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| **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\*…………………………………  EMB……………………………….…..  Cone\*(cold or laser)…………..……..  ECC…………………………………...  Consultation………………………….  Other Biopsy………………………….  ***\*Pre-approval required*** | | | | | | Result:  Result:  Result:  Result:  Result:  Result: | |
| **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:  Work-up pending date:  \*\*Lost to follow-up date:  \*\*Work-up refused date: | | | | | Recommended follow-up  Why Pending Why Lost 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* *Established Patient*  **99201** –10 Min. **99211** –5 Min  **99202** – 20 Min  **99212** – 10 Min  99203 – 30 Min  99213 – 15 Min 99204 – 45 Min  99214 – 25 Min **99205** – 60 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:**