Washington State Department of Health

DOH 140-174 Jan 2018

Public Health Seattle & King County

Breast Cervical & Colon Health Program
Public Health Seattle & King County
T 206-263-8309 F 206-296-0208

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

Cervical Cancer Treatment Program Tracking Form

Please Print Clearly

Client Last Name:	Client First Name:	MI:	Social Security Number:	Date of Birth:

BCCHP Prime Contractor: SEAT	BCCHP ID #:	Provider One #:
Primary Care Provider Name:	Enrolling Clinic:	Clinic Chart #:

Cervical Diagnosis Date: _____

1. ☐ **CIN 2/Moderate Dysplasia -** Dx code: **N87.1**
   (*CIN 2 is *not a qualifying diagnosis for AEM/ERSO)*
2. ☐ **CIN 3/severe dysplasia/carcinoma in situ (CIS), stage 0 (choose one from options below)**
   - ☐ **CIS, endocervix -** Dx code: **D06.0**
   - ☐ **CIS, exocervix -** Dx code: **D06.1**
   - ☐ **CIS, other part of cervix -** Dx code: **D06.7**
   - ☐ **CIS, unspecified -** Dx code:**D06.9**
3. ☐ **Adenocarcinoma in situ (AIS) (choose one from option below)**
   - ☐ **AIS, endocervix -** Dx code: **D06.0**
   - ☐ **AIS, exocervix -** Dx code: **D06.1**
   - ☐ **AIS, other part of cervix -** Dx code: **D06.7**
   - ☐ **AIS, unspecified -** Dx code: **D06.9**
4. ☐ **Malignant Neoplasm -** Dx code: **C539.9**
5. ☐ **Metastatic disease** **Site of Metastatic Disease: _____**

Current Treatment Plan - Cervical

☐ **LEEP Start Date:_____ End Date:_____**
☐ **Cone Start Date:_____ End Date:_____**
☐ **Cryo Start Date:_____ End Date:_____**
☐ **Hysterectomy Start Date:_____ End Date:_____**
☐ **Chemotherapy Start Date:_____ End Date:_____**
☐ **Radiation Start Date: _____ End Date:_____**

Treatment Status: ☐ **Active** ☐ **Complete** ☐ **Declines/refuses** ☐ **Lost to follow-up**

Treatment end date: _____

Treatment Comments / Follow-up Plan:

Provider (signature): _____ Date: _____ NPI # _____
Provider Name (print): _____ Phone: _____ Fax # _____

FOR BCCHP CASE MANAGER USE:

☐ **AEM/ERSO eligible only**
☐ **New enrollment**
☐ **Renewal – client continues active treatment**
☐ **Other: _____**

BCCHP Case Manager:
Email:
Phone: 206-263-8309 Fax: 206-296-0208

☐ **No longer eligible for BCCTP (S30):**
- ☐ **All cancer treatment completed**
- ☐ **Now eligible for Apple Health**
- ☐ **Now eligible for Medicare**
- ☐ **Has other Creditable Insurance**
- ☐ **Moving out of state to: _____**
- ☐ **Renewal paperwork not returned**

Case Manager Signature: _____ Date: _____