**BREAST & CERVICAL HISTORY/EXAM/SCREENING FORM**

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| Please Print (Patient label may be used in this section) **BCCHP ID#** **Authorization #** | | | |
| **Last Name:** | **First Name:** | **MI:** | **Date of Birth:** |
| **Clinic/Screening Site:** **Provider:**  **Appt. Date:       Appointment Time:       Clinic Chart #:** | | | |

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| **Tobacco use:** Current smoker?  Yes  No  Never Smoked If current smoker, was patient ever counseled to stop?  Yes  No | |
| **Client counseled/educated about:**  Risk factors for breast and cervical cancer  Importance of breast and cervical screening exams  Tobacco cessation | |
| **Providers/clinic staff must complete ALL sections below this line:** | |
| **CERVICAL HEALTH HISTORY/RISK ASSESSMENT** | **BREAST HEALTH HISTORY/RISK ASSESSMENT** |
| **Previous Pap Test?**  Yes  No  Unknown  *If “Yes”, Date of previous Pap test:*  Results:  Normal  Abnormal  Unknown  **Previous HPV Test?**  Yes  No  Unknown  *If “Yes”, date of previous HPV test:*  Results:  Normal  Abnormal  Unknown  **Has the patient had a Hysterectomy?**  Yes *Date of hysterectomy:*        No  Unknown  If “Yes”, reason for hysterectomy:  CIN2/3 or cervical cancer  Not cancer  Unknown  **Cervix**:  Present  Absent  Unknown  **Personal History**  Abnormal Paps?  Yes  No  Unknown  History of HPV?  Yes  No  Unknown  HIV Positive?  Yes  No  Unknown  Did patient’s mother take Diethylstilbestrol (DES) when pregnant with patient?  Yes  No  Unknown  Is patient Immunocompromised due to organ transplant or an autoimmune disease?  Yes  No  Unknown  **\*Cervical Cancer Risk**:  Average  High  **If high, indicate reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Previous Mammogram?**  Yes  No  Unknown  *Date of previous Mammogram:*  Results:  Normal  Abnormal  Unknown  Does patient have breast implants?  Yes  No  **Family history** of breast cancer 1˚ relative  (Parents, siblings, or children)?  Yes  No  Unknown *If “Yes”, Age:*  **BRCA 1 or 2** carrier-self  Yes  No  Unknown  **BRCA 1 or 2** 1˚ relative carrier  Yes  No  Unknown  **Personal breast cancer history**?  Yes *Age:*  No  Unknown  Personal history of a pre-cancerous breast condition?  Yes  No  Unknown *If “Yes”, Age:*  Has patient ever given birth?  Yes  No  Age of first full-term pregnancy?  **Indicate if chest wall radiation before 30**  Yes  No  **\*Breast Cancer Risk:**  Average  High  **If high,** Tyrer-Cuzick (IBIS) model used**:**  Yes  No  Other tool used(Gail model not accepted by BCCHP):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Lifetime Risk:\_\_\_\_\_\_\_%** (20% or higher is considered high risk) |

**If sending with patient chart notes, stop here and go to Reimbursement Request (pg 3).**

**If chart notes are not available, fill out Breast and/or Cervical Exam page below.**

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| **BCCHP ID# Authorization #** | | | |
| **Last Name:** | **First Name:** | **MI:** | **Date of Birth:** |

**BREAST EXAM**

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| **CBE performed:**  Yes  No If “No” reason why:  Not indicated  Refused  Other/Unknown | | | | | |
| **Reporting symptoms:**  No  Yes If “Yes”, specify: | | | | | |
| **CBE Results:** | Normal  Benign Finding (*specify*):  Implants  R  L   Mastectomy  R  L | | | | |
| **Current Suspicious Findings\* *(MUST have diagnostic plan)***  Discrete palpable mass  Bloody or serous nipple discharge  Nipple or areolar scaliness  Skin changes (dimpling, retraction, inflammation)  *\*A mammogram or additional views is not sufficient evaluation of an abnormal CBE. Palpable breast masses need to be evaluated clinically and/or with additional imaging* *regardless of mammogram results.* | | | | **Diagnostic Work-Up Plan\***  Diagnostic Mammogram\*  Ultrasound  Biopsy  Surgical Consult/Repeat CBE  Fine Needle Aspiration  Cyst Aspiration  Ductogram / Galactogram | |
| **Refer for Mammogram:** | | Yes  Not indicated  Need other diagnostics  Refused | | | **Referred to:** |
| **Reason for Mammogram:** | | | Routine Screen  Evaluate symptoms/abnormal finding, abnormal mammogram  Referred by non-BCCHP provider for diagnostic evaluation | | |

**CERVICAL EXAM**

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| **PELVIC EXAM (***Pelvic exam alone does not count as screening***)** | | |
| **Pelvic Exam Results** *(If any exam is suspicious for cervical cancer, diagnostic plan must be noted)\**:  Normal  Inflammation  Unusual discharge  Visible Mass  Infection  Polyp(s)  Suspicious Lesions | | |
| **PAP TEST** | | |
| **Pap Test Results: *Specimen Adequacy***  Satisfactory  Unsatisfactory - Do not mark result | | |
| **Pap Test Result: (*Suspicious Findings Must Have Diagnostic Plan)\****  Negative  Adenocarcinoma In Situ (AIS)  ASC-US (Review HPV results)  Adenocarcinoma  LSIL *(work up depends on HPV results)*  Squamous cell Carcinoma  ASC-H: cannot exclude HSIL  Atypical Glandular Cells (AGC)  HSIL  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **HPV TEST** | | |
| **HPV Test Type:**  Provider Performed  Self-Collected  **HPV results:**  Negative  Positive  Indeterminate | | |
| **IF HPV test positive, send for 16/18 Genotyping.** If HPV 16 or 18 positive and pap negative, refer for colposcopy.  Negative for 16 and 18  Positive for 16 or 18  Indeterminate | | |
| **WORK-UP PLAN\*** | | |
| ***\*See Cervical Policy and ASCCP Guidelines for work up.*** If any exam is suspicious for cervical cancer, diagnostic plan MUST be noted. | | |
| Consultation  Colposcopy with Biopsy | Colposcopy with Biopsy and ECC  Colposcopy with ECC | Endometrial Biopsy with OR without ECC |
| **The following procedures require PRIOR AUTHORIZATION:**  Diagnostic LEEP  Diagnostic Conization (i.e., CKC) | | |

*(Form continued on next page)*

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| **BCCHP ID# Authorization #** | | | |
| **Last Name:** | **First Name:** | **MI:** | **Date of Birth:** |

**Provider Comments:**

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**REIMBURSEMENT REQUEST FOR SERVICES**

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| **Preventive Office Services:**  99385–New Patient - Initial Comprehensive Eval/Mgmt, 18-39 yrs  99386–New Patient - Initial Comprehensive Eval/Mgmt, 40-64 yrs  99387–New Patient - Initial Comprehensive Eval/Mgmt, 65+ yrs  99395–Established - Periodic Comprehensive Eval/Mgmt, 18-39 yrs  99396–Established - Periodic Comprehensive Eval/Mgmt, 40-64 yrs  99397–Established - Periodic Comprehensive Eval/Mgmt, 65+ yrs  **Telehealth Services:**  99441–Physician/Qualified Health Prof Telephone Eval, 5-10 min  99442–Physician/Qualified Health Prof Telephone Eval, 11-20 min  99443–Physician/Qualified Health Prof Telephone Eval, 21-30 min | | **Office Services:**  99202–New Patient - Straightforward, 15-29 min  99203–New Patient - Low Complexity, 30-44 min  99204–New Patient - Moderate Complexity, 45-59 min  99205–New Patient - High Complexity, 60-74 min  99211–Established Patient - Minimal Problem(s)  99212–Established Patient - Straightforward, 10-19 min  99213–Established Patient - Low Complexity, 20-29 min  99214–Established Patient - Moderate Complexity, 30-39 min | | |
| DIAGNOSTIC PROVIDER SIGNATURE | Print Name | | Telephone Number | Date |

**FAX all pages of this form and any included exam/chart notes to the Prime Contractor when complete.**