



Quality Compliance Form

Fax: (716) 887-7967

| Colorectal Cancer Screening (COL) | |
|-----------------------------------|---|
| Provider Information | |
| Provider Name | |
| Address | |
| Specialty | |
| NPI | |
| Tax ID | |
| Contact Name | |
| Contact Phone | |
| Patient Information | |
| Patient Name | |
| DOB | |
| BlueCross BlueShield Insurance | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| ID | |
| Measure/Description | <p>This measure targets members 50-75 years of age (1945-1970) who had colorectal cancer screening.</p> <p>There are five (5) types of colorectal cancer screening with an associated timeframe that meets the criteria:</p> <ol style="list-style-type: none"> FOBT (fecal occult blood test) must be done in 2020; both iFOBT and gFOBT are acceptable. Flexible sigmoidoscopy must be done between 2016 and 2020. Colonoscopy must be done between 2011 and 2020. CT Colonography test done between 2016 and 2020. FIT-DNA (Cologuard) done between 2018 and 2020. |
| Required Documents | <p>Evidences of one of the five procedures listed above were completed during the specified timeframes.</p> <p>Exclusion: Documentation of a diagnosis of colorectal cancer or a total colectomy any time during the member's history through 12/31/2020.</p> |
| Comments | |