

Breast Diagnostic & Reimbursement Form

BCCHP ID#:		Authorization #:	
CLIENT NAME (Last, First, MI)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
REFERRING PROVIDER/CLINIC SITE	SPECIALTY CLINIC SITE	PLACE OF SERVICE <input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> ASC	CHART NUMBER
Referred for diagnostic evaluation by non-BCCHP provider on:	SPECIALTY PROVIDER NAME		
<input type="checkbox"/> Surgical Consult / Repeat Clinical Breast Exam CBE Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal - Findings Recommendation:			
Procedures & Results	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Neg <input type="checkbox"/> Benign <input type="checkbox"/> Probably Benign <input type="checkbox"/> Suspicious Abnormality	
		<input type="checkbox"/> Highly Suggest Malig <input type="checkbox"/> Assess Incomplete <input type="checkbox"/> Tech Unsatisfactory	
	<input type="checkbox"/> Breast Smear	<input type="checkbox"/> Neg Malig <input type="checkbox"/> Pos Malig <input type="checkbox"/> Indeterm/ Atyp <input type="checkbox"/> Non-Diag / Needs rpt <input type="checkbox"/> No Specimen	
	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Neg Malig <input type="checkbox"/> Pos Malig <input type="checkbox"/> Indeterm/ Atyp <input type="checkbox"/> Non-Diag / Needs rpt <input type="checkbox"/> No Specimen	
	<input type="checkbox"/> FNA	<input type="checkbox"/> Neg Malig <input type="checkbox"/> Pos Malig <input type="checkbox"/> Indeterm/ Atyp <input type="checkbox"/> Non-Diag / Needs rpt <input type="checkbox"/> No Specimen	
	<input type="checkbox"/> Cyst Aspiration	<input type="checkbox"/> Neg Malig <input type="checkbox"/> Pos Malig <input type="checkbox"/> Indeterm/ Atyp <input type="checkbox"/> Non-Diag / Needs rpt <input type="checkbox"/> No Specimen	
	<input type="checkbox"/> Ducto/Galactogram	<input type="checkbox"/> Neg Malig <input type="checkbox"/> Pos Malig <input type="checkbox"/> Indeterm/ Atyp <input type="checkbox"/> Non-Diag / Needs rpt	
Final Dx/Status	<input type="checkbox"/> Not Cancer <input type="checkbox"/> Lobular Carcinoma In Situ* <input type="checkbox"/> Ductal Carcinoma In Situ* <input type="checkbox"/> Cancer Invasive* <input type="checkbox"/> Atypical Hyperplasia* <i>*If diagnosed with these diagnoses, contact BCCHP to enroll in the Breast and Cervical Cancer Treatment Program</i>		
	<input type="checkbox"/> Work-up complete – Date: Recommended follow-up: <input type="checkbox"/> Work-up pending – Date: Why Pending: <input type="checkbox"/> **Lost to follow-up – Date: Why Lost: <input type="checkbox"/> **Work-up refused – Date: Why Refused:		
	<input type="checkbox"/> Treatment recommended – Date: <input type="checkbox"/> Lumpectomy <input type="checkbox"/> Modified Mastectomy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Axillary Dissection <input type="checkbox"/> Sentinel Node Biopsy <input type="checkbox"/> Radical Mastectomy <input type="checkbox"/> Endocrine Therapy		
	<input type="checkbox"/> Treatment started –Date: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Lumpectomy <input type="checkbox"/> Modified Mastectomy <input type="checkbox"/> Radical Mastectomy <input type="checkbox"/> Endocrine Therapy <input type="checkbox"/> **Lost to follow-up– Date: Why Lost <input type="checkbox"/> **Treatment 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: <i>New Patient</i> <input type="checkbox"/> 99201 - 10 min <input type="checkbox"/> 99211 - 5 min <input type="checkbox"/> 99202 - 20 min <input type="checkbox"/> 99212 - 10 min <input type="checkbox"/> 99203 - 30 min <input type="checkbox"/> 99213 - 15 min <i>Est. Patient</i> <input type="checkbox"/> 99204 - 45 min <input type="checkbox"/> 99205 - 60 min Procedures: <input type="checkbox"/> 10021 - FNA w/o image <input type="checkbox"/> 10022 - FNA w/ image <input type="checkbox"/> 11100 - Skin Excision (Punch Biopsy) <input type="checkbox"/> 11101 - Skin Excision add-on <input type="checkbox"/> 19000 - Puncture Asp breast cyst <input type="checkbox"/> 19001 - Puncture Asp breast cyst add-on <input type="checkbox"/> 19030 - Injection-ducto/galactogram <input type="checkbox"/> 19081 - Bx breast 1st lesion strtctc <input type="checkbox"/> 19082 - Bx breast add lesion strtctc <input type="checkbox"/> 19083 - Bx breast 1st lesion us imag <input type="checkbox"/> 19084 - Bx breast add lesion us imag <input type="checkbox"/> 19100 - Breast Bx percut w/o image		
	Procedures (cont'd) <input type="checkbox"/> 19101 - Breast Bx open-incisional <input type="checkbox"/> 19120 - Breast exc-open <input type="checkbox"/> 19125 - Breast exc-open rad marker-single <input type="checkbox"/> 19126 - Breast exc-open rad marker add <input type="checkbox"/> 19281 - Perq device breast 1st imag <input type="checkbox"/> 19282 - Perq device breast ea imag <input type="checkbox"/> 19283 - Perq dev breast 1st strtctc <input type="checkbox"/> 19284 - Perq dev breast add strtctc <input type="checkbox"/> 19285 - Perq dev breast 1st us imag <input type="checkbox"/> 19286 - Perq dev breast add us imag Imaging: <input type="checkbox"/> 77053 - Ducto/galactogram, single <input type="checkbox"/> 77054 - Ducto/galactogram, multiple <input type="checkbox"/> 77055 - Mammo Dx-unilateral <input type="checkbox"/> 77056 - Mammo Dx- bilateral <input type="checkbox"/> G0204 - Mammo Dx, bilat (digital) <input type="checkbox"/> G0206 - Dx Mammo unilateral digital <input type="checkbox"/> 77058 - MRI, unilateral		
	Imaging (cont'd) <input type="checkbox"/> 77059 - MRI, bilateral <input type="checkbox"/> 76098 - X-ray breast specimen <input type="checkbox"/> 76645 - Ultrasound breast(s) <input type="checkbox"/> 76942 - USN guidance-needle placement Laboratory: <input type="checkbox"/> 88108 - Cytopath concentration tech <input type="checkbox"/> 88112 - Cytopath, select cell enhance tech/interpret <input type="checkbox"/> 88172 - Cytopath-FNA Eval <input type="checkbox"/> 88173 - Cytopath-FNA Eval interpret/rpt <input type="checkbox"/> 88305 - Tissue Path-gross & micro (IV) <input type="checkbox"/> 88307 - Tissue Path-gross & micro (V) <input type="checkbox"/> 88331 - Path Consult- first tissue block frozen sect <input type="checkbox"/> 88332 - Path Consult-add'l tissue block frozen section(s) <input type="checkbox"/> G0461 - IHT first stain <input type="checkbox"/> G0462 - IHT ea add stain <input type="checkbox"/> 88360* - Tumor Immunohistochemistry, ER/PR/Her2 <input type="checkbox"/> 88361* - Tumor IHT, computer assisted *Only paid for uninsured clients diagnosed with breast cancer.		
DIAGNOSTIC PROVIDER SIGNATURE		Print Name	Telephone Number
			Date

PLEASE FAX FORM TO BCCHP PRIME CONTRACTOR AT: 206-296-0208