All patients ages 50 and older should be screened for colorectal cancer. Research indicates that the willingness of adults to utilize colorectal cancer screening tests depends on multiple factors, including individual disease risk, personal preference, and physician recommendation.\(^1\) Discussing the importance of colorectal cancer screening tests with your patients is critically important to their use of these preventive services.

Most health plans, including Medicaid and Medicaid Managed Care Plans, reimburse for age- and risk-appropriate colorectal cancer screening tests. The United States Preventive Services Task Force recommends that average-risk men and women ages 50-75 get regular colorectal cancer screening with any of three tests: a high-sensitivity, multi-slide fecal occult blood test (FOBT) every year using either guaiac (gFOBT) or immunochemical (iFOBT - also known as fecal immunochemical test or FIT); a flexible sigmoidoscopy every 5 years; or a colonoscopy every 10 years.\(^2,3\) Screening patients ages 76-85 should be performed on an individual basis, as deemed necessary. Fecal testing is not recommended for those at high-risk of developing colorectal cancer and these individuals may need to start screening at a younger age.

The use of a single-slide, in-office fecal occult blood test (FOBT) completed after a digital rectal examination is NOT an approved modality for colorectal cancer screening and should NOT be coded as such for reimbursement through Medicaid.

**What is FOBT?**

FOBT (fecal occult blood test) is a fecal-based colorectal cancer screening option that allows patients to procure samples in the comfort of their own homes, at their convenience.

**What is FIT?**

FIT (fecal immunochemical test), sometimes identified as iFOBT (immunochemical fecal occult blood test), is an improved FOBT with higher sensitivity and specificity when compared to guaiac FOBT (or gFOBT). When used yearly, FIT has accuracy rates near those of colonoscopy.\(^4\)

**How does FIT compare to Guaiac FOBT?**

- FIT has superior sensitivity and specificity as compared to guaiac FOBT.
- FIT uses antibodies specific for human globin and are specific for colorectal bleeding and are not affected by diet or medications, unlike the guaiac test.
- Automated development is available for some FITs which aids in the management of large numbers of tests and improves quality assurance.
- There is evidence that FIT use improves patient participation in screening by giving patients another choice for colorectal cancer screening.
- FIT has a variety of improved stool collection methods such as a brush or probe.
- New technology for FITs allows them to quantify fecal hemoglobin so that sensitivity, specificity, and positivity rates can be adjusted in screening for colorectal neoplasia.\(^4\)

**How can FIT help me?**

FIT can help increase colorectal cancer screening rates in your practice. It is easy-to-use, non-invasive, effective, low-risk and inexpensive. Use of FIT for colorectal cancer screening can help patients overcome many of these common barriers to screening with colonoscopy:

- Time constraints
• Child or elder care issues
• Lack of transportation/inaccessibility to specialists and/or facilities
• Unwillingness or inability to complete bowel prep for colonoscopy

How do I code FIT, guaiac FOBT and in-office tests for reimbursement through Medicaid?

• The CPT code for testing for occult blood by fecal hemoglobin determination by immunoassay (FIT or iFOBT), qualitative is 82274
• The CPT code for multi-slide take-home FOBT by peroxidase activity (e.g., guaiac) for colorectal neoplasm screening 82270
• The CPT code for an in-office test performed after a digital rectal exam to confirm the presence or absence of blood on examination by peroxidase activity (e.g., guaiac) is 82272. Remember, this is NOT a modality for colorectal cancer screening.

New York State Department of Health Cancer Services Program

The NYSDOH Cancer Services Program (CSP) has a 15-year history of screening average-risk clients with FIT through its cancer screening program and can provide you with colorectal cancer risk assessment guidance for your practice. For more information, call (518) 474-1222 or email canserv@health.state.ny.gov. The CSP also offers a number of patient education materials about colorectal cancer and FIT use free of charge; to access a list of available materials, visit http://www.health.ny.gov/diseases/cancer/docs/cancer_serv_prog_resource_guide.pdf.

The CSP facilitates access to and provides funding for colorectal, breast and cervical cancer screening and diagnostic services for uninsured and underinsured New Yorkers and assists those diagnosed with cancer to obtain prompt treatment through the New York State Medicaid Cancer Treatment Program (NYS MCTP). The NYS MCTP is a Medicaid program for eligible uninsured persons who are found to be in need of treatment for breast, cervical, colorectal or prostate cancer and in some cases, pre-cancerous conditions of these cancers. The CSP works to improve cancer screening services with the ultimate goal of increasing age appropriate, guideline-concordant cancer screening and decreasing cancer mortality in NYS.

Uninsured NYS residents can call the CSP toll-free referral line (1-866-442-CANCER), 24 hours a day, 7 days a week, to be directly connected to cancer screening services in the county in which they live or work. For more information about the NYS Cancer Services Program visit http://www.nyhealth.gov/cancerservicesprogram.

References