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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-BCCHPprovider 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:**