

EXAMPLE OF “SCREENING POLICY”

XYZ Primary Care Practice

Colorectal Cancer Screening (CRCS) Initiative

Effective Date:

Last Reviewed:

Function:

Last Revised:

Authorization:

Could be signed by Medical Director or committee

I. PURPOSE

Evidence shows that screening asymptomatic patients ages 45 and above can prevent colorectal cancer, as well as detect it at an early and curative stage, resulting in decreased morbidity and mortality rates. Colorectal cancer is the second leading cause of cancer deaths in the United States. In keeping with XYZ Primary Care Practice’s philosophy that good information leads to good decisions and that we are a clinically integrated system of providers, we will implement a process for a consistent and comprehensive colorectal cancer screening program.

II. REFERENCE

The XYZ Committee has carefully considered several standards to use in the colorectal cancer screening program. The United States Preventive Services Task Force (USPSTF), US Multi-Society Task Force, and American Cancer Society guidelines were chosen because they were most appropriate and widely accepted. Therefore, our staff will follow these colorectal cancer screening (CRCS) guidelines to ensure best practices for our patients.

III. RESPONSIBILITY

It is the responsibility of all staff members to be familiar with the initiative, and to develop a practice based process for chart review, data abstraction, and accurate data entry and patient education for CRCS.

IV. Procedure, Data Abstraction and Reporting - refer to current performance measure stewards for applicable practice/population – e.g., [National Committee for Quality Assurance \(NCQA\) for HEDIS](#), and the [HRSA Uniform Data Set \(UDS\)](#) which is used to assess federally-qualified community health center (FQHC) performance. Both the HEDIS and UDS performance measures are aligned to the [same electronic clinical quality measure \(eCQM\)](#).

V. Additional Data for Medical Review and Quality Audit (See attachment 1)

ATTACHMENT 1 (CRCS Initiative)

ADDITIONAL DATA FOR MEDICAL REVIEW OR QUALITY AUDIT

Patient risk information is essential for appropriate screening and surveillance. An additional data field that includes ICD-10 code risk information may enhance the management of patients whose plan of care includes a higher frequency or earlier starting age for surveillance.

ICD-10-CM Codes	Diagnosis
Z80.0	Family history of malignant neoplasm of digestive organs
Z85.038	Personal history of other malignant neoplasm of large intestine
Z86.010	History of colon polyps
C18.0 C18.2 C18.4 C18.6 C18.7 C18.8 C18.9	Malignant neoplasm of: Cecum Ascending colon Transverse colon Descending colon Sigmoid colon Overlapping sites of colon Colon, unspecified
C20	Malignant neoplasm of the rectum
C78.4 C78.5	Secondary malignant neoplasm of: Small intestine Large intestine and rectum
D13.2 D13.3 D13.39	Benign neoplasm of: Duodenum Unspecified part of small intestine Other parts of small intestine
D01.0	Carcinoma in situ of colon
D37.2 D37.4 D37.5	Neoplasm of uncertain behavior of: Small intestine Colon Rectum
K51.*	Ulcerative colitis
K52.89 K52.9	Other specified noninfective gastroenteritis and colitis Other noninfective gastroenteritis and colitis, unspecified
K62.0 K62.1	Anal polyp Rectal polyp