

State of Wyoming



Department of Health
Public Health Division
Preventive Health and Safety Section

Wyoming Colorectal Cancer Screening Program

Participating Healthcare Provider Manual

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This document is available in alternative format upon request.



WYOMING
Colorectal Cancer
Screening Program

September 2012

**Participating Healthcare
Provider Manual**

Wyoming Colorectal Cancer Screening Program
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Program Purpose

This Participating Healthcare Provider Manual is provided to help explain the operational components of the Wyoming Colorectal Cancer Screening Program (WCCSP).

Program Purpose

Colorectal cancer is the number two cancer killer of adults in Wyoming, second only to lung cancer. However, the good news is that colorectal cancer is very preventable with adequate screening. In 2007 the Wyoming Legislature passed the Wyoming Cancer Control Act. As a part of that piece of legislation, the Wyoming Colorectal Cancer Screening Program (WCCSP) was established. The purpose of the WCCSP is to eliminate the cost barrier to screening by providing free colonoscopies to eligible Wyoming residents. The WCCSP reimburses participating healthcare providers at the Medicaid allowable rate.

The WCCSP operates in accordance with Amended Rules and Regulations for the Wyoming Colorectal Cancer Screening Program Chapters 15 through 18 (Appendix A).

Applicant Eligibility & Enrollment Requirements

All Wyoming applicants must complete a program application, must submit it to the program, and must meet the following program eligibility criteria in order to qualify for services through the program:

- **Residency:** Resident of the State of Wyoming for at least one (1) year immediately prior to screening.
 - All applicants must sign the oath of residency section on the application attesting to the requirement.
- **Age:** Age 50 to 64. This is the primary target population for this program.
 - For applicants under the age of 50, healthcare providers may request an exception by completing a Certification of Need form for applicants under the age of 50 whom they believe are at high risk for colon cancer (See Appendix C).
 - Over age 64 and not currently on Medicare Part B.
- **Previous Colonoscopies:** If an applicant has received a colonoscopy in the 10 years prior to the time of application, authorization for a rescreen will be made on a case-by-case basis (See Appendix A and/or B).
- **Income:** Applicants gross income must be at or below 250% of the Federal Poverty Level. Applicants are required to provide documentation of current income level.
 - The most current income guidelines can be found on the program's webpage at: <http://www.health.wyo.gov/phsd/ccp>
- **Insurance:** Applicants must be uninsured or underinsured. Underinsured means that insurance does not cover the full cost of the procedure, for example due to a high deductible or co-pay.

- Applicants must not currently be enrolled in Wyoming Medicaid or federal Medicare Part B.

The WCCSP must review all applications to determine eligibility. This process can take several days. We cannot provide immediate approval over the phone.

All applicants are sent either an approval letter with a screening information packet or a denial letter. The program can not reimburse for any services provided prior to the application date.

A printable pdf version or on-line version of the client application form can be found on the program's web site: <http://www.health.wyo.gov/phsd/ccp>.

Provider Enrollment Requirements

All healthcare providers must have a provider contract in place with WCCSP in order to receive reimbursement for covered services from the program.

Covered Services

Expenses reimbursed by the WCCSP, at the rate paid under the Wyoming Medicaid Program include but are not limited to:

- Colonoscopy pre-operative consultation fee
- Colonoscopy procedure
- Level IV surgical pathology, gross and microscopic examination
- Facility fees
- Sedation or anesthesia fees

Barium enema or CT colonography *might* be approved by the program on a case-by-case basis following an inadequate or incomplete colonoscopy. Please contact the program for more information.

All WCCSP covered services are listed on the WCCSP CPT-code list. The most recent version of the full WCCSP CPT-code list is located on the program's web page at: <http://www.health.wyo.gov/phsd/ccp> .

Non-Covered Services

Procedures and services not reimbursed by the WCCSP include:

- **Colonoscopy Bowel Prep**
- **Flexible Sigmoidoscopy** (unless approved by the program following an inadequate or incomplete colonoscopy)
- **Double Contrast Barium Enema** (unless approved **by the program** following an inadequate or incomplete colonoscopy)
- **CT Colonography** (unless approved **by the program** following an inadequate or incomplete colonoscopy)
- **Stool Testing:** This currently includes Standard or Immunochemical Fecal Occult Blood Testing (FOBT or FIT), Stool Mutational Analysis, or Stool DNA test
- **Genetic Testing**
- **Esophagogastroduodenoscopy (EGD)**
- **Digital Rectal Exam** (This should be performed at the time of colonoscopy; this test is NOT reimbursed separately by the program.)
- **Post-op Examinations or other office visits**
- **Hemorrhoidectomy or Hemorrhoid Banding**
- **Treatment for Colon Cancer, Inflammatory Bowel Disease, or any other condition requiring treatment.**
- **Adverse Events**
- **No-show Appointments**
- **Other cancer screenings**
- **Colonoscopies performed prior to WCCSP patient enrollment date.**

Important Note: The patient must have a WCCSP payment voucher, or other approval by the program, *prior* to the procedure or the patient or provider must assume full responsibility for any costs relating to a procedure performed prior to enrollment date.

Reporting Results

Clinical aggregate outcome data is collected by the WCCSP and is available upon request. Providers are required to submit copies of the colonoscopy operative report and pathology report (when pathology is done) for WCCSP enrolled patients. Provider reimbursement is contingent on submission of these reports.

Adequacy of Colonoscopy

Adequate colonoscopy is defined as reaching the cecum and having colonic preparation sufficient to visualize 90% of the colonic mucosa. The colonoscopy procedure report should detail whether the cecum was reached and whether the endoscopist visualized the colonic mucosa adequately.

Findings of Colonoscopy

The colonoscopist's report of optical colonoscopy findings should include polyp(s), mass, lesion/tumor, other lesions, hemorrhoids, diverticular disease, varices, inflammatory bowel disease, ulcerative colitis, and Crohn's disease of the colon. The report should include:

- Number of lesions
- Description (e.g., flat, raised, sessile, pedunculated, bleeding, irregular, etc.), size, and location of each lesion
- Biopsy/management of lesions:
 - biopsy during the colonoscopy with removal of entire lesion(s)
 - biopsy without removal of entire lesion(s)
 - no biopsy during colonoscopy
 - other management of polyp/lesion (tattoo of site, saline prior to biopsy, etc.)

Colonoscopist's Recommendation

Colonoscopist's recommendation for date of next colonoscopy or other testing is based on the adequacy of the colonoscopy, the optical findings, the results of pathology, and the client's risk category. If the recommendation depends on the results of the histologic evaluation of a polyp then the colonoscopist should provide recommendation contingent on the pathology results.

Pathology Reports

A polyp or lesion should be classified by standard pathologic criteria and should include the following:

- Type of polyp or lesion: tubular adenomas; villous adenoma; tubulovillous adenoma; serrated adenoma; hyperplastic polyp; other (mucosal polyp, inflammatory, pseudopolyp, submucosal polyp; lipoma, carcinoid, metastatic tumor, etc.)
- Degree of dysplasia: The diagnosis of any adenoma indicates the presence of dysplasia. Special mention should be made of the presence of high grade

dysplasia (including severe dysplasia, carcinoma in situ and intramucosal carcinoma)

- Presence of involvement of stalk/margin: If high grade dysplasia or carcinoma is present, determine whether the stalk or margin of the specimen is free of involvement.

Note: This applies to large polyps removed by snare excision. It is often not possible to evaluate the margins of small polyps removed by biopsy alone.

Follow-up of Colonoscopy/Inadequate Colonoscopy

If a provider determines that a colonoscopy is inadequate, the provider should document if and when additional procedures are necessary to complete the screening. Follow-up screening due to an inadequate initial colonoscopy must be pre-approved by the WCCSP before reimbursement is allowed.

Provider Reimbursement

The WCCSP provides reimbursement to WCCSP-contracted providers for colonoscopies at the rate allowable under the Wyoming Medical Assistance and Services Act (Medicaid). Per the executed participating provider contract, program participating healthcare providers are prohibited from billing enrolled patients for any portion of WCCSP covered services.

Payment Rates:

Colonoscopy and associated diagnostic services are reimbursed according to the WCCSP approved CPT Code List (<http://www.health.wyo.gov/phsd/ccp>). For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100% of the allowable Medicaid reimbursement for the service of the highest cost, then 50% of the allowable Medicaid reimbursement amount for the second service and 25% of the allowable Medicaid reimbursement amount for the third and sequential techniques. If several specimens from a single colonoscopy are reviewed by pathology, the program will pay for every specimen.

Billing Forms

The WCCSP uses two different billing forms based on provider type:

- Hospitals: Uniform Billing (UB)-92
- All Other Providers: Centers of Medicare and Medicaid Services (CMS)-1500 (previously the HCFA-1500)

For guidance in completing the UB-92 and the CMS-1500, consult the Equality Care General Provider manual by Affiliated Computer Systems (ACS). Claims will be processed by the WCCSP and then sent to ACS (for electronic payment) or the Wyoming State Auditors (for a voucher payment).

Please send claims, with required documentation attached, to the WCCSP at the following address:

**Wyoming Colorectal Cancer Screening Program
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002**

For billing claims or questions please contact the WCCSP at 1-866-205-5292.

Note: The WCCSP does not supply UB-92 or HCFA 1500 forms.

Required Billing Documentation

A claim will not be paid until the required medical documents are received by the WCCSP. Providers must submit the following documents along with the billing form:

1. Pre-operative consultation bill: No additional documentation required
2. Colonoscopy bill: Submit the procedure report, which includes:
 - Pre and post procedure diagnoses
 - Description of procedure
 - Findings
 - Recommendations
3. Pathology bill: Submit the pathology report
4. Facility bill: Submit the procedure report
5. Anesthesia bill: No additional documentation required

Reimbursement Policy

The WCCSP reimbursement amount is considered *payment in full* as noted in the contract between the WCCSP and the provider. Participating providers must not bill WCCSP approved clients for the remainder of the bill (see your copy of your contract with the program).

There will be no reimbursement to providers for colonoscopies performed prior to the WCCSP enrollment start-date. The applicant/patient must have a WCCSP payment voucher to present to the provider prior to the procedure. If applicant/patient does not have proper enrollment approval, the applicant/patient must assume responsibility for any costs relating to procedures performed prior to enrollment approval.

The WCCSP is the payer of last resort. If the primary insurance carrier is not billed first the claim to WCCSP will be returned. To facilitate timely payment please attach a copy of the EOB from the primary payer.

Indian Health Services is not considered private insurance or a primary payer.

Submit bills to the WCCSP in a timely manner:

- Submit an original, correctly completed claim form for all services provided to WCCSP clients no later than three (3) months following date of service.
- Submit all claims to the WCCSP no later than thirty (30) days after the close of the fiscal year in which they occurred. The fiscal year extends from July 1st through June 30th.
- The client cannot be held responsible for payment if the provider fails to submit the bill in a timely manner.

Inform the WCCSP within thirty (30) days of any change in ownership, mailing address, professional group membership, pending disciplinary action, and licensure, certification, or registration status.

Health Insurance Portability & Accountability Act (HIPAA) (45 CFR 164.506)

The Wyoming Department of Health WCCSP is a covered entity. A covered entity may, without the individual's authorization, use or disclose protected health information for the purposes of treatment, payment, and health care operations activities. All WCCSP applicants sign an *Informed Consent and Release of Medical Information* form allowing exchange of PHI between the program and healthcare providers.

Audits

Personnel from the WCCSP may conduct occasional audits of clinical and financial records to ensure compliance with the WCCSP standards, rules and regulations, and to verify the validity of reported services.

Patient Navigation

The WCCSP provides patient navigation support to educate and guide patients through the colorectal screening process. The role of a patient navigator was created to eliminate barriers and guide patients through the medical system in a culturally sensitive manner. The WCCSP may partner with other organizations in providing navigation services.

Medical Advisory Committee

The WCCSP's clinical policies, procedures, guidelines, and clinical forms are all reviewed and approved by the program's Medical Advisory Council. This Council is

made up of volunteers who are participating healthcare providers in the WCCSP. This council meets a minimum of once a year.

Program Contact Information

Wyoming Colorectal Cancer Screening Program

6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002

Toll Free: 866-205-5292

Fax: (307)777-1950

Web:

<http://www.health.wyo.gov/phsd/ccp>

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Appendix A

WCCSP 2012
Amended
Rules and Regulations

CHAPTER 15

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

General Provisions

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq.*, and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. These rules and regulations are adopted to establish general provisions and definitions for the WCCSP.

Section 3. General Provisions.

(a) These rules shall provide for the following:

(i) Case management services to Wyoming men and women enrolled in the WCCSP; and

(ii) Public education and outreach services to educate Wyoming men, women, and providers about colorectal cancer and evidence-based screening guidelines, as well as to promote the WCCSP.

(b) The WCCSP may issue manuals, brochures, or other documents to interpret the provisions of these rules and regulations. Such documents shall be consistent with and reflect the policies contained in these rules and regulations. The provisions contained in manuals and brochures shall be subordinate to the provisions of these rules and regulations, except as otherwise provided in W.S. § 35-25-204.

(c) The incorporation by reference of any external standard is intended to be the incorporation of that standard as it is in effect on the effective date of this Chapter, except as otherwise provided in W.S. § 35-25-204.

Section 4. Definitions. The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates such is the intent, words in the singular number shall include the plural and vice versa. For the purpose of the rules, the following shall apply:

(a) “Adverse Event” is an injury or complication resulting from the colonoscopy procedure.

(b) “Colonoscopy” is an endoscopic medical procedure that uses a long, flexible, lighted, tubular instrument called a colonoscope to view the rectum and the entire inner lining of the colon (large intestine).

(c) “Case Management” means the provision of educational and emotional support and/or clinical navigation services for program enrolled clients by the program nurse to ensure compliance with screening protocols.

(d) “Contractor” means an entity that has executed a contract for professional services with the WCCSP.

(e) “Department” means the Wyoming Department of Health.

(f) “Enrollment Start-Date” is the date the application is approved by the WCCSP.

(g) “Federal Poverty Level” means the set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the United States Department of Health and Human Services.

(h) “Team Member” refers to the WCCSP staff, as well as any other representative given authority to make decisions on behalf of the WCCSP by the Program Manager or person serving as acting Program Manager.

(i) “CPT Code List” refers to a list created by the WCCSP that identifies various colonoscopy-related codes that are reimbursable by the program. The most current version of the list will be posted on the program website and accessible to all providers.

Section 5. Severability. If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in force and full effect.

CHAPTER 16

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Program Applicant Eligibility and Enrollment Requirements

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq.*, and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. These rules and regulations are adopted to establish eligibility and enrollment guidelines of program applicants for the WCCSP benefits.

Section 3. Eligibility Guidelines. A completed and signed application must be submitted to the WCCSP for approval. The following eligibility criteria must be met before an application may be approved for enrollment:

(a) Residency. Applicant must have been a resident of the State of Wyoming for at least one (1) year immediately prior to making application to the program. Applicant shall swear to an oath of residency when completing the application for enrollment.

(b) Age. Applicant must be age fifty (50) or over, unless an exception is requested by a healthcare provider indicating the need for earlier screening and the exception meets the program's evidence based guidelines. A minimum age requirement of age eighteen (18) is necessary to be screened through the program.

(c) Insurance. Applicant must not already be enrolled in the federal Medicare program or Wyoming Medicaid.

(d) Income. Applicant's gross income (before taxes) at the time of application must be at or below 250% of the Federal Poverty Level.

(e) Provider. Applicant, upon approval, must receive their colonoscopy from a provider contracted with the WCCSP.

(f) Ten-Year Rule. Upon approval of application for enrollment, applicant will be eligible for one (1) colonoscopy every ten (10) years, counting any colonoscopy completed before July 1, 2007, or before the applicant became a Wyoming resident. However, the WCCSP on a case-by-case basis may authorize follow-up screening when medically indicated based on national evidence-based guidelines.

Section 4. Enrollment Guidelines. The following are guidelines the WCCSP adheres to with regard to client enrollment and the processes for approval or denial of applications.

(a) Enrollment Period. A client who is enrolled in the WCCSP will remain in the program until they are eligible for Medicare or until adequate insurance coverage becomes available to the client. Clients who do not obtain a screen within three (3) months of initial enrollment approval will be notified in writing that enrollment approval may be terminated if screening is not obtained within the next ninety (90) calendar days. If provider capacity is insufficient at the time of enrollment approval, an extension may be given at the Department's sole discretion.

(b) Decision-Making Process. Upon receipt of an application, it will be reviewed and approved or denied by WCCSP team members. If a decision is complex and cannot be determined by the team members the case will be referred to a WDH staff physician for enrollment decision.

(c) Notification to Applicants of Approval or Denial. Eligibility is not determined online, in person, or over the telephone. Applicants are informed in writing whether their application has been approved or denied. Reasons for denial will be specified in the letter.

(d) Review Process. Applicants who are denied enrollment may submit a written letter explaining their situation or they may request that their healthcare provider submit a written letter supporting the request. These documents shall be submitted to the Program Manager. A review team will be formed within the Department to respond to the appeals. The Department will make every effort to respond to the appeals within thirty (30) business days.

Chapter 1

Chapter 2

CHAPTER 17

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Provider Eligibility, Screening Methods, and Reimbursement Guidelines

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq.*, and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. The following rules and regulations are adopted to establish provider eligibility, screening methods, and reimbursement guidelines.

Section 3. Eligibility. A physician must be licensed to practice medicine as determined by the credentialing state's Board of Medicine to be an eligible provider for reimbursement of colorectal cancer screening services (i.e., colonoscopy) by the WCCSP.

Section 4. Reimbursement for Services. Pursuant to W.S. § 35-25-204, the WCCSP will reimburse providers for the costs relating to colonoscopy screening. If a colonoscopy screening is unsuccessful and cannot be completed, an alternate screening method will be considered for reimbursement on a case-by-case basis as determined by the Department's staff physician.

(a) Services covered by the WCCSP. Reimbursement is paid for services listed on the program's CPT code list. The CPT-code list is located on the program's web site.

(b) Services not covered by the WCCSP.

(i) There will be no reimbursement to providers for colonoscopies or related costs performed prior to the WCCSP enrollment start date. The applicant/patient must have a WCCSP payment voucher to present to the provider prior to the procedure, unless otherwise approved by WCCSP. If applicant/patient does not have proper enrollment approval, the applicant/patient will assume responsibility for any costs relating to procedures performed prior to enrollment approval.

(ii) Reimbursement for adverse events is not covered by the WCCSP.

(iii) The WCCSP shall not reimburse for follow-up surgery or additional care needed if an actual cancer or other condition requiring additional medical care is found.

Section 5. Payment Policy. Screening by the WCCSP will be paid by the program at the current Wyoming Medicaid allowable rates for the date of service. For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100 percent for the allowable Medicaid reimbursement amount for the service of the highest cost, then 50 percent of the allowable Medicaid reimbursement amount for the second service, and 25 percent of the allowable Medicaid reimbursement amount for the third and sequential techniques.

(a) The Contractor must accept as payment in full the current Medicaid allowable charge in effect on the date of the covered service as identified on the WCCSP CPT code set.

(b) The Contractor is prohibited from making additional charge(s) to the client or any member of the client's family for those services covered by the WCCSP.

(c) The Contractor shall have and/or retain the expressed right to bill clients enrolled in WCCSP for any services not covered by the WCCSP.

Chapter 3

CHAPTER 18

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Program Evaluation and Reporting

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq.*, and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. The following rules and regulations are adopted to institute a mechanism for the collection, analysis, evaluation, and reporting of data.

Section 3. Data Collection and Reporting. The program shall establish and maintain an appropriate data collection system.

(a) Program participating healthcare providers are required to submit the colonoscopy report or other approved procedure reports and pathology report(s) (if biopsy performed) for all procedures requested for reimbursement.

(b) The WCCSP is responsible for the collection and analysis of client demographic data, clinical outcome data, program process and outcome data and reimbursement cost related data.

(c) The WCCSP will produce data reports and other program reports as requested and on an as needed basis.

Appendix B

WCCSP Screen / Re-Screen in < 10 Years And Surveillance Clinical Guidelines

Wyoming Colorectal Cancer Screening Program (WCCSP) Screen / Re-screen < 10 Years Checklist

This checklist is to be used by the WCCSP to determine what clinical guideline criteria has been met in order for a person to receive a screening or re-screening colonoscopy through this program more frequently than once every ten years.

Personal or Family History of Cancer or Pre-cancer:

___ Hx colon CA (indicate follow-up schedule below)

- (a) ___ Had colon resection, recommended repeat in 1 year
 ___ If negative, recommend repeat in 3 years
 ___ If still negative, then recommend repeat every 5 years
- (b) ___ No colon resection, recommend repeat every 5 years

___ Hx of hyperplastic polyps (not Hyperplastic Polyposis Syndrome)

- Recommend routine F/U (every 10 years)

___ Hx of 1-2 small (< 10 mm) adenomatous polyps with no high grade dysplasia

- Recommend repeat every 5-10 years

___ Hx of 3-10 adenomas, or any adenoma \geq 10 mm, or any adenoma with villous features or high grade dysplasia

- Recommend repeat every 3 years

___ Hx of more than 10 adenomas

- Recommend repeat every 3 years

___ Hx of adenomatous polyp removed piecemeal or with possible residual tissue

- Recommend repeat 2-6 months

___ FHx colon CA or adenomatous polyps in first degree relative *under* age 60

- Recommend starting screening at age 40 or 10 years younger than when relative developed cancer, which ever is earlier
- Recommend repeat every 5 years

___ FHx colon CA or adenomatous polyps in two or more first degree relatives, any age

- Recommend starting screening at age 40 or 10 years younger than when relative developed cancer, which ever is earlier
- Recommend repeat every 5 years

___ FHx colon CA or adenomatous polyps in first degree relative *over* age 60

- Recommend starting screening at age 40 and repeat every 10 years

___ FHx colon CA or adenomatous polyps in two or more second degree relatives, any age

- Recommend starting at age 40 and repeat every 10 years

**Wyoming Colorectal Cancer Screening Program (WCCSP) Screen / Re-screen < 10 Years Checklist
(p. 2)**

Polyposis Syndromes: (initiate screening at age 20-25):

___ **DX of HNPCC/Lynch Syndrome**

___ **Amsterdam Criteria (3-2-1)**

- **Three** relatives, on the same side of the family, with HNPCC related cancers (colorectal, endometrial, stomach, ovarian, pancreas, ureter/renal pelvis, biliary tract, and brain (usually glioblastoma as seen in Turcot syndrome) tumors, sebaceous gland adenomas and keratocanthomas in Muir-Torre syndrome, and carcinoma of the small bowel)
- **Two** of which were in different generations, i.e. cousin and uncle,
- At least **one** under the age of 50.

___ **Dx of Hyperplastic Polyposis Syndrome**

- ___ (a) At least five hyperplastic polyps proximal to the sigmoid colon, of which two are greater than 1 cm in diameter
- ___ (b) Any number of hyperplastic polyps occurring proximal to the sigmoid colon in an individual who has a first degree relative with hyperplastic polyposis
- ___ (c) Greater than 30 hyperplastic polyps distributed throughout the colon

Recommended Screening Guidelines:

- Every 1-3 years
- FHx of hyperplastic polyposis syndrome, starting at age 40 or 10 years younger than when relative developed diagnosed, which ever is earlier.
 - Screen every 3 years if polyps
 - Screen every 5 years if no polyps

Familial Adenomatous Polyposis (FAP) and Attenuated (AFAP):

___ **Dx of FAP** (More than 100 adenomatous polyps)

___ **Dx of Attenuated FAP** (Numerous polyps but fewer than 100)

Recommended Screening Guidelines:

- Annual flexible sigmoidoscopy at age 12 until polyps seen (this program can not provide sigmoidoscopies or colonoscopies for any individuals under age 18)
- Once polyps detected, annual colonoscopy or flex sig annually following sub-total colectomy

Inflammatory Bowel Disease

___ **Hx of Ulcerative Colitis**

___ **Hx of Crohn's disease**

Recommended Screening Guidelines:

- Initiate screening 8 years after onset of symptoms
- Screen every 2 years if no dysplasia
 - If dysplasia, re-screen on a case-by-case basis

For WCCSP Office Use Only: Review Date: _____ Request **Approved** _____ Request **Denied** _____

Reason(s) for Denial: _____

WCCSP Reviewer's Signature: _____

Reviewing Physician's Signature: _____

Appendix C

Certification of Need for Colorectal Cancer Re-Screening Over Age 50



**Certification of Need for
Re- Screening for Colorectal Cancer
for Individuals Over Age 50**

Client's Name: _____

Client's Address: _____

Client's Date of Birth: _____

Client's Home or Cell Phone #: _____

Please check all that apply:

- Melena
- Hematochezia
- Bleeding from the rectum
- Abdominal pain
- Feeling of discomfort or urge to have a bowel movement when there is no need to have one
- Change in the shape or size of the stool
- Change in bowel habits
- Unintentional/unexplained weight loss
- Fatigue or anemia without identified cause
- Abnormal X-ray findings suggestive of colon disease
- Other* List all signs/symptoms: _____

* IMPORTANT NOTE: We may require additional documentation (i.e. copies of lab work, progress notes, radiology reports, etc.) to demonstrate that other possible causes of symptoms have been ruled out and to support your belief that there is reasonable justification to request a **colorectal cancer re-screening** at this time.

“Even though this client had a negative screening colonoscopy < 10 years ago, I believe he/she is at increased risk for colorectal cancer for the reason(s) indicated above. Therefore, I am requesting a colorectal cancer re-screening colonoscopy through this program.”

Physician's Signature: _____ Date: _____

Physician's Name (please print): _____

Clinic Name: _____

Clinic Address: _____

You may fax a copy of this completed form to us to expedite the process; however please also mail the form with the original signature to the program. Keep a copy for your records.

**Wyoming Colorectal Cancer Screening Program (WCCSP)
Wyoming Department of Health
6101 Yellowstone Road, Suite 510, Cheyenne, WY 82002
Phone #: 307-777-2932 Fax #: 307-777-1950**

<p><i>For WCCSP Office Use Only:</i> Review Date: _____ Request Approved _____ Request Denied _____</p> <p>Reason(s) for Denial: _____</p> <p>WCCSP Reviewer's Signature: _____</p> <p>Reviewing Physician's Signature: _____</p>

Appendix D

Certification of Need for Colorectal Cancer Screening Under Age 50



**Certification of Need for
Screening for Colorectal Cancer
for Individuals Under Age 50**

Client's Name: _____

Client's Address: _____

Client's Date of Birth: _____

Client's Home or Cell Phone #: _____

Please check all that apply:

- Has a family history of colorectal cancer or adenomatous polyps in a first-degree relative < age 60 years or in 2 or more first-degree relatives at any age. (*Screening should begin at age 40 or 10 years before the youngest case in the immediate family.*)
- Has a family history of colorectal cancer or adenomatous polyps in a first-degree relative \geq age 60 years or in 2 second-degree relatives with colorectal cancer. (*Screening should begin at age 40.*)
- Has a personal history of adenomatous polyp(s) or colon cancer.
- Has a personal history for \geq 8 years of Crohn's Disease.
- Has a personal history for \geq 8 years of Ulcerative Colitis.
- Has a documented hereditary syndrome (HNPCC, FAP, or AFAP).
- Other* List all signs/symptoms: _____

* NOTE: Under the category "other" you *must* also submit additional documentation (i.e. copies of lab work, progress notes, radiology reports, etc.) to demonstrate that other possible causes of symptoms have been ruled out and to support your belief that there is reasonable justification to request a *colorectal cancer screening* at this time.

"I certify that even though this client is under the age of 50, I believe he/she is at increased risk for colorectal cancer for the reason(s) indicated above. Therefore, I am requesting a colorectal cancer screening colonoscopy through this program."

Physician's Signature: _____ Date: _____

Physician's Name (please print): _____

Clinic Name: _____

Clinic Address: _____

You may fax a copy of this completed form to us to expedite the process; however please also mail the form with the original signature to the program. Keep a copy for your records.

**Wyoming Colorectal Cancer Screening Program (WCCSP)
Wyoming Department of Health
6101 Yellowstone Road, Suite 510, Cheyenne, WY 82002
Phone #: 307-777-2932 Fax #: 307-777-1950**

For WCCSP Office Use Only: Review Date: _____ Request **Approved** _____ Request **Denied** _____

Reason(s) for Denial: _____

WCCSP Reviewer's Signature: _____

Reviewing Physician's Signature: _____