

Ohio Department of Medicaid
HEALTHCARE PROVIDER'S REVISION OF TREATMENT PLAN

For BCCP Case Manager use only	BCCP Enrollment Region
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This person, _____, has been screened for breast and/or cervical cancer under the Centers for Disease Control and Prevention's (CDC) Breast and Cervical Cancer Early Detection Program. Through these screening services, this person has been diagnosed with and needs treatment for:

Cervical Terms for Blue Diagnostics Sheet:

- STAGE 0 CIN 1/MILD DYSPLASIA
- STAGE 0 CIN 2/MILD DYSPLASIA
- STAGE 0 CIN 3/SEVERE DYSPLASIA
- ASCUS (ATYPICAL CELLS OF UNDETERMINED SIGNIFICANCE)
- AGCUS (ATYPICAL GLANDULAR CELLS OF UNDETERMINED SIGNIFICANCE)
- STAGE I
- STAGE II
- STAGE III
- STAGE IV
- UNKNOWN STAGE

Breast Terms from Pink Diagnostics Sheet:

- BREAST DYSPLASIA
- IN SITU
- STAGE I
- STAGE II
- STAGE III
- STAGE IV
- UNKNOWN STAGE

This person, _____ has been screened for breast and/or cervical cancer under the Centers for Disease Control and Prevention's (CDC) Breast and Cervical Cancer Early Detection Program. Through these screening services, this person has been diagnosed with and needs treatment for:

Name of diagnosing provider/credentials
Date of original diagnostic test
Treatment is expected to be completed by the last day of

Summary	
Signature of BCCP Case Manager	Date

Questions BCCP Case Manager needs to ask:

- Are you pregnant? YES NO
- Do you have a disability? YES NO
- Do you have any children under 19 years living with you? YES NO