Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

Electronic Records Review Programming Guide

Eligibility Criteria

- 1 Age 50-79
- 2 Visit to practice within 2 years
- 3 Complete mailing address (first and last name, street address, city, state, zip code)
- 4 No DX of CRC or polyps or inflammatory bowel disease

(see Table 1 - List of Excluded DX Codes)

- 5 No family HX of CRC diagnoses before age 60
- 6 No recent CRC tests (see Table 2 List of Excluded Procedure Codes)

SBT within 1 year Sig within 5 years BE within 5 years CX within 10 years

Table 1. List of ICD9 Codes for Excluded Diagnoses

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<u>Diagnosis</u>	ICD9 Codes
Malignant neoplasms	153.0 – 154.8
Benign neoplasms	211.3 – 211.4
Colorectal and Intestinal neoplasms	159
	197.5, 197.8
	211.9
	230.3 – 230.4, 230.7
	235.2, 239.0
Regional enteritis (Crohn's disease)	555.0 – 555.9
Ulcerative colitis	556.0 – 556.9
History of colon polyps	V12.72

<u>Procedure</u>	CPT Codes	HCPCS Codes	ICD9 Codes
Stool Blood Test	82270, 82274	G0107, G0328	V76.51
Sigmoidoscopy	45330-45335, 45337-45342, 45345	G0104	45.24, 45.42
Barium Enema	74270, 74280	G0106, G0120, G0122	
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105, G0121	45.22, 45.23, 45.25, 45.43

required to complete	the review. An agency may not	conduct or sponsor, and a	5.66 hours per response, the estimat person is not required to respond to,
collection of informa Exp. Date xx/xx/20x including suggestion	tion unless it displays a currently x. Send comments regarding this	valid OMB control number s burden estimate or any of HRQ Reports Clearance Of	. Form Approved: OMB Number 093 ther aspect of this collection of inform ficer Attention: PRA, Paperwork Redu