

**COLORECTAL FOLLOW-UP FORM
NEW YORK STATE CANCER SERVICES PROGRAM
BILLING FORM**

PLEASE PRINT

Follow-Up Completion Site

1. Name _____
Last First MI Maiden Name

2. Birth Date
Mo. Day Yr. **1 9**

3. Mailing Address _____
Number and Street Apt.

4. Social Security Number

5. City _____ State _____

6. Zip 7. Area Code Telephone Number

8. Client No.

9. Date Referred for Follow-up (Q#71 on SIF)
Mo. Day Yr. **2 0**

12. DIAGNOSTIC WORK-UP

Site	Proc. Code	Procedure Description	Provider Specialty	Date	Funds 1. Program 2. Other	Results (Required)
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ALL DIAGNOSTIC PROCEDURES AND RESULTS MUST BE LISTED ABOVE. IF DONE AT A NON-PARTICIPATING PROVIDER, INFORMATION IS STILL REQUIRED. USE 98 AS THE LAST TWO DIGITS OF THE SITE CODE FOR NON-PARTICIPATING PROVIDER.

Colorectal Procedure Codes (30-50)

- | | | |
|--|---|--|
| 30 Repeat F.O.B.T. or FIT* | 37 Colonoscopy with biopsy single or multiple (45380) | 48 Facility Fee - Sigmoidoscopy |
| 31 Digital Rectal Exam* | 38 Colonoscopy with removal of tumor(s), polyp(s), by hot biopsy forceps or bipolar cautery (45384) | 49 Facility Fee - Colonoscopy |
| 32 Flexible Sigmoidoscopy ** (when colonoscopy is contraindicated) (45330) | 39 Colonoscopy with removal of tumor(s), polyp(s), by snare technique (45385) | 50 Second Technique - Colonoscopy biopsy procedure |
| 33 Flexible Sigmoidoscopy with Polypectomy by hot biopsy forceps or cautery ** (when colonoscopy is contraindicated) (45333) | 41 Anesthesiologist Services (when medically necessary)*** | 80 HHC Average Risk Colonoscopy |
| 34 Flexible Sigmoidoscopy with biopsy single or multiple** (when colonoscopy is contraindicated) (45331) | 42 Surgical pathology, gross & microscopic examination (88305) | 81 HHC Primary Care Visit |
| 35 Radiologic exam: barium enema, etc.** (when colonoscopy is contraindicated) (74270) | 43 Medical Consultation | 98 Other (Any procedures not listed above)* |
| 36 Colonoscopy (45378) | 44 Conscious Sedation* (99141) | |
| | 45 Chest x-ray (71020) | |
| | 46 Electrocardiogram (EKG/ECG) (93000) | |
| | 47 Complete Blood Count (CBC) (85024) | |

* Not paid for under program funds, must use other funds.
** Reimbursed on a per case basis. See Operations Manual.
***Fax request for program funds to (518) 486-6860

13. Status of Diagnostic Work-Up (required)

1. Work-up Complete
 2. Lost to Follow-up
 3. Work-up Refused
 4. Deceased

13a. Details for lost to follow-up or refused _____

15. Final Diagnosis (Check one box only)

1. Normal/Negative
 2. Hyperplastic polyps
 3. Adenomatous polyp, no high grade dysplasia
 4. Adenomatous polyp with high grade dysplasia
 5. Other polyp
 6. Colorectal Cancer (Q16-20 are required)
 7. Ulcerative Colitis
 8. Crohn's Disease
 9. Hemorrhoids
 10. Diverticulitis
 11. Other Diagnosis - Specify _____

16. Recommended Date of Next CSP-Funded Screening (Complete if treatment is not indicated).

2 0

* See CSP Operations Manual Reimbursement Section

14. Date of Last Procedure, or Last Contact if Refused, or Lost to Follow-up, or Date Deceased

2 0

**COLORECTAL FOLLOW-UP FORM
NEW YORK STATE
CANCER SERVICES PROGRAM
BILLING FORM**

Birth Date

		1	9		
Mo.	Day	Yr.		Yr.	Yr.

Name _____ Client No. _____
Last First MI

17. Treatment information is required for all clients diagnosed with colorectal cancer.

 Hospital(s) responsible for diagnosis and treatment (or MD if not hospitalized):

18. Status of Treatment

1. Treatment Started

2. Lost to Follow-Up

3. Treatment Refused

4. Treatment Not Indicated

5. Deceased

19. Date of Treatment Started or Refused or Lost to Follow-up

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20. Funding for Treatment

1. Medicaid

2. Medicare

3. Other - Specify _____

21a. Complication 1 Yes No

21b. Type of complication (check one box only)

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 adominal pain

7. Death

8. Other - Specify _____

21c. Date of ER Visit, Hospitalization, or Death

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22a. Complication 2 Yes No

22b. Type of complication (check one box only)

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 adominal pain

7. Death

8. Other - Specify _____

22c. Date of ER Visit, Hospitalization, or Death

		2	0		
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COMMENTS:
