

RESOLUTION

Subject: Increase Inclusion Criteria for Colorectal Cancer Screening

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, in 2002 Kentucky had the highest incidence and mortality rates for colorectal cancer (CRC), and at 43.9/100,000 had the 2nd lowest CRC screening rate in the U.S.; and

WHEREAS, in 2002 the Colon Cancer Prevention Project was founded, and in 2008 KRS 214.540-544¹ established The Kentucky Colon Cancer Screening and Prevention Program which combined resulted in an increase in CRC cancer screening to 70.1/100,000 (17th in the U.S.) and a significant decrease in incidence and mortality rate from CRC; and

WHEREAS, as impressive as these gains have been, there has remained a significant number of people who have not been screened because of intermittent incidental complaints, causing a change in coding from screening (no out-of-pocket costs) to diagnostic (out-of-pocket costs); and

WHEREAS, these, out-of-pocket costs are often a sufficient deterrent that someone who otherwise would be a candidate for CRC screening would not proceed with the test; and

WHEREAS, the cost of treatment for CRC can exceed \$84,000. These costs can be significantly minimized by interrupting the progression of precancerous conditions to cancer and the detection of early cancers; now, therefore, be it

RESOLVED, that an incidental finding of blood, stool change, or abdominal pain should not result in coding an otherwise screening procedure to a diagnostic procedure; and be it further

RESOLVED, that KMA supports a policy of when incidental colorectal findings are noted, it is appropriate to apply CRC screening codes, and not use the diagnostic code.

Reference

1. KRS 214.540-544 <https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38211>