



# Indiana University Health

**Physician Request & Acknowledgement of Custom Careset(s) and/or Custom Reflex Test(s)**  
**COR 011.022.01-1**

*This order will be executed according to the specific parameters defined below on an annual basis:*

Name of Custom Careset	List Each Test	CPT Codes (Lab Use Only)

**Custom Reflex Test:**

Initial Test(s):	Criteria for Reflex	Reflex Test:	CPT Code (Lab Use Only)

Please note the CMS billing regulations on the reverse side.

I/We, representatives of \_\_\_\_\_, hereby affirm that we have requested IU Health Pathology Laboratory to utilize the above standard careset and/or standard reflex test.


Signature	Printed Name	Date
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*If needed, an additional page for signatures will be provided.*

IU Health Office use only:

Date Received:		Renew Date:		Client Code:	
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The Center for Medicare and Medicaid Services (CMS) strongly recommends that Laboratories provide all of their physician clients with an annual notice that defines the Medicare national policy as well as the policies and rulings of the local Medicare intermediary.

- Medicare generally does not cover routine screening tests.
- Organ or disease related caresets/profiles (custom and approved) will only be paid when all component tests are deemed medically necessary by CMS.
- The Office of Inspector General (OIG) takes the position that the use of custom caresets or profiles may result in the ordering of some tests that are not reasonable or medically necessary and that an individual who knowingly cause false claims to be submitted may be subject to sanctions under civil, criminal and administrative law.
- The use of the AMA defined caresets is encouraged.
- Physicians or their authorized representatives must submit diagnosis information for all tests ordered, in order to document medical necessity. Payment for laboratory tests will not be made without an appropriate diagnosis code.
- Physicians or their authorized representatives are requested to provide the patient with the explanation and an Advanced Beneficiary Notice [ABN] document when ever they suspect that the test that they are requesting will not be covered by Medicare/Medicaid. If the ABN is not received by the laboratory prior to the collection and/or testing of the specimen, then the laboratory will not be able to charge the patient for the tests.
  - (1) The ABN document must be collected prior to the service that is requested.
  - (2) Beneficiaries may not be asked to sign blank ABN.
  - (3) The particular service/test should be identified on the ABN-L document.
- A pathologist or clinical director is available to consult with you regarding appropriate test ordering during daytime hours and on weekends by calling Laboratory Client Services at 317.491.6000.



# Indiana University Health

## Physician Request & Acknowledgement of Custom HPV Careset(s) and/or Custom HPV Reflex Test(s) COR 011.022.01-2

Recognizing the diagnostic importance and benefit of HPV status, we have established this agreement to simplify the HPV ordering process for our physicians and clients.

Our Laboratory ordering system is designed to:

- Select HPV testing for those patients indicated by you, as the ordering physician.
- Prevent ordering HPV on age restricted patients.
- Prevent ordering HPV on patients with test frequency restrictions.

*This order will be executed according to the specific parameters defined below on an annual basis:*

<b>Option 1:</b> ACOG/ASCCP Recommended High Risk HPV testing:	<b>Option 2:</b> Physician Customized High Risk HPV/Reflex testing:
<input type="checkbox"/> Reflex: Perform High Risk HPV if Pap result is ASCUS for patients age 21 through 29 years old  <input type="checkbox"/> Primary: High Risk HPV regardless of Pap diagnosis for patients age 30 through 64 <ul style="list-style-type: none"> <li><input type="checkbox"/> Suppress HPV order if patient has had within _____ months</li> <li><input type="checkbox"/> No restrictions</li> </ul>	<input type="checkbox"/> Age Restrictions: Minimum Age _____ to Maximum Age _____ <input type="checkbox"/> No Age Restrictions <input type="checkbox"/> If Pap result is ASCUS <input type="checkbox"/> If Pap result is ASCUS-H <input type="checkbox"/> If Pap result is AGUS <input type="checkbox"/> If Pap result is LGSIL <input type="checkbox"/> If Pap result is HGSIL <input type="checkbox"/> Suppress HPV order if patient has had within _____ months

Please note the CMS billing regulations on the reverse side.

I/We, representatives of \_\_\_\_\_, hereby affirm that we have requested IU Health Pathology Laboratory to utilize the above standard careset and/or standard reflex test.


Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
*If needed, an additional page for signatures will be provided.*

IU Health Office use only:

Date Received:		Renew Date:		Client Code:	
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The Center for Medicare and Medicaid Services (CMS) strongly recommends that Laboratories provide all of their physician clients with an annual notice that defines the Medicare national policy as well as the policies and rulings of the local Medicare intermediary.

- Medicare generally does not cover routine screening tests.
- Organ or disease related caresets/profiles (custom and approved) will only be paid when all component tests are deemed medically necessary by CMS.
- The Office of Inspector General (OIG) takes the position that the use of custom caresets or profiles may result in the ordering of some tests that are not reasonable or medically necessary and that an individual who knowingly cause false claims to be submitted may be subject to sanctions under civil, criminal and administrative law.
- The use of the AMA defined caresets is encouraged.
- Physicians or their authorized representatives must submit diagnosis information for all tests ordered, in order to document medical necessity. Payment for laboratory tests will not be made without an appropriate diagnosis code.
- Physicians or their authorized representatives are requested to provide the patient with the explanation and an Advanced Beneficiary Notice [ABN] document when ever they suspect that the test that they are requesting will not be covered by Medicare/Medicaid. If the ABN is not received by the laboratory prior to the collection and/or testing of the specimen, then the laboratory will not be able to charge the patient for the tests.
  - (4) The ABN document must be collected prior to the service that is requested.
  - (5) Beneficiaries may not be asked to sign blank ABN.
  - (6) The particular service/test should be identified on the ABN-L document.
- A pathologist or clinical director is available to consult with you regarding appropriate test ordering during daytime hours and on weekends by calling Laboratory Client Services at 317.491.6000.