostic option is marked, the diagnosis option is defaulted to "Screening."

It is ultimately up to the physician at the clinic to distinguish what type of Pap test should be ordered. They should discuss this with their coding educators if unsure. Following is information based upon Medicare guidelines:

Patients for *Screening Pap Smears* fall into two risk categories: low-risk and high-risk patients.

A Low-Risk *Screening* patient (ICD-9 code V76.2) is eligible for routine screening once every two years. Additional low-risk ICD-9 codes should be used if patient has had a hysterectomy.

They are:

V76.47 - Special screening for malignant neoplasms, vagina

V76.49 - Special screening for malignant neoplasms, other sites

A High-Risk **Screening** patient (ICD-9 code V15.89) may receive a pap smear on an annual basis. The criteria for an annual screening Pap smear may include any of the following conditions:

- The physician recommends the procedure
- The patient is of childbearing age
- The patient has not had a Pap smear in the past 3 years
- Other high risk factors for cervical/vaginal cancer Medicare defined High Risk Factors:
 - Early onset of sexual activity (under age 16)
 - Multiple sexual partners (more than 5 in a lifetime)
 - History of sexually transmitted disease
 - Fewer than three negative Pap smears within the last 7 years
 - Daughters of women who took DES during pregnancy

Diagnostic Pap Smears are ordered when there are signs/symptoms of disease. For Diagnostic (non-screening) Pap Smears, indicate the appropriate ICD-9 code based on the reason that the test was performed.

In order to be reimbursed, a **Diagnostic Pap Smear** must meet **any** of the following criteria:

- The patient is being treated or has been treated for cancer of the cervix, uterus or vagina.
- The patient has had a previous abnormal Pap Smear
- During the physical examination, the physician found abnormalities of the vagina, cervix, uterus, ovaries or adnexa.
- The patient exhibits signs or symptoms that might, in the physician's judgment, reasonably be related to a gynecological disorder.

Unsatisfactory Pap Results

Nationally labs are reporting an unsatisfactory rate of less than 2%, which is the rate for the AML Cytology Lab. Using the Bethesda guidelines, for a Thin Prep Pap to be considered "Satisfactory" the slide must average at least four squamous epithelial cells per high-power field. AML Cytology Lab tries to improve specimens with scant cellularity; however, these processes are not always successful, resulting in an unsatisfactory slide.

For patients who have an unsatisfactory result, the preferred follow-up is to **repeat the Pap in two to four months.**

Billing

The AML Cytology Department uses the most current year CPT coding to classify specimens for reporting and billing purposes.