**Sample Colorectal Cancer Screening Algorithm**

**Per 2018 American Cancer Society Guideline**

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**Assess Risk: Personal & Family**

- **Average risk (No personal or family history of CRC or adenomatous polyp)**
  - < 45 years or > 85 years
  - 45 to 75 years

**Screen**

- **Do not screen**
- **Screen; select from test options below.**

**Increased or high risk based on personal or family history.**

- **Personal Hx of CRC (Z85.038), colonic polyps (Z86.010), Ulcerative Colitis (K51.9), or 8 year or more diagnosed personal Hx of IBD (Z877.A or K52.9), document as assessment in today’s encounter and use the diagnosis to order a screening colonoscopy (CPT 45378)**

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**Stool-Based Tests**

- Yearly fecal immunochemical test (FIT)*, or
- Multi-target stool DNA (FIT-DNA) every three years, or
- Yearly high-sensitivity guaiac test (HS-gFOBT)*

* 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.

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**Direct Visualization Tests**

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

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**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)

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**Definitions**

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

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Screening colonoscopy is performed on asymptomatic patients due for 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).

An “advanced adenoma” is a lesion ≥ 1 cm in size or having high-grade dysplasia or villous elements.