Washington State Department of Health
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Public Health Seattle & King County

Breast Cervical & Colon Health Program
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Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

# Prior Authorization Form

**BCCHP requires prior authorization for MRI, LEEP, and Cervical Conization.** Each case will be reviewed by the prime contractor in collaboration with the BCCHP Nurse Consultant and at times the Medical Advisory Committee (MAC). Please refer to the BCCHP fee schedule for reimbursement. BCCHP follows ASCCP guidelines for cervical cases.

BCCHP#: Authorization #:

| Client Name (Last, First, MI) | | Date of Birth | Last four SS # (optional) | Chart Number |
|---|---|---|---|---|
| Referring Clinic Site | Referring Provider Name | | Place of Service<br>☐ Office ☐ Hospital<br>☐ ASC | Date of procedure |
| Specialty Clinic Site | Specialty Provider Name | | | |

## Cervical Procedure Requests

**Cervical Procedures**

☐ Colposcopy with LEEP Biopsy (57460)
☐ Colposcopy with LEEP electrode conization (57461)
☐ Conization of cervix: ☐ cold or ☐ laser (57520)
☐ LEEP (57522)

**Pap Results**
☐ ASC-US ☐ ASC-H
☐ LSIL ☐ HSIL
☐ AGC

**HPV Results**
HPV High Risk Testing
Pos ☐ Neg ☐
HPV 16 & 18 genotyping
Pos ☐ Neg ☐

**Colposcopy Results** (For LEEP approval, ECC or biopsy results must be CIN 2 or higher, see ASCCP guidelines)
☐ ECC Result ☐ CIN 2 ☐ CIN 3
☐ Cervical Biopsy ☐ CIN 2 ☐ CIN 3

## Breast Procedure Requests

**Breast Procedures**

☐ Diagnostic Breast MRI
☐ MRI guided breast biopsy with placement of localization device (19085, 19086)
☐ MRI guided placement of breast localization device (19287, 19288)
☐ Breast Screening MRI unilateral (77046 without contrast, 77048 includes CAD w/ or w/o contrast) **(only for high risk)**
☐ Breast Screening MRI bilateral (77047 without contrast, 77049 includes CAD w/ or w/o contrast) **(only for high risk)**

- *MRI should never be used alone as a screening tool. MRI should not be used as a diagnostic tool for a palpable mass.*
- *BCCHP does not reimburse for MRI to determine extent of disease in a woman already diagnosed with breast cancer.*

**CBE and Imaging Results (*include report*)**

☐ Palpable mass
☐ Mammogram finding:
☐ Ultrasound finding:
☐ MRI finding: Suspicious ☐ Indeterminate ☐

*MRI guided biopsy and/or localization only approved when there is no sonographic evidence of the abnormality.*

**Breast Cancer Risk: Approval for screening MRI requires patient be assessed as high-risk for breast cancer.**

Risk assessment models approved by BCCHP include: Tyrer-Cuzick, BRCAPRO, Claus and BOADICEA. The Gail Model is not accepted by BCCHP.
Was the Tyrer-Cuzick (IBIS) model used? ____Yes ____ No

If so, Lifetime Risk: ________% (20% or higher is considered high risk)

If a different tool was used please list tool and result ________________________

**Screening contexts that do not require the use of an assessment tool** (please check if applicable and provide notes):
____ Chest wall radiation before the age of 30
____ Positive for BRCA mutation, or first-degree relative with BRCA mutation
____ History of genetic pre-disposition (e.g. Li-Fraumeni, Cowden, or Bannayan-Riley-Ruvalcaba syndromes)

**Does the client have a history of breast cancer**? _____Yes ______ No

**Note:** For clients with a history of breast cancer, BCCHP follows the recommendation of the oncologist or breast surgeon. Please provide chart notes with clinical recommendations. If specialist information is unavailable, communicate with prime contractor.

***BCCHP does not cover or reimburse for genetic testing, genetic counseling, or breast cancer treatment.***

**Provider Comments:**

| **Provider Signature:** | **Print Name:** | **Telephone number:** | **Date:** |
|---|---|---|---|
| | | | |

***BCCHP Prime Contractor Use Only*** ☐ Approved ☐ Not Approved **Reason** **Date:**