Washington State Department of Health
DOH 342-117 June 2018

SPOKANE REGIONAL HEALTH DISTRICT
PHONE 509-323-2851 FAX 509-324-1599
WWW.SRHD.ORG

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

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	CHART NUMBER
REFERRING CLINIC SITE	REFERRING PROVIDER NAME	PLACE OF SERVICE ☐ Office ☐ Hospital ☐ ASC	DATE OF PROCEDURE
SPECIALTY CLINIC SITE	SPECIALTY PROVIDER NAME		

Cervical Procedure Requests

Cervical Procedures

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

Contact Prime Contractor to request consult with DOH Nurse Consultant or Medical Advisory Committee for guidelines on when to use LEEP and cone.

Pap Results
☐ ASC-H
☐ HSIL
☐ AGC
☐ HPV – Pos ☐ Neg ☐

Colposcopy Results
☐ ECC – CIN1 ☐ Neg ☐
☐ LSIL (CIN 1)
☐ *HSIL (CIN 2)*

Review of Cervical Findings (*include report*)
Has a pathologist reviewed and correlated the cytology and histology results? Yes ☐ No ☐
Has the colposcopist reviewed the colposcopy findings and determined it was adequate? Yes ☐ No ☐

Breast Procedure Requests

Breast Procedures

☐ MRI guided breast biopsy with placement of localization device (19085, 19086)
☐ MRI guided placement of breast localization device (19287, 19288)
☐ Breast Screening MRI unilateral (77058) **(only for high risk)**
☐ Breast Screening MRI bilateral (77059) **(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

Personal and Family History
☐ Positive for BRCA mutation
☐ First degree relative is BRCA carrier
☐ Lifetime risk 20% or greater based on breast cancer risk assessment models that use family history (BRCAPRO, Tyrer-Cuzick, Claus, BOADICEA)
☐ History of breast cancer and treatment complete.
☐ Prior chest wall radiation to treat malignancy.
☐ 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 (*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.

Comments/Rationale:

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

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

Please FAX form to the BCCHP Prime Contractor at: 509-324-1599

For persons with disabilities, this document is available on request in other formats. To submit a request, call 1-800-525-0127 (TDD/TTY call 711).