Washington State Department of Health
Public Health Seattle & King County
BCCHP – Prevention Division
401-5th Ave Suite 900, Seattle, WA 98104
206-263-8176, fax- 206-296-0208
Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

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

Procedures and Results

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

Pre-approval required

Final Diagnosis and Status

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

If diagnosed with these diagnoses, contact BCCHP 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	*Established Patient*
☐ **99201** – 10 Min.	☐ **99211** – 5 Min
☐ **99202** – 20 Min	☐ **99212** – 10 Min
☐ **99203** – 30 Min	☐ **99213** – 15 Min
☐ **99204** – 45 Min	
☐ **99205** – 60 Min	

Laboratory:

- ☐ **88305** – Tissue Pathology IV
- ☐ **88307** – Tissue Pathology V
- ☐ **G0461** – IHT first stain
- ☐ **G0461** – IHT ea add stain

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: 206-296-0208