

DOH 140-174 Jan 2018

Breast Cancer Treatment Program Tracking Form

Please Print Clearly

Client Last Name	Client First Name	MI	Social Security Number:	Date of Birth:
BCCHP Prime Contractor:		BCCHP ID #	Provider One #:	
Primary Care Provider Name:		Enrolling Clinic Name :		Clinic Chart #:

Breast Diagnosis Date: _____

- Unspecified Benign Dysplasia* - Dx code: N60.99**
 (* Unspecified Benign Dysplasia is not a qualifying diagnosis for AEM/ERSO)
- Carcinoma in situ (CIS) of breast – Right Side (Choose one from the options below)**
 - Lobular CIS, right - Dx code: D05.01 Intraductal CIS, right - Dx code: D05.11
 - Other CIS, Specified right - Dx code: D05.81 Other CIS, Unspecified right - Dx code: D05.91
- Carcinoma in situ (CIS) of breast – Left Side (Choose one from the options below)**
 - Lobular CIS, left - Dx code: D05.02 Intraductal CIS, left- Dx code: D05.12
 - Other CIS, Specified left - Dx code: D05.82 Other CIS, Unspecified left- Dx code: D05.92
- Malignant Neoplasm – Right Side - Dx code: C50.911**
- Malignant Neoplasm – Left Side - Dx code: C50.912**
- Metastatic disease** **Site of Metastatic Disease** _____

Current Treatment Plan - Breast

- Office Visit to initiate staging and treatment plan Appointment Date: _____
- Chemotherapy Start Date: _____ End Date: _____
- Radiation Start Date: _____ End Date: _____
- Surgery: Excision Lumpectomy Date of Surgery: _____
- Surgery: Mastectomy: Modified Radical Date of Surgery: _____
- Surgery: Reconstruction* Date of Surgery: _____ (* reconstruction not available for AEM/ERSO)
- Endocrine therapy: Prescription Name : _____
- Start date of Endocrine therapy: _____ Proposed end date: _____

Treatment Status: _____ Current Tx start date: _____ Tx complete date: _____

Tx suspended date: _____ Declines/refuses Tx Lost to follow-up (left area, missed appts)

Treatment Comments / Follow-up Plan:

Provider (signature): _____ Date: _____ NPI # _____
 Provider Name (print): _____ Phone: _____ Medicaid # _____

FOR BCCHP CASE MANAGER USE:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> AEM/ERSO eligible only <input type="checkbox"/> New enrollment <input type="checkbox"/> Renewal – client continues active treatment <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> No longer eligible for BCCTP (S30): <ul style="list-style-type: none"> <input type="checkbox"/> All cancer treatment completed <input type="checkbox"/> Now eligible for Apple Health <input type="checkbox"/> Now eligible for Medicare <input type="checkbox"/> Has other Creditable Insurance <input type="checkbox"/> Moving out of state to: _____ <input type="checkbox"/> Renewal forms not completed |
|---|--|

BCCHP Case Manager:
 Name: Stephany Diaz Favela
 Email: stdiazfavela@kingcounty.gov
 Phone: 206-263-8309 Fax: 206-296-0208

Case Manager Signature: _____ Date: _____