

PLEASE PRINT

CERVICAL FOLLOW-UP FORM
NEW YORK STATE CANCER SERVICES PROGRAM
BILLING FORM

Follow-Up Completion Site

1. Name Last First MI Maiden Name

2. Birth Date Mo. Day Yr. 1 9

3. Mailing Address Number and Street Apt.

4. Social Security Number

5. City State

6. Zip 7. Area Code Telephone Number

8. Client No.

10. Date of Screening Exam Which Prompted Follow-Up (Must match date in Q #43 from SIF) Mo. Day Yr. 2 0

9. What Screening Procedure 1st Prompted Follow-up 1. Pap/Pelvic Descriptive Results of Screening Exam

12. DIAGNOSTIC WORK-UP

Table with 6 columns: Site, Proc. Code, Procedure Description, Date, Funds (1. Program, 2. Other), Results (Required). Includes multiple rows for data entry.

ALL DIAGNOSTIC PROCEDURES AND RESULTS MUST BE LISTED ABOVE. IF DONE AT A NON-PARTICIPATING PROVIDER, INFORMATION IS STILL REQUIRED, USE 98 AS THE LAST TWO DIGITS OF THE SITE CODE.

- Cervical Procedure Codes (52-71) 52 Colposcopy Without Biopsy 53 Colposcopy Directed Cervical Biopsy 54 Gynecologic Consultation (Cervical) 56 Diagnostic LEEP or LEETZ ** 57 Diagnostic Cold Knife Cone Biopsy ** 58 Diagnostic Laser Cone Biopsy ** 59 Gyn Cervical Pathology Tissue 60 Other Cervical Procedures * 61 Conventional Cytology 62 Chest X-ray 63 Electrocardiogram (EKG/ECG) 64 Complete Blood Count (CBC) 65 HPV Amplified Test (High Risk Only) 66 Colposcopy with Cervical Biopsy and ECC 67 Colposcopy with ECC 68 Endometrial Biopsy ** 69 Article 28 - Facility Fee for Diagnostic LEEP, LEETZ, Cold Knife or Laser Cone Biopsy ** 70 Anesthesiologist Services** 71 Liquid Based Cytology

* Not paid for under program, must use other funds. **Reimbursed with program funds under certain circumstances.

13. Status of Diagnostic Work-up (required) 1. Work-up Complete 2. Lost to Follow-up 3. Work-up Refused 4. Deceased

14. Date of Last Procedure, Last Contact if Refused or Lost to Follow-up. 2 0

13A. Details for lost to follow-up or refused

15. Final Diagnosis 05. Normal/Benign Reaction/Inflammation 06. HPV/Condyloma/Atypia (17 - 20 if applicable) 07. CIN I, Mild Dysplasia (17 - 20 if applicable) 08. CIN II, Moderate Dysplasia 09. CIN III, Severe Dysplasia/Carcinoma In Situ 10. Invasive Cervical Cancer 11. Other Cancers or Cervical Results (specify)

16. Recommended Dates of Next Exams (Complete if treatment is not indicated)

Pap Test Mo. 2 Yr. 0

17. Treatment information is required for all clients diagnosed with in situ or invasive cervical cancer and all clients with other treatable cervical diagnosis. Hospital(s) responsible for Diagnosis and Treatment (or MD if not Hospitalized):

18. Status of Treatment 01. Treatment Started 03. Lost to Follow-up 04. Treatment Refused 05. Treatment not Indicated 06. Deceased

19. Date of Treatment Started or Refused or Lost to Follow-up. 2 0

20. Funding for Treatment 1. Medicaid 2. Medicare 3. Other specify