Screening colonoscopy is performed on asymptomatic patients due to colorectal cancer screening because of age or familial risk indicators such as a family history of CRC or adenomatous polyps.

Surveillance colonoscopy is performed when a patient has an indicator condition or has had a personal malignancy or premalignancy that needs follow up and requires colonoscopy at more frequent intervals. Examples are Personal history of CRC (Z85.038) or Personal History of Colonic Adenomatous Polyps (Z86.010).

Diagnostic colonoscopy is performed when a patient has indicator condition requiring diagnostic workup that includes consideration of colon cancer as a potential diagnosis (i.e. persons with a history of rectal bleeding, anemia, or unexplained weight loss).

Sample Colorectal Cancer Screening Algorithm Per Recommendation to Start Screening at Age 50

Assess Risk: Personal & Family

Average risk (No personal or family history of CRC or adenomatous polyp)

Increased or high risk based on personal history. If personal Hx of CRC (Z85.038), colonic polyps (Z86.010), Ulcerative Colitis (K51.9), or B year or more diagnosed personal Hx of IBD (Z8719 or K52.9), document as assessment in today’s encounter and use the diagnostic code to order a screening colonoscopy (CPT 45378)

Increased or high risk based on family history. If hereditary CRC syndrome such as FAP (Z83.71) or other polyposis syndromes, or Lynch Syndrome (Z80.0, Z15.09, or Z84.81), document assessment in today’s encounter and use the diagnosis to order a screening colonoscopy (CPT 45378)

Stool-Based Tests

- gFOBT (guaiac-based fecal occult blood test)* every year; or
- FIT (fecal immunochemical test every year)*; or
- FIT DNA (multitargeted stool DNA test) every 1 to 3 years

Direct Visualization Tests

- Colonoscopy every 10 years, or
- CT colonography (virtual colonoscopy) every 5 years, or
- Flexible sigmoidoscopy every 5 years

* Stool samples obtained by digital rectal exam (DRE) have low sensitivity for cancer (missing 19 of 21 cancers in one study) and should never be used for CRC screening.

All patients who undergo a test other than colonoscopy as a first-line screening exam and receive a positive test result must follow up with a colonoscopy to complete the screening process.

For Medicare patients, use G codes:

- G0105 – Colonoscopy (high risk)
- G0121 – Colonoscopy (not high risk)
- G0328 – Fecal Occult Blood Test (FOBT), immunoassay, 1–3 simultaneous
- G0464 – Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)

Definitions:

- IBD: inflammatory bowel disease
- CRC: colorectal cancer
- FDR: first-degree relative
- SDR: second-degree relative
- CTC: computed tomographic colonography
- FAP: familial adenomatous polyposis
- Hx: history

Screening colonoscopy every 1-3 years starting at age 25, genetic counseling; consider genetic testing

Screening colonoscopy every 5 years beginning age 40 - OR - 10 years earlier than age of youngest relative at diagnosis, whichever comes first

Any of the screening options recommended for the average risk population, but starting at age 40

* For adults ages 76 to 85 years, providers should individualize decisions about screening, after considering patient preference, life expectancy, overall health, and prior screening history.