Washington State Department of Health

DOH 345-213 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

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 ☐ Office ☐ Hospital ☐ ASC	CHART NUMBER
Referred for diagnostic evaluation by non-BCCHP provider on:	SPECIALTY PROVIDER NAME		

Procedures and Results

- ☐ Cervical Biopsy .... Result:
- ☐ Colposcopy .... Result:
- ☐ Colposcopy with biopsy(s)............. Result:
- ☐ Colposcopy with ECC .... Result:
- ☐ Colposcopy with LEEP* with Bx .... Result:
- ☐ Colposcopy with LEEP* with cone...Result:
- ☐ LEEP*…………………………………… Result:
- ☐ EMB……………………………….….. Result:
- ☐ Cone*(cold or laser)…………..…….. Result:
- ☐ ECC………………………………….... Result:
- ☐ Consultation………………………… Result:
- ☐ Other Biopsy………………………… Result:

Pre-approval required

Final Diagnosis and Status

- ☐ Normal/Benign reaction/inflammation
- ☐ HPV / Condylomata / Atypia
- ☐ CIN I / mild dysplasia
- ☐ CIN II / moderate dysplasia**
- ☐ CIN III / severe dysplasia / Carcinoma in situ (Stage 0)**
- ☐ Invasive Cervical Carcinoma**
- ☐ Other (specify)

***If diagnosed with these diagnoses, contact BCCHP for eligibility to enroll onto the Breast and Cervical Cancer Treatment Program.*

- ☐ Work-up complete date: Recommended follow-up
- ☐ Work-up pending date: Why Pending
- ☐ **Lost to follow-up date: Why Lost
- ☐ **Work-up refused date: Why Refused

** ***Provide documentation to BCCHP Prime Contractor of attempts to contact client***

Status of Treatment

- ☐ TX recommended date: ☐ LEEP ☐ Conization ☐ Cryotherapy ☐ Hysterectomy ☐ Refer to Specialist
- ☐ TX started date: ☐ LEEP ☐ Conization ☐ Cryotherapy ☐ Hysterectomy ☐ Refer to Specialist
- ☐ **Lost to follow-up date: Why Lost:
- ☐ **TX refused date: 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 :

New Patient

- ☐ **99201** – 10 Min.
- ☐ **99202** – 20 Min
- ☐ **99203** – 30 Min
- ☐ **99204** – 45 Min
- ☐ **99205** – 60 Min

Established Patient

- ☐ **99211** – 5 Min
- ☐ **99212** – 10 Min
- ☐ **99213** – 15 Min
- ☐ **99214** – 25 Min

Procedures:

- ☐ **57452** – Colposcopy
- ☐ **57454** – Colpo w/ Bx & ECC
- ☐ **57455** – Colpo w/ Bx
- ☐ **57456** – Colpo w/ ECC

Procedures – Cont.

- ☐ **57460** – Colpo w/ LEEP Bx
- ☐ **57461** – Colpo w/ LEEP cone
- ☐ **57500** – Cervical Biopsy(ies)
- ☐ **57505** – ECC
- ☐ **57520** – Cervical Cone
- ☐ **57522** – Cervical Cone-LEEP
- ☐ **58100 –** EMB
- ☐ **58110** – EMB with Colpo (add-on)

DIAGNOSTIC PROVIDER SIGNATURE	Print Name	Telephone Number	Date

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).