

CERTIFICATION OF NEED OF TREATMENT – BREAST/CERVICAL CANCER

Purpose: To provide a signed statement from the diagnosing/treating physician as to the date of diagnosis and/or the length of time treatment will be for breast or cervical cancer. This form is used to tell the eligibility specialist the date of diagnosis and the time limit the treatment will last for the claimant.

Number of Copies and Distribution: Complete one copy of the form in ink or type and file in the case record.

Instructions on Completion:

The following parts of this form are to be completed by the eligibility specialist prior to sending to the treating physician:

- Patient Name
- Patient Date of Birth
- Patient's MO HealthNet Number
- Address of where to send the completed form

The form is then sent to be completed by the diagnosing/treating physician.

If initially applying for BCCT through the county office, the physician must certify the following:

- Date of diagnosis, and either
- Need for treatment or
- If currently receiving treatment, the estimated date the current course of treatment will end.

Upon receiving the completed BCC-2, the eligibility specialist will place a priority, based on the patient status:

- Initial application with diagnosis only – Set priority to check on treatment status in three (3) months; or
- Open case – Set priority to redetermine whether treatment is still needed for breast or cervical cancer. Priority is set based on the date the current course of treatment is expected to end.