West Virginia 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.

Patient Information Last Name: _____ First Name: _____ Middle Initial: __

Street Address: _____ City/Town: _____ State: _____ Zip: _____

SSN: _____ DOB: _____ Telephone Number: _____ Sex: ☐ M ☐ F

WV Resident? ____ Yes ____ No (If no, stop, the patient is not eligible.)

Family Income and Insurance Information: (Must be completed)

Total number of family members: _____ Total gross annual income: _____
Is the patient covered by Medicaid? ____ Yes ____ No (If yes, stop, the patient is not eligible)
Is the patient covered by health insurance or an enrollee of an HMO? ____ Yes ____ No (If yes, stop, the patient is not eligible)

ONLY THE PROCEDURES LISTED BELOW ARE COVERED. TELEPHONE APPROVALS CAN NOT BE ACCEPTED.

BREAST REQUEST

_____ (00400) General anesthesia Dx breast procedure

CERVICAL REQUEST (Please attach pathology report)

Must have a positive cervical biopsy indicating need for further treatment.

_____ (57460) Colposcopy with loop electrode biopsy(s) of the cervix
_____ (57461) Colposcopy with loop electrode conization of the cervix
_____ (57500) Cervical biopsy or local excision of lesion
_____ (57505) Endocervical curettage (not done as part of D&C)
_____ (57511) Cryocautery of cervix
_____ (57513) Laser surgery of cervix
_____ (57520) Conization of cervix with or without repair
_____ (57522) LEEP
_____ (58120) Dilation & curettage-diagnostic and/or therapeutic
_____ (00940) General anesthesia Dx cervical procedure
_____ (64435) Paracervical Nerve Block

Physician submitting application: (fax number required)

Name:

FEIN:

Address:

Phone: _____ Fax: _____

Date submitted:

Date procedure scheduled: _____

Person submitting application:

Approval/denial to be faxed to:

APPLICATION STATUS

□ Approved * □ Denied (see comments)

***SUBJECT TO AVAILABILITY OF FUNDS**

Signature Title Date

Comments

Return to: Diagnostic and Treatment Fund
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

Information contained in this application is confidential.