WV Department of Health and Human Resources Bureau for Public Health Office of Maternal, Child and Family Health Diagnostic and Treatment Fund Application

Patients who have Insurance, Medicare, Medicaid, HMO or Out-of- State residents are not eligible. *Use these codes for patients enrolled in BCCSP. All other codes should be used through referral for patients enrolled in BCCSP.						
Last Name:	Fi	First Name:		Middle Initial:		
Street Address:		_ City/Town:		State:	7	(ip:
SSN: DOB:	3: Telephone Numb		er:	Sex:	_MF	
WV Resident? Yes No (If no, s	top, the patient is not e	ligible)				
Family Income and Insurance Informatio	n: (Must be completed)	<u>)</u>				
Total number of family members: Is the patient covered by Medicaid? Is the patient covered by health insuranc	Yes No (If yes, s	top, the patient is		o, the patient is not e	ligible)	
ONLY THE PROCE	DURES LISTED BELOW A	RE COVERED. TELE	PHONE APPROV	ALS CAN NOT BE ACC	CEPTED	
BREAST REQUEST				APPLICAT	TION STATUS	5
(00400) General anesthesia Dx br	east procedure		□ Approved *	🗆 Denied (se)	
CERVICAL REQUEST (Please attach path	ology report)			*SUBJECT TO A	VAILABILITY	OF FUNDS
Must have a positive cervical biopsy indi	•• • •	ner treatment.				
(57460) Colposcopy with loop ele (57461) Colposcopy with loop ele						
(57500) Cervical biopsy or local ex		r)	Signature	Title		Date
(57505) Endocervical curettage (not done as part of repair) (57511) *Cryocautery of cervix		')	Comments			
(57513) *Laser surgery of cervix (57520) Conization of cervix with or without repair						
(57522) LEEP						
(58120) *Dilation & curettage-diagnostic and/or therapeutic		ıtic				
(00940) *General anesthesia Dx cervical procedure (64435) *Paracervical Nerve Block		-				
	< compared with the second sec					
Physician submitting application fax n	umber required					
Name:						
FEIN:						
Address:						
Phone:	Fax:		Return to:	Diagnostic and Treat	ment Fund	
Date submitted: Date procedure scheduled:			Breast & Cervical Cancer Screening Program 350 Capitol Street, Room 427 Charleston, WV 25301-3714			
		Phone: 1-800-642-8522 or (304) 558-5388 Fax: (304) 558-7164				
Person submitting application:						
Approval/denial to be faxed to:						