



Sutter Medical
Foundation

A Sutter Health Affiliate

Sutter Physicians Alliance

Screening Colonoscopy Attestation Form

Revised March 14, 2006

Patient's Name: _____ has been evaluated thoroughly and does **NOT** qualify for a **MEDICALLY** indicated colonoscopy as defined by **ANY ONE OF THE INDICATIONS LISTED BELOW**.

1. There is a history of adenomatous polyps. There is family history of colon cancer, (colon cancer or adenomatous polyps in a first-degree relative younger than age 60 or in two or more first-degree relatives of any age).
2. There is a history of inflammatory bowel disease involving the colon (ulcerative colitis or Crohn's Disease).
3. There are clinical symptoms which would indicate performing a diagnostic, therapeutic, or medically indicated colonoscopy such as rectal bleeding or a positive fecal occult blood test.

Patient's Name: _____ does qualify for a screening colonoscopy because she/he has **not** undergone sigmoidoscopy evaluation in the past 4 years or colonoscopy evaluation in the past 10 years.

DATED: _____
Primary Care Physician / GI Specialist

I have read and understand items # 1-3 of the above and noted my insurance coverage. Based on this information, I may qualify for a screening colonoscopy. I understand that my physician will be submitting a request for the screening colonoscopy to my health plan and that there is a possibility that my insurance may not cover this procedure.

DATED: _____
Patient Signature

Refer to (GI Physician Name): _____

Specialist Note: Use diagnosis (V76.51 (Special screening for malignant neoplasms, intestine, colon) along with any of these CPT codes when submitting a claim to Sutter Connect (G0121, 45385, 45384, 45380, 44394, 44392 (Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk). The "G" code G0121 will be the requested code for authorization. The other codes may be utilized on the claim depending upon the procedure performed.