

# Pathology and Laboratory Medicine



## Communiqué Winter 2026

# Table of Contents

<b>Lab Interest</b> .....	3
<b>Annual Pap Notice</b> .....	4
<b>Compliance</b> .....	5 - 7
<b>Lab Operations</b> .....	8
<b>Previously Distributed Test Updates</b> .....	9

## TEST CATALOG

To view a complete listing of tests available at the University of Vermont Medical Center, please visit [UVMHealth.org/MedCenterTests](http://UVMHealth.org/MedCenterTests)

Browse by Name

A	B	C	D	E	F
G	H	I	J	K	L

Search

# Lab Interest

## **Most Women Still Prefer In-Clinic Cervical Cancer Screening Over At-home and Self-collection HPV Testing Options**

*Despite FDA approval of at-home self-collection kits, 61% of women favor clinician-collected testing, signaling continued stability for traditional lab workflows.*

Researchers at MD Anderson recently surveyed 2300 women aged 21-65, asking if they would prefer self-collected at-home screening for cervical cancer.

- 60.8% of screening eligible women preferred to undergo screening in a clinical setting rather than use an at-home collection kit
- 20.4% said they would prefer at-home screening
- 18.8% said they were unsure

Among those who would prefer at-home screening were marginalized populations, low-income populations, women who do not trust the US health care system, those overdue for screening and those who have experienced discrimination when receiving medical care.

The most reported reasons for preferring home sampling were, privacy, time constraints and avoiding embarrassment.

You can read a summary of the study here - [Americans prefer to screen for cervical cancer in-clinic vs. at home | MD Anderson Cancer Center.](#)

# Cytopathology Annual Pap Notice

Accredited laboratories are required to remind providers at least annually of the screening nature of the Pap Test. The University of Vermont Medical Center's Department of Cytopathology has elected to send an advisory in the form of this single communication, rather than an educational note appended to every negative Pap report issued from the laboratory. As such, we would like to remind you that:

**The Pap Test is a screening test with an inherent but low false negative rate. Regardless of the result, patients should consult you immediately if they have any suspicious signs or symptoms.**

## **PAP TESTING**

In order to appropriately test and charge for Pap testing, our laboratory requires that **all** Pap test orders be identified as screening or diagnostic. This is to help ensure your patients do not receive bills for covered services.

- **Screening:** Routine exam, no current symptoms, no previous abnormal findings
- **Screening-High Risk:** Patients at high risk to develop cervical or vaginal cancer due to risk factors below:
  - ◊ Early onset of sexual activity (under 16 years)
  - ◊ Multiple sexual partners (5 or more in a lifetime)
  - ◊ History of sexually transmitted disease (including HIV)
  - ◊ Fewer than 3 negative Pap tests within the last 7 years
- **Diagnostic:** Previous abnormal Pap findings, signs or symptoms, or has significant complaints related to the female reproductive system

## **HPV TESTING**

### **High Risk (HR) HPV Testing**

Our high risk HPV reflex algorithm is based on the ASCCP guidelines found at <https://www.asccp.org/guidelines>

For **screening and diagnostic testing**, HPV testing options are:

- **Regardless of Diagnosis (Co-Test)**
  - ◊ High Risk HPV testing will always be performed and include a genotyping result for HPV 16, HPV 18, and HPV Other High Risk types (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68).
- **If ASCUS Pap Diagnosis**
  - ◊ High Risk HPV testing will be performed if the Pap test diagnosis is Atypical Squamous Cells and include genotyping results
- **None**

Please note that HPV testing options listed above may be outside of recommended ASCCP guidelines.

- HPV testing for ASCUS diagnoses is intended for patients 25-29
- Medicare patients 65 years or older are NOT eligible for HPV testing on screening Pap tests.
- HPV Regardless of Diagnosis (Co-Test) is intended for patients 30 to 65

***There are other indications for HPV testing that are not covered by these reflex criteria. To add on an HPV order: EPIC users please order LAB17705 HPV Add On Order, Non-EPIC users please fax the request to 802-847-3632.***

If the sample source is Vaginal and HPV testing is ordered, the sample will be sent to Mayo Clinic Laboratories, as UVMMC has not validated HPV testing on this specimen type. If the sample source is Anus, HPV testing will not be performed at UVMMC. If HPV testing is requested on an anal source, the specimen will be forwarded to Mayo Clinic Laboratories for testing.

### **HPV Primary Testing with Pap if Indicated**

Pap Testing is performed on all positive HPV Primary tests unless specifically requested to be performed only if positive for Other High Risk types (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68).

**Pamela Gibson MD, Medical Director, Cytopathology  
Pathology and Laboratory Medicine, UVMMC  
Professor of Pathology and Laboratory Medicine, UVM  
Pamela.Gibson@UVMHealth.org T: 802-847-5136 F: 802-847-3632**

# Compliance

## Disclosure of Medicare Regulations

The Office of Inspector General (OIG) guidance recommends clinical laboratories distribute a notice to ordering clinicians at least annually. This notice provides guidance used by UVMCC laboratory for submitting claims to Medicare, Medicaid and other federally funded healthcare programs.

### Medical Necessity

Medicare will only pay for tests that meet Medicare coverage criteria. Per Section 1862(a)(1)(A) of the Social Security Act “no payment may be made under Medicare Part A or Part B for any expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.”

### National and Local Coverage Determinations

Medicare publishes their coverage limitations in the Medicare Beneficiary Handbook and further defines specific coverage limitations by establishing national or local policies. These policies are referred to as National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs). They limit and define the diagnosis (ICD-10) codes that support medical necessity for laboratory tests. Diagnosis (written narrative or ICD-10 code) on the laboratory requisition reflecting the patient’s signs/symptoms for the testing ordered is the means by which Medicare determines medical necessity. Diagnosis is a required field on our laboratory requisitions for all lab orders.

Medicare covers defined preventative (screening) services. Medicare NCD and LCD policies and lab related preventative services are posted on our UVMCC Pathology and Laboratory Medicine webpage in the Compliance Information link and on the final page of this document. Medicare coverage policies can be issued or revised at any time, and will be updated and shared as they are received.

### Advance Beneficiary Notice

The ABN is a standardized notice that must be given to a Medicare beneficiary when certain Medicare Part B outpatient items or services may not be paid for by Medicare. Medicare does not require ABNs for “statutorily excluded” care, or services Medicare never covers. However, in these situations, a voluntary ABN may be issued. The ABN is not used for patients with a Managed Medicare plan i.e. Medicare HMO. The Commercial Advance Notice of Potential Non-Coverage must be used instead. The current, CMS-approved form R-131 must be used (UVMCC form number 032739). An ABN must be issued when Medicare is expected to deny payment for an item or service because it is not reasonable and necessary under Medicare Program standards. UVMCC has an Epic software notification for services ordered that are subject to Medicare coverage policy and associated with a non covering diagnosis code. This provides the ordering department an opportunity to either associate a diagnosis code that is covered (must be supported by documentation), or inform the patient of potential financial responsibility and obtain an ABN. The forms are also available for download on the UVMCC Pathology and Laboratory Medicine webpage.

The ABN allows beneficiaries to make an informed decision and understand the cost prior to receiving a non covered service. A correctly documented ABN is proof that a beneficiary accepts financial responsibility for services if Medicare does not pay. If an ABN is not issued or Medicare finds the ABN invalid, UVMCC may not bill the beneficiary for the services and may be financially liable.

### American Medical Association (AMA) Approved Organ or Disease Oriented Panels

UVMCC offers the American Medical Association (AMA) organ or disease oriented panels listed: Basic Metabolic Panel, Comprehensive Metabolic Panel, Electrolyte Panel, Lipid Panel, Liver (Hepatic Function) Panel and Prenatal Panel. The back of our laboratory requisition contains a list of tests included in each panel with the CPT code used for billing. Our Lab Joint Test Catalog also describes what is included in each panel. These panels should only be ordered when all the tests in the panel are medically necessary. Our requisitions provide the option to order a panel or individual tests.

# Compliance

## Disclosure of Medicare Regulations (cont)

### Reflex Testing

Reflex testing occurs when initial test results are outside of normal parameters and indicate additional related testing is appropriate and medically necessary. UVMHC laboratory offers reflex testing in accordance with the OIG Compliance Program Guidelines for Clinical Laboratories. Tests subject to reflex are on our requisitions, electronic ordering system (Epic) and Joint Test Catalog. Clinicians may decline reflex testing if it is not medically necessary. Reflex testing may result in additional charges.

### Medical Laboratory Fee Schedule

The Medicare Clinical Laboratory Fee Schedule (CLFS) is available at [Clinical Laboratory Fee Schedule Files | CMS](#). Medicaid reimbursement will be ≤ the amount of Medicare reimbursement.

### Physician Clinical Consultants

For questions regarding laboratory test ordering or interpretation of results with our staff pathologists, contact Lab Customer Service at 847-5121. A list of pathologists is available on our website (<https://www.uvmhealth.org/medcenter/>) at “Find a Provider”.

### Medicare Pre and Post payment probes:

Medical record documentation must support medical necessity for Medicare to cover services. The laboratory is your patient care partner and wants to provide accurate supporting documentation when submitting claims and may request additional diagnosis and medical information from your office to document the billed services are reasonable and necessary.

### Appropriate documentation includes:

- A signed office note from a visit where the provider ordered a diagnostic or other service.
- For incident to services, a care plan by the supervising physician or nonphysician practitioner.
- Lab orders for recurring tests to meet the specific needs of an individual patient
- documentation regarding the date of the service(s) and/or any prior progress notes.

### Related Content

[Complying with Medical Record Documentation Requirements](#)

[Collaborative Patient Care is a Provider Partnership](#)

[Additional Development Requests](#)

[Code of Federal Regulations 42 CFR §424.5\(a\) \(6\)](#)

# Compliance

## Disclosure of Medicare Regulations (cont)

National Coverage Determinations (NCD's)	
Alpha-fetoprotein (AFP)	Human Chorionic Gonadotropin (HCG)
Blood Counts (Hemagram, Hemagram w/ Diff, WBC, Hemoglobin, Hematocrit, Platelet Count)	Lipids (Lipid panel, Total cholesterol, Triglycerides, measured LDL, HDL, Lipoprotein quantitation and fractionation)
CA 125	Iron Studies (Iron, Ferritin, IBC, Transferrin)
CA 15-3/27.29	Partial Thromboplastin Time (PTT)
CA 19-9	Prostate Specific Antigen (PSA)
Carcinoembryonic Antigen (CEA)	Prothrombin Time (PT)
Collagen Crosslinks	Thyroid Testing (Total & Free T4, TSH, T3 or T4 Uptake)
Digoxin	Urine Culture & Pathogen Susceptibility Testing
Fecal Occult Blood	190.1 Histocompatibility
Gamma Glutamyltransferase (GGT)	190.2 Diagnostic Pap Smears
Glucose Testing	190.3 Cytogenetics Studies
Glycated Hemoglobin/Glycated Protein (A1C)	190.5 Sweat Tests
Hepatitis Panel/Acute Hepatitis Panel	190.8 Lymphocyte Mitogen Response Assays
HIV- Prognosis/Diagnosis	

Local Coverage Determinations (LCD's)	
B-type Natriuretic Peptide (BNP)	Biomarker Testing (Prior to initial biopsy) for Prostate cancer
Urine Drug Testing	Genomic Sequence Analysis in Treatment of Hematolymphoid Diseases
Molecular Pathology Procedures	Genomic Sequence Analysis in Treatment of Solid Organ Neoplasms
RAST Type Test	Respiratory Pathogen Panel Testing
Vitamin D Assay	Multiplex Gastrointestinal Pathogen Panel for acute gastroenteritis
Heavy Metal Testing	Mass Spectrometry (MS) Testing in Monoclonal Gammopathy
Pharmacogenomic Testing	

Preventative Services	
Cardiovascular Disease Screening	HIV Screening
Colorectal Cancer Screening	PAP Test Screening
Diabetes Screening	Prostate Cancer Screening
Hepatitis B Virus Screening	Screening for Cervical Cancer with Human Papilloma Virus (HPV)
Hepatitis C Virus Screening	Screening for STIs and HIBC to Prevent STIs

# Lab Operations

## INR Result Search Update

On November 24, 2025, the search function for INR results in EPIC Lab Results Review will be streamlined by removing the need to enter a period after each letter. Previously searching for an inpatient INR results required I.N.R. be entered into the search bar. Going forward, entering just the letters INR will display all INR results on your patient.

This change was in response to a request during the GROSS project.

If you have any questions, please contact any of the following:

- [Kristin Lundy](#), MHA, CLS, Coagulation Technical Specialist
- [Dr. Marian Rollins-Raval](#), Division Chief for Hematopathology and Coagulation.

### LABORATORY PATIENT SERVICE CENTER

#### Main Campus

Main Pavilion, Level 2  
111 Colchester Avenue  
Burlington, VT

#### One South Prospect

1 South Prospect St  
First Floor Lobby  
Burlington, VT

#### Fanny Allen Campus

792 College Parkway  
Colchester, VT

Visit [UVMHealth.org/MedCenterDrawSites](https://UVMHealth.org/MedCenterDrawSites) for patient service center hours and special test considerations.

All UVM Medica Center phlebotomists are nationally certified.

# Previously Distributed Test Updates

[Toxoplasma gondii Antibody, IgM, Serum](#)

[Toxoplasma gondii Ab, IgG, S. Update](#)

[CMV Ab, IgM and IgG, S. Update](#)

[Changes to Smear Review Requests](#)

[Porphyrins, Quantitative, Random, Urine Changes](#)

[Blood Lead Collection Changes](#)

[CMV DNA Quantification by PCR, Plasma](#)

[Changes to Smear Review Requests](#)

[Porphyrins, Quantitative, Random, Urine Changes](#)

[Blood Lead Collection Changes](#)

[CMV DNA Quantification by PCR, Plasma](#)

[Change in Submit Temperature and Testing Schedule for HCV & HIV-1 RNA](#)

[Standardization of Electrolytes and Blood Gas Testing](#)

[Procalcitonin Changes](#)

[CPT Code Changes for Chlamydia/N. Gonorrhoeae Testing](#)

[Lactoferrin, Feces Test Changes](#)

[TEG® 6S Viscoelastic Assay Replacing TEG® 5000](#)

## PATIENT INSTRUCTION BROCHURES

We have several brochures for patients that need to collect samples at home. The following are available on online by visiting [UVMHealth.org/MedCenterLabServices](http://UVMHealth.org/MedCenterLabServices) or you can contact Lab Customer Service to receive some via mail.

- Feces Sample Collection
- Fecal Occult Blood Collection
- Sputum Sample Collection
- Urine Sample Collection



## Pathology and Laboratory Medicine Communique

### NEWSLETTER EDITORS

Lynn Bryan, Laboratory Manager  
Ashley Holtz, Laboratory Manager  
Amy Graham, Customer Service  
Deborah Frenette, Laboratory Test Definition &  
Utilization Specialist

### ADDRESS

111 Colchester Avenue  
Mail Stop: 233MP1  
Burlington, Vermont 05446

### PHONE LABORATORY CUSTOMER SERVICE

(802) 847-5121  
(800) 991-2799

### FAX LABORATORY CUSTOMER SERVICE

(802) 847-5905

### WEBSITE

[UVMHealth.org/MedCenterLabs](http://UVMHealth.org/MedCenterLabs)