Washington State Department of Health

COLON DIAGNOSTIC AND REIMBURSEMENT FORM

Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

Please Print Clearly ☐ **FEMALE** ☐ **MALE** **Chart Number @ Site:**

CLIENT NAME (Last, First, Mi)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

PROCEDURE SITE	AGE	PROVIDER NAME	CLIENT CONTACT NUMBER

Provider Comments

☐ Lost to Follow-up, did not complete procedure, date _____ ☐ Refused, date _____

Procedure Date:
_____

Screening colonoscopy
- ☐ 45378
- ☐ 45380 w/biopsy
- ☐ 45381 w/directed submucosal injection
- ☐ 45382 w/control of bleeding
- ☐ 45383 w/ablation
- ☐ 45384 w/polypectomy
- ☐ 45385 w/polypectomy by snare

For other procedures not listed, refer to fee schedule

Tissue exam by pathologist
- ☐ 88300 Gross exam only (surgical specimen)
- ☐ 88302 Gross and microscopic exam (level II)
- ☐ 88304 Gross and microscopic exam (level III)
- ☐ 88305 Gross and microscopic exam, colon, colorectal polyp biopsy (level IV)
- ☐ 88307 Gross and microscopic exam, colon, colorectal polyp biopsy (level V)
- ☐ 88309 Gross and microscopic exam, colon, colorectal polyp biopsy (level VI)
- ☐ 88312 Special stains
- ☐ 88342 Immunohistochemistry, each antibody

Adequate bowel prep
- ☐ Yes
- ☐ No
- ☐ Unknown

Cecum reached
- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not applicable

Biopsy or Polypectomy
- ☐ Yes
- ☐ No
- ☐ Not indicated

# of specimens sent to pathology
_____

Complications
- ☐ 0= No complications reported
- ☐ 1= Bleeding requiring transfusion
- ☐ 2= Bleeding not requiring transfusion
- ☐ 3= Cardiopulmonary events (hypotension, hypoxia, arrhythmia, etc.
- ☐ 4= Complications related to anesthesia
- ☐ 5= Bowel perforation
- ☐ 6= Post-polypectomy syndrome/excessive abdominal pain
- ☐ 7= Death
- ☐ 8= Other
- ☐ 99= Unknown

Results
- ☐ Normal: Negative, diverticulosis, hemorrhoids
- ☐ Polyp(s) not suggestive of cancer
- ☐ Polyp(s) suspicious for cancer/ presumed cancer
- ☐ Other finding not suggestive of cancer or polyp(s)
- ☐ No findings/ inconclusive

Follow-up testing needed to achieve final diagnosis
- ☐ None = diagnosis is complete
- ☐ Sigmoidoscopy
- ☐ Colonoscopy
- ☐ DCBE
- ☐ Surgery

♦ DIAGNOSTIC INFORMATION FOR ADENOMATOUS POLYPS/LESIONS

Total # adenomatous polyps / lesions

_____ (98= exact # unknown; 99= unknown)

Size of the largest adenomatous polyp/lesion

☐ 1 = < 1 mm ☐ 2 = ≥ 1 cm ☐ 9 = unknown

Histology of most severe polyp/lesion: (check one)
- ☐ 1 = Normal or other non-polyp histology
- ☐ 2 = Non-adenomatous polyp (e.g.,inflammatory, hamartomatous)
- ☐ 3 = Hyperplastic polyp
- ☐ 4 = Adenoma, NOS (no high-grade dysplasia noted)
- ☐ 5 = Adenoma, tubular (no high-grade dysplasia noted)
- ☐ 6 = Adenoma, mixed tubular villous (no high-grade dysplasia noted)
- ☐ 7 = Adenoma, villous (no high-grade dysplasia)
- ☐ 8 = Adenoma, serrated (no high-grade dysplasia)
- ☐ 9 = Adenoma with high-grade dysplasia (includes in-situ carcinoma)
- ☐ 10 = Adenocarcinoma, invasive
- ☐ 11 = Carcinoma, other
- ☐ 99 = Unknown / other lesions ablated, not retrieved or confirmed

Recommended Future Screening
- ☐ FOBT ☐ FIT ☐ DCBE
- ☐ Colonoscopy ☐ Sigmoidoscopy

Indication for Future Screening
- ☐ Screening
- ☐ Surveillance post (+) colonoscopy or surgery

Future Screening Timing
_____ months

PROVIDER SIGNATURE_____ Date _____

PLEASE PRINT NAME HERE
_____

PLEASE FAX TO BCCHP PRIME CONTRACTOR: _____

For persons with disabilities, this document is available on request in other formats. To submit a request, call 1-800-525-0127 (TDD/TTY 1-800-833-6388).