



Public Health Seattle & King County		Breast Cervical & Colon Health Program 401 5 th Ave #1110 Seattle WA 98104 T 206-263-8176 F 206-296-0208
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DOH 345-213 June 2018

Cervical Diagnostic Form

BCCHP#: _____ Authorization #: _____

CLIENT NAME (Last, First, MI)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF PROCEDURE
REFERRING PROVIDER/CLINIC SITE		SPECIALTY CLINIC SITE	PLACE OF SERVICE <input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> ASC	CHART NUMBER
Referred for diagnostic evaluation by non-BCCHP provider on:		SPECIALTY PROVIDER NAME		
Procedures and Results	<input type="checkbox"/> Cervical Biopsy.....Result: <input type="checkbox"/> Colposcopy.....Result: <input type="checkbox"/> Colposcopy with biopsy(s)Result: <input type="checkbox"/> Colposcopy with ECC.....Result: <input type="checkbox"/> Colposcopy with LEEP* with Bx.....Result: <input type="checkbox"/> Colposcopy with LEEP* with cone...Result		<input type="checkbox"/> LEEP*..... Result: <input type="checkbox"/> EMB..... Result: <input type="checkbox"/> Cone*(cold or laser)..... Result: <input type="checkbox"/> ECC..... Result: <input type="checkbox"/> Consultation..... Result: <input type="checkbox"/> Other Biopsy..... Result: *Pre-approval required	
	<input type="checkbox"/> Normal/Benign reaction/inflammation <input type="checkbox"/> HPV / Condylomata / Atypia <input type="checkbox"/> CIN I / mild dysplasia		<input type="checkbox"/> CIN II / moderate dysplasia** <input type="checkbox"/> CIN III / severe dysplasia / Carcinoma in situ (Stage 0)** <input type="checkbox"/> Invasive Cervical Carcinoma** <input type="checkbox"/> Other (specify) **If diagnosed with these diagnoses, contact BCCHP for eligibility to enroll onto the Breast and Cervical Cancer Treatment Program.	
Final Diagnosis and Status	<input type="checkbox"/> Work-up complete date: _____ <input type="checkbox"/> Work-up pending date: _____ <input type="checkbox"/> **Lost to follow-up date: _____ <input type="checkbox"/> **Work-up refused date: _____		Recommended follow-up Why Pending Why Lost Why Refused	
	** Provide documentation to BCCHP Prime Contractor of attempts to contact client			
Status of Treatment	<input type="checkbox"/> TX recommended date: _____ <input type="checkbox"/> TX started date: _____ <input type="checkbox"/> **Lost to follow-up date: _____ <input type="checkbox"/> **TX refused date: _____		<input type="checkbox"/> LEEP <input type="checkbox"/> Conization <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Refer to Specialist <input type="checkbox"/> LEEP <input type="checkbox"/> Conization <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Refer to Specialist Why Lost: Why Refused:	
	** Provide documentation to BCCHP Prime Contractor of attempts to contact client			
If referred for treatment, treatment clinical site/provider:				
Services Billed	Office Services : <i>New Patient</i> <input type="checkbox"/> 99201 – 10 Min. <input type="checkbox"/> 99202 – 20 Min Min <input type="checkbox"/> 99203 – 30 Min <input type="checkbox"/> 99204 – 45 Min <input type="checkbox"/> 99205 – 60 Min		<i>Established Patient</i> <input type="checkbox"/> 99211 – 5 Min <input type="checkbox"/> 99212 – 10 <input type="checkbox"/> 99213 – 15 Min <input type="checkbox"/> 99214 – 25 Min	
	Procedures: <input type="checkbox"/> 57452 – Colposcopy <input type="checkbox"/> 57454 – Colpo w/Bx & ECC <input type="checkbox"/> 57455 – Colpo w/Bx <input type="checkbox"/> 57456 – Colpo w/ECC		Procedures – Cont. <input type="checkbox"/> 57460 – Colpo w/LEEP Bx <input type="checkbox"/> 57461 – Colpo w/LEEP cone <input type="checkbox"/> 57500 – Cervical Biopsy(ies) <input type="checkbox"/> 57505 – ECC <input type="checkbox"/> 57520 – Cervical Cone <input type="checkbox"/> 57522 – Cervical Cone-LEEP <input type="checkbox"/> 58100 – EMB <input type="checkbox"/> 58110 – EMB with Colpo (add-on)	
DIAGNOSTIC PROVIDER SIGNATURE		Print Name	Telephone Number	Date

Please FAX form to the BCCHP: (206) 296-0208