



## Client Communication

# Cytology and Molecular Testing Updates

## Effective March 2, 2023

Pathology Laboratories, Inc. (PathLabs) is pleased to announce we will bring HPV, Pap, and STD (Sexually Transmitted Disease) Swab testing for *Chlamydia trachomatis* (CT), *Neisseria gonorrhoea* (NG), and *Trichomonas vaginalis* (TV) in-house, effective Thursday, March 2, 2023.

As a result of internalizing this testing, PathLabs is in the process of updating our HPV, Pap, and STD Swab tests; specifically, to accommodate an expanded test menu, introduce a new methodology for molecular testing, convey decreased analytic times, present a new collection device for the Roche platform, and initiate EMR code changes.

As of March 2nd, we are converting to a new Cytology/Histology Requisition (version 02/2023), shown at the end of this publication, to be used for ordering Cytology, Histology and Molecular testing. PathLabs' sales team and supply department will be distributing the new requisition beginning next week.

All testing updates are disclosed in the context of this publication and provided in further detail in the charts below. All changes are marked in bright blue.

**The test updates include changes for certain tests in the following areas:**

- Expanded Test Menu
- Methodology
- Analytic Time
- Collection Devices
- CPT Codes
- EMR Mapping/LOINC Codes
- Inactivated Codes



### Expanded Test Menu

Effective **March 2, 2023**, PathLabs will expand its internal test menu for Cytology and Molecular testing on ThinPrep and Swab specimens to **two (2) platforms as specified**:

**Roche COBAS® 6800 Real-Time Polymerase Chain Reaction (PCR): NEW**

The **NEW Roche COBAS® 6800** instrumentation is offered in conjunction with Sonic Healthcare USA, Inc.'s (Sonic) expansion to the Roche platform for a comprehensive approach to Women's Health testing. Sonic has validated the Roche platform and has deemed it to be the "preferred method" due to its ability to increase process uniformity and reduce instrument redundancy.

**Hologic Aptima® Transcription-Mediated Amplification (TMA): Currently Available Through our internalization initiative, PathLabs will continue to offer the "currently available" Hologic Aptima® platform without change.**

Due to this platform driven test menu expansion, there will be changes to the codes specific to the method performed for the testing as further described below in this publication.

### Methodology Updates

**Pap testing will be internalized, offering significantly decreased turnaround time, benefitting clinicians and patients. Pap testing will continue to be performed using state-of-the-art computer-guided imaging.**

*(Please see Client Communication released in October 2022 for information on the Pap testing methodology.)*

The HPV and STD testing will be available to be performed on the **Roche COBAS® 6800** or the **Hologic Aptima®** platforms for both ThinPrep and Swab specimens.

Platform	Methodology
Roche COBAS® 6800	Real-Time Polymerase Chain Reaction (PCR)
Hologic Aptima®	Transcription-Mediated Amplification (TMA)

## Client Communication

Our Sonic affiliate, Clinical Pathology Laboratories (CPL), has validated the Roche platform and determined that:



- The Roche® and Hologic® methods are both FDA-approved nucleic-acid amplification technologies (NAAT).
  - The Roche® method is qualitative real-time polymerase chain reaction (PCR).
  - The Hologic® method is qualitative target capture and Transcription-Mediated Amplification assay (TMA).
- The Roche® and Hologic® methods are analytically equivalent according to CDC and CPL evaluations.
- The Roche® method confirmed as a highly sensitive and specific assay.
- The stability and handling of fresh and transferred urine with both systems are equivalent.

## Analytic Time

Test	New (Reduced)	Current
HPV	1-2 Days	2-5 Days
Pap	3-5 Days	7-10 Days
Roche COBAS®	1-2 Days	N/A
Hologic Aptima®	1-2 Days	2-3 Days

## Collection Device Updates

Each methodology has a unique collection device for swab testing as noted in the chart below:

	NEW "Preferred" Testing Platform	"Currently Available" Testing Platform
Collection Device	Roche COBAS® PCR Swab Kit	Hologic® Aptima Swab Collection Kit
		
Platform	Roche COBAS® 6800	Hologic Aptima®
Methodology	Real-time Polymerase Chain Reaction (PCR)	Transcription-Mediated Amplification (TMA)

## CPT Code

The CPT codes for testing are unchanged.

## Updated Order Codes - EMR Mapping

The listing provided below, alphabetized by specimen type and test, contains specific information as to the modifications. All changes are marked as **bright blue**.

### Swab Specimen Types STD ROCHE Swabs

Order Code	Reporting Title	Result Code	Description	CPT
99034	CHLAMYDIA, NAAT, ROCHE, SWAB	990341	CHLAMYDIA, NAAT, SWAB	87491
		990341	CHLAMYDIA, NAAT, SWAB	87491
1980	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, NAAT, ROCHE, SWAB	990351	GONORRHEA, NAAT, SWAB	87591
		201411	TRICHOMONAS,NAAT, VAG SWAB	87661
1983	CHLAMYDIA/N.GONORRHEA, NAAT, ROCHE, SWAB	990341	CHLAMYDIA, NAAT, SWAB	87491
		990351	GONORRHEA, NAAT, SWAB	87591
99035	GONORRHEA, NAAT, ROCHE, SWAB	990351	GONORRHEA, NAAT, SWAB	87591
2014	TRICHOMONAS, NAAT, ROCHE, SWAB	201411	TRICHOMONAS,NAAT, VAG SWAB	87661

### STD APTIMA Swabs

Order Code	Reporting Title	Result Code	Description	CPT
99016	CHLAMYDIA, NAAT, <b>APTIMA</b> , SWAB	990250	CHLAMYDIA, NAAT, SWAB <b>OTHER TEST CODES REMOVED</b>	87491
1997	CHLAMYDIA/N. GONORRHEA, NAAT, <b>APTIMA</b> , SWAB	990250	CHLAMYDIA, NAAT, SWAB	87491
		990251	GONORRHEA, NAAT, SWAB <b>OTHER TEST CODES REMOVED</b>	87591
1994	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, NAAT, <b>APTIMA</b> , ENDOCX SWAB	990250	CHLAMYDIA, NAAT, SWAB	87491
		990251	GONORRHEA, NAAT, SWAB	87591
		200701	TRICHOMONAS, NAAT, ENDOCX SWAB <b>OTHER TEST CODES REMOVED</b>	87661

## STD APTIMA Swabs (continued)

Order Code	Reporting Title	Result Code	Description	CPT
2009	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, NAAT, APTIMA, VAGINAL SWAB	990250	CHLAMYDIA, NAAT, SWAB	87491
		990251	GONORRHEA, NAAT, SWAB	87591
		200601	TRICHOMONAS, NAAT, VAG SWAB OTHER TEST CODES REMOVED	87661
99017	GONORRHEA, NAAT, APTIMA, SWAB	990251	GONORRHEA, NAAT, SWAB OTHER TEST CODES REMOVED	87591
2007	TRICHOMONAS, NAAT, APTIMA, ENDOCX SWAB	200701	TRICHOMONAS, NAAT, ENDOCX SWAB	87661
2006	TRICHOMONAS, NAAT, APTIMA, VAG SWAB	200601	TRICHOMONAS, NAAT, VAG SWAB	87661

## ThinPrep Specimen Types ROCHE HPV

Order Code	Reporting Title	Result Code	Description	CPT
38517	HPV HIGH RISK (THINPREP)	385174	HPV INTERPRETATION	87624
		385171	HPV 16	
		385172	HPV 18	
		385170	OTHER HR HPV GENOTYPES	

## APTIMA HPV

Order Code	Reporting Title	Result Code	Description	CPT
38531	HPV-HR BY TMA, REFLEX 16 AND 18/45	38531	HPV HIGH RISK	87624
		3853100	HPV 16	
		3853101	HPV 18/45	

## Reflexive HPV - Conditional

Order Code	Reporting Title	Result Code	Description	CPT
373460	ROCHE HPV IF ASC-US, THINPREP	3734600	REFLEX HPV REQUEST	N/A
373469	APTIMA HPV IF ASC-US, THINPREP	3734600	REFLEX HPV REQUEST	N/A

## PAP

Order Code	Reporting Title	Result Code	Description	CPT
51006	PAP, THINPREP W/ IMAGING, DIAG	510060	PAP, THIN PREP WITH IMAGING	88175
		14100	LMP:	
		14102	SOURCE:	
			OTHER TEST CODES REMOVED	

## STD ROCHE ThinPrep

Order Code	Reporting Title	Result Code	Description	CPT
99032	CHLAMYDIA, NAAT, ROCHE, THINPREP	990321	CHLAMYDIA, NAAT, THINPREP	87491
1990	CHLAMYDIA/N. GONORRHEA, NAAT, ROCHE, THINPREP	990321	CHLAMYDIA, NAAT, THINPREP	87491
		990331	GONORRHEA, NAAT, THINPREP	87591
1989	CHLAMYDIA/N. GONORRHEA/TRICHOMONAS, NAAT, ROCHE, THINPREP	990321	CHLAMYDIA, NAAT, THINPREP	87491
		990331	GONORRHEA, NAAT, THINPREP	87591
		201110	TRICHOMONAS, NAAT, THINPREP	87661
99033	GONORRHEA, NAAT, ROCHE, THINPREP	990331	GONORRHEA, NAAT, THINPREP	87591
2011	TRICHOMONAS, NAAT, ROCHE, THINPREP	201110	TRICHOMONAS, NAAT, THINPREP	87661

## STD APTIMA ThinPrep

Order Code	Reporting Title	Result Code	Description	CPT
99018	CHLAMYDIA, NAAT, APTIMA, THINPREP	990260	CHLAMYDIA, NAAT, THINPREP	87491
		990260	CHLAMYDIA, NAAT, THINPREP	87491
1993	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, NAAT, APTIMA, THINPREP	990261	GONORRHEA, NAAT, THINPREP	87591
		88200	TRICHOMONAS, NAAT, THINPREP	87661
			OTHER TEST CODES REMOVED	
1996	CHLAMYDIA/N. GONORRHEA, NAAT, APTIMA, THINPREP	990260	CHLAMYDIA, NAAT, THINPREP	87491
		990261	GONORRHEA, NAAT, THINPREP	87591
99019	GONORRHEA, NAAT, APTIMA, THINPREP	990261	GONORRHEA, NAAT, THINPREP	87591
88200	TRICHOMONAS, NAAT, APTIMA, THINPREP	88200	TRICHOMONAS, NAAT, THINPREP	87661
			OTHER TEST CODES REMOVED	

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### Requisition Related Order Codes

Order Code	Reporting Title
	<b>HSV</b>
38791	HSV 1/2, AMPLIFIED
	<b>SIMPLESWAB</b>
38774	BACTERIAL VAGINOSIS, SIMPLESWAB, BY PCR
38775	CANDIDA, SIMPLESWAB, BY PCR
38792	SIMPLESWAB COMPREHENSIVE PANEL
	<b>SUREPATH</b>
37894	CHLAMYDIA, NAAT, SurePath
38847	CT/NG
37893	GONORRHEA, NAAT, SurePath
38519	HR HPV
38521	HR HPV IF ASCUS(21+)
37885	PAP
	<b>URINE STD</b>
1999	CHLAMYDIA/N. GONORRHEA, NAAT, URINE
1995	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, NAAT, URINE

#### NOTE:

The new Cytology/Histology/Molecular requisition is disclosed on page 9 of this publication. These order codes are offered and appear in new sections of the stated requisition.

### Inactivated Order Codes

Order Code	Reporting Title	Order Code
3734612	APTIMA HPV IF NEG OR ASCUS(TP)-E	N/A
3734613	APTIMA HPV IF UNSAT/ASCUS OR ABOVE	N/A
38777	CHLAMYDIA, NAAT, SWAB	99016
2008	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, NAAT, MALE	1995
38778	GONORRHEA, NAAT, SWAB	99017
376302	HIGH RISK HPV, AMPLIFIED	N/A
38518	HPV HIGH RISK (THINPREP)	38517
373468	HPV IF NEGATIVE OR ASCUS(TP),E-ORD	N/A
3734614	HPV IF UNSAT/ASCUS OR ABOVE(TP)	N/A
373462	HPV REGARDLESS OF PAP(TP),E-ORDERS	N/A
38958	HPV-HR BY TMA	N/A
2002	TRICHOMONAS, NAAT, MALE SWAB	2001
38776	TRICHOMONAS,NAAT,VAG SWAB	2006

#### NOTE:

The specified order codes will be inactivated. Replacement codes are identified if available.

## Client Communication

Our online test directory will be updated to reflect this information on March 2, 2023.

This Client Communication will be posted to our website for reference.

Please review the information and make changes as applicable to your practice/facility. If you have any questions, please contact our Client Service Department at 419.255.4601/800.281.8804 or your account executive. Thank you.

**NOTE:** CPT codes are provided for information only, and are based on Pathology Laboratories' current understanding of Medicare rules and carrier instructions and in accordance with the current issue of physicians current procedural terminology (CPT), published by the American Medical Association. Medicare coding may differ from coding used by other third party payers. Questions regarding coding should be confirmed with the payer being billed. Pathology Laboratories cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.



# Cytology, Histology & Molecular Requisition

Version 02/2023 Effective March 2, 2023



**PATHOLOGY LABORATORIES**  
A Sonic Healthcare Clinical Laboratory

1946 N. 13th St.,  
Toledo, Ohio 43604  
Customer Service  
419-255-4600  
800-281-8804

**Patient Name** (Last) (First) (MI)

**Patient SS#/ID#** (IMPORTANT)

**Patient Address**

**City, State, Zip**

**Date of Birth** (IMPORTANT) **Sex** **Race** **Phone #** ( ) ( ) ( )

**Responsible Party** (if other than Patient)

**DATE OF SERVICE**

**DIAGNOSIS CODES**

**DIAGNOSIS CODES REQUIRED**

**PATIENT HISTORY**

**DATE OF LAST MENSTRUAL PERIOD**

Pregnancy  Postpartum  Postmenopausal  PMP bleeding

Hysterectomy  Hysterectomy, Supracervical  HRT  DES Exposure

Birth Control:  Oral  IUD  Other \_\_\_\_\_

**CLINICAL INFORMATION**  
(Please list previous atypical cytology, surgeries or procedures, personal Hx of cancer, pertinent examination findings, etc.)

**SOURCE**  Vaginal  Cervical  Endocervical (Required)

**GYN CYTOLOGY TESTING**

Pap tests are subject to an additional charge if a review is performed by a pathologist.  
Age-based ACOG Screening Recommendations

**ThinPrep® Pap w/Imaging & Roche High Risk (HR) HPV (DNA)**

PAP (51006)

PAP, reflex HR HPV if ASCUS (ages 21 and over) (51006/373460)

PAP and HR HPV (cotesting ages 30-65) (51006/38517)

PAP, reflex HR HPV if ASCUS, CT/NG (w/STI risks) (51006/373460/1990)

**ThinPrep® Pap w/Imaging & Aptima High Risk (HR) HPV (mRNA) w/Reflex to Genotype**

PAP (51006)

PAP, reflex HR HPV if ASCUS (ages 21 and over) (51006/373469)

PAP and HR HPV (cotesting ages 30-65) (51006/38531)

PAP, reflex HR HPV if ASCUS, CT/NG (w/STI risks) (51006/373469/1996)

**SurePath™ Pap w/Imaging & Roche High Risk (HR) HPV (DNA)**

PAP (37885)

PAP, reflex HR HPV if ASCUS (ages 21 and over) (37885/38521)

PAP and HR HPV (cotesting ages 30-65) (37885/38519)

PAP, reflex HR HPV if ASCUS, CT/NG (w/STI risks) (37885/38521/38847)

**HSV TESTING**

HSV Testing (Out of Vial: Roche Only OR Simple Swab Orange Aptima) 38791 Source of Specimen: \_\_\_\_\_

**MOLECULAR TESTING**

**OUT OF VIAL TESTING**

ThinPrep® - Roche	ThinPrep® - Aptima	SurePath™ - Roche
<input type="checkbox"/> CT/NG 1990	<input type="checkbox"/> CT/NG 1996	<input type="checkbox"/> CT/NG 38847
<input type="checkbox"/> CT/NG/TV 1989	<input type="checkbox"/> CT/NG/TV 1993	<input type="checkbox"/> Chlamydia (CT) 37894
<input type="checkbox"/> Chlamydia (CT) 99032	<input type="checkbox"/> Chlamydia (CT) 99018	<input type="checkbox"/> Gonorrhea (NG) 37893
<input type="checkbox"/> Gonorrhea (NG) 99033	<input type="checkbox"/> Gonorrhea (NG) 99019	<input type="checkbox"/> HR HPV 38519
<input type="checkbox"/> Trichomonas (TV) 2011	<input type="checkbox"/> Trichomonas (TV) 88200	
<input type="checkbox"/> HR HPV 38517	<input type="checkbox"/> HR HPV 38531	

**SWAB TESTING**

Roche Swab	Simple Swab (Orange Aptima)	Simple Swab (White Aptima)
<input type="checkbox"/> CT/NG NAAT 1983	<input type="checkbox"/> CT/NG 1997	<input type="checkbox"/> CT/NG 1997
<input type="checkbox"/> CT/NG/TV NAAT (Female Only) 1980	<input type="checkbox"/> CT/NG/TV (Vaginal Only) 2009	<input type="checkbox"/> CT/NG/TV (Endocervical) 1994
<input type="checkbox"/> Chlamydia (CT) NAAT 99034	<input type="checkbox"/> Chlamydia (CT) 99016	<input type="checkbox"/> Chlamydia (CT) 99016
<input type="checkbox"/> Gonorrhea (NG) NAAT 99035	<input type="checkbox"/> Gonorrhea (NG) 99017	<input type="checkbox"/> Gonorrhea (NG) 99017
<input type="checkbox"/> Trichomonas (TV) NAAT (Female Only) 2014	<input type="checkbox"/> Trichomonas (TV) NAAT (Vaginal Only) 2006	<input type="checkbox"/> Trichomonas (Endocervical) 2007
	<input type="checkbox"/> Bacterial Vaginosis (Vaginal Only) 38774	
	<input type="checkbox"/> Candidiasis (Vaginal Only) 38775	
	<input type="checkbox"/> Comprehensive Panel (Vaginal Only) 38792	

**NON-GYN CYTOLOGY TESTING**

Routine Non-Gyn Cytology (CytoLyt™ Fixative) Source of Specimen: \_\_\_\_\_

Fine Needle Aspiration for Cytology (CytoLyt™ Fixative) Site: \_\_\_\_\_

Additional Studies (Fresh Specimen Only):  Aerobic/Anaerobic Culture  Flow Cytometry  Other \_\_\_\_\_

**BILL TO:**  Phys.Ofc./Client  Insurance  Self Pay

PHYSICIAN AND ADDRESS (PLEASE PRINT)

W XXXXX

Physician/Practitioner **X** SIGNATURE (REQUIRED)

PHYSICIAN NOTICE  
When ordering laboratory services for which Medicare reimbursement will be sought, physicians (or other practitioners authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. Non-covered screening tests must be billed to the patient.

**ATTACHMENTS:**

Insurance Info. Medicare # \_\_\_\_\_

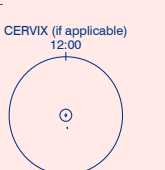
ABN \_\_\_\_\_

Other \_\_\_\_\_ Other Insurance# \_\_\_\_\_

**DATE OF SURGERY:**

Specimen Source: \_\_\_\_\_  
(If Endometrium, please indicate LMP and +Hormonal Therapy)

Breast Biopsies:  
Time excised: \_\_\_\_\_ Time placed in formalin: \_\_\_\_\_



**MICROBIOLOGY (Genitourinary)**

Susceptibility Antibiotic Therapy  Yes  No

85050 Genital Culture

86075 Group B Strep Screen

86076 Group B Screen, Susceptibility

37493 Chlamydia Culture

1999 Chlamydia/NG, NAAT, Urine

1995 Chlamydia/NG/Trich, NAAT, Urine

87050 Gonorrhea Screen

95010 Herpes Culture

85052 Vag. Pathogens (Affirm™ VP III)

85054 Vag. Pathogens w/TMA Trich

Other: \_\_\_\_\_

Site: \_\_\_\_\_ (Required)

**LAB USE ONLY**

PLACE BAR CODE LABEL HERE

Cytol. Req. 102/231 2023 Pathology Laboratories, Inc.