DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44729 (10/08)

STATE OF WISCONSIN
s. 255.075, Wis. Stats.

WISCONSIN WELL WOMAN PROGRAM

CERVICAL CANCER DIAGNOSTIC AND FOLLOW-UP REPORT (DRF)

Instructions: Before completing this form, refer to the Cervical Cancer Diagnostic and Follow-Up Report (DRF), F-44729A. For reimbursement, send claim plus this completed form to Wisconsin Well Woman Program (WWWP), P.O. Box 6645, Madison, WI 53716-0645.

SECTION I — BILLING PROVIDER INFORMATION

1. Provider ID	2. Name — Billing Provider	3. Taxonomy Code	4. Practice Location ZIP+4 Code

SECTION II — MEMBER PERSONAL INFORMATION

5. Last Name — Member	6. First Name — Member	7. Middle Initial — Member
8. Previous Last Name — Member	9. Member Identification Number	10. Date of Birth (MM/DD/CCYY)

SECTION III — CERVICAL DIAGNOSTIC PROCEDURES

COLPOSCOPY WITH BIOPSY / ENDOCERVICAL CURETTAGE

11. Procedure Performed (Check One Box Only)
❑ Colposcopy with Biopsy ❑ Endocervical Curettage

12. Date Performed (MM/DD/CCYY)

13. Name — Rendering Provider (Print)

14. RESULT (Check One Box Only)
❑ Negative (WNL)
❑ Other Non-malignant Abnormality (HPV, Condyloma)
❑ CIN 1 / Mild Dysplasia
❑ CIN 2 / Moderate Dysplasia
❑ CIN 3 / Severe Dysplasia / CIS
❑ Invasive Squamous Cell Carcinoma
❑ Adenocarcinoma

COLPOSCOPY WITHOUT BIOPSY

21. Date Performed (MM/DD/CCYY)

22. Name — Rendering Provider (Print)

23. RESULT (Check One Box Only)
❑ Negative (WNL)
❑ Other Abnormality
❑ Inflammation / Infection / HPV Changes
❑ Unsatisfactory

LOOP ELECTROSURGICAL EXCISION PROCEDURE (LEEP)

15. Date Performed (MM/DD/CCYY)

16. Name — Rendering Provider (Print)

17. RESULT (Check One Box Only)
❑ Negative (WNL)
❑ Other Non-Malignant Abnormality (HPV, Condyloma)
❑ CIN 1 / Mild Dysplasia
❑ CIN 2 / Moderate Dysplasia
❑ CIN 3 / Severe Dysplasia / CIS
❑ Invasive Squamous Cell Carcinoma
❑ Adenocarcinoma

COLD KNIFE CONE

24. Date Performed (MM/DD/CCYY)

25. Name — Rendering Provider (Print)

26. RESULT (Check One Box Only)
❑ Negative (WNL)
❑ Other Non-Malignant Abnormality (HPV, Condyloma)
❑ CIN 1 / Mild Dysplasia
❑ CIN 2 / Moderate Dysplasia
❑ CIN 3 / Severe Dysplasia / CIS
❑ Invasive Squamous Cell Carcinoma
❑ Adenocarcinoma

ENDOMETRIAL BIOPSY

18. Date Performed (MM/DD/CCYY)

19. Name — Rendering Provider (Print)

20. RESULT (Check One Box Only)
❑ Negative / Normal Endometrium
❑ Hyperplasia
❑ Adenomatous Hyperplasia
❑ Atypical Adenomatous Hyperplasia
❑ Adenocarcinoma In-situ
❑ Adenocarcinoma

27. NOTES

Shading indicates follow up required for WWWP.

28. RECOMMENDATION
❑ Follow Routine Screening Schedule _____ Months
❑ Short Term Follow up _____ Months
❑ Further Diagnostic Work Up
❑ Treatment*

*Not covered by WWWP.

Continued

SECTION III — CERVICAL DIAGNOSTIC PROCEDURES (Continued)

29. STATUS OF FINAL DIAGNOSIS (Check One Box Only)

❑ Complete* ❑ Pending ❑ Member Deceased ❑ Lost to Follow up ❑ Refused Work-up

*Must complete Element 30 (Final Diagnosis).

30. FINAL DIAGNOSIS (Required)

Date (MM/DD/CCYY) _____

❑ Normal / Benign / Inflammation ❑ HPV / Condyloma / Atypia ❑ CIN I / Mild Dysplasia
❑ CIN 2 / Moderate Dysplasia* ❑ CIN 3 / Severe Dysplasia / CIS* ❑ Invasive Cervical Cancer**
❑ Adenocarcinoma of the cervix** ❑ LSIL (Biopsy Diagnosis) ❑ HSIL (Biopsy Diagnosis)*

*Complete Treatment Date and Treatment Status. **Complete Treatment Date, Treatment Status, and Tumor Stage.

31. TUMOR STAGE (AJCC)

❑ Stage I ❑ Stage II ❑ Stage III ❑ Stage IV

32. TREATMENT STATUS — REQUIRED (Check One Box Only)

❑ Treatment Started
❑ Refused by Member
❑ Lost to Follow up
❑ Not Indicated / Not Needed
❑ Member Deceased
❑ Alternative Treatment (e.g., homeopathic therapy, herbal medicine, etc.)

33. TREATMENT DATE (MM/DD/CCYY)

Reset Form