

Prior Authorization Form

BCCHP requires prior authorization for MRI, LEEP, and cervical cone. Due to limited funding for the BCCHP program each case will be individually reviewed by the Prime Contractor. The request may also need to be reviewed by the Washington State Department of Health's BCCHP Nurse Consultant and Medical Advisory Committee. Please refer to the BCCHP fee schedule for reimbursement.

		BCCHP#:	Authorization #:
CLIENT NAME (Last, First, MI)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
REFERRING CLINIC SITE	REFERRING PROVIDER NAME	PLACE OF SERVICE <input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> ASC	DATE OF PROCEDURE
SPECIALTY CLINIC SITE	SPECIALTY PROVIDER NAME		
Cervical Procedure Requests	Cervical Procedures <input type="checkbox"/> Colposcopy with LEEP Biopsy (57460) <input type="checkbox"/> Conization of cervix: <input type="checkbox"/> cold or <input type="checkbox"/> laser (57520) <input type="checkbox"/> Colposcopy with LEEP conization (57461) <input type="checkbox"/> LEEP (57522) *Refer to the Cervical Care Algorithm for guidelines on when to use LEEP and cone.		
	Pap Results <input type="checkbox"/> ASC-H <input type="checkbox"/> HSIL <input type="checkbox"/> AGC <input type="checkbox"/> HPV – Pos <input type="checkbox"/> Neg <input type="checkbox"/>	Colposcopy Results <input type="checkbox"/> ECC – CIN1 <input type="checkbox"/> Neg <input type="checkbox"/> <input type="checkbox"/> LSIL (CIN 1)	Review of Cervical Findings Has a pathologist reviewed and correlated the cytology and histology results? Yes <input type="checkbox"/> No <input type="checkbox"/> Has the colposcopist reviewed the colposcopy findings and determined it was adequate? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Breast Procedures <input type="checkbox"/> MRI guided breast biopsy with placement of localization device (19085, 19086) <input type="checkbox"/> MRI guided placement of breast localization device (19287, 19288) <input type="checkbox"/> Breast MRI unilateral (77058) <input type="checkbox"/> Breast MRI bilateral (77059) *MRI should never be used alone as a screening tool. *BCCHP does not reimburse for MRI to determine extent of disease in a woman already diagnosed with breast cancer		
Breast Procedure Requests	Personal and Family History <input type="checkbox"/> Positive for BRCA mutation <input type="checkbox"/> First degree relative is BRCA carrier <input type="checkbox"/> Lifetime risk 20% or greater based on breast cancer risk assessment models that use family history (i.e. BRCAPRO) <input type="checkbox"/> History of breast cancer and treatment complete. <input type="checkbox"/> Prior chest wall radiation to treat malignancy. <input type="checkbox"/> To better assess area of concern on mammogram, explain in comments below. **BCCHP does not cover or reimburse for genetic testing, genetic counseling, or breast cancer treatment.		CBE and Imaging results <input type="checkbox"/> Palpable mass <input type="checkbox"/> Mammogram finding: <input type="checkbox"/> Ultrasound finding: <input type="checkbox"/> MRI finding: Suspicious <input type="checkbox"/> Indeterminate <input type="checkbox"/> ** MRI guided biopsy and/or localization only approved when there is no sonographic evidence of the abnormality.
	Comments: 		
Provider Signature:		Print Name:	Telephone number:
			Date:
BCCHP Prime Contractor Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved, Reason			Date:

Please FAX form to the BCCHP Prime Contractor at: