

STOP CRC Detailed Report Definitions

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Shared Criteria

Clinic Assignment

Each patient is assigned a single Epic department for the STOP CRC study and will *only* show on reports run when logged into that department. Clinic assignment is as follows:

Initial Contact (Assignment for Sending Intro Letter)

Last eligible encounter department is calculated by checking the patient's encounters from the last 366 days. An eligible encounter is one with encounter type of Office Visit [101], OB Visit [1001], Occupational Health Visit [1010], OB Initial Visit [1011], OB Return Visit [1012], OB Initial Visit (Nurse) [1013], or OFFICE VISIT (ID) [1018] and provider type of Physician [1], Physician Assistant [6], Nurse Practitioner [9], Osteopath [111], or Resident [113].

Property	Check	Assign Patient To	Explanation
Last eligible encounter department	Does not exist	Exclude from study	Not seen recently enough for an eligible visit
PCP's default login department	Exist	PCP's default login department	Preferred assignment
Patient has no PCP assigned		Last eligible encounter department	Alternate assignment
Patient's PCP has no linked user record		Exclude from study	Patient has dummy PCP, indicates departed patient
	Otherwise	Last eligible encounter department	Alternate assignment

Follow-Up Contact (Everything *Except* Sending Intro Letter)

Property	Check	Assign Patient To	Explanation
Last Follow-Up for Colon Cancer Screening	Found	Follow-up Contact Department	Same clinic should do follow-up as initial contact
	Otherwise	Use Initial Contact logic	If the system can't determine which clinic sent the initial contact, redo initial assignment (shouldn't happen on Epic 2014)

Shared Inclusion Criteria

1. Patient must have been seen in the last 366 days for an eligible encounter prior to first contact. This is captured in Clinic Assignment above.
2. Patient has Health Maintenance Topic COLON CANCER SCREENING OCCULT BLOOD TEST with an Ideal Return Date on or before the last day of the calendar month when the report is run. See OCHIN's HMA Guidebook for all details on how patients are assigned this HM topic and return date. Age is included implicitly as part of the Health Maintenance. Patients due for the FOBT in HM are in the indicated age range because HM uses the same age range.

- a. The Occult Blood Test HMA reminds Providers that a fecal occult blood test (FOBT) is recommended once every year for patients aged 50 years to 75 years.

Shared Exclusions

Patients will be excluded from the study for the following reasons. This can be either a permanent exclusion, long term exclusions, short term exclusions that may be corrected, or simply indication that the patient has completed the intervention for this year.

Exclusion	Where in Chart	Duration of exclusion*	Code list
Diagnosis of Colon Cancer or other permanent exclusion	Problem list, medical history, or any encounter	Permanent	VCG 100130
Patient deceased	Patient status item	Permanent	
Returned mail/bad address	Patient message #1581: Verify Patient Address	Until message is marked as expired	
Colonoscopy	Order (not resulted)	12 months	VCG 100159
Colonoscopy	Result	108 months	VCG 100159
Colonoscopy	Referral	12 months	VCG 100159
FIT/FOBT	Result	12 months	VCG 100147
FIT/FOBT	Referral	12 months	VCG 100147
Sigmoidoscopy	Referral	12 months	VCG 100149
Sigmoidoscopy	Order	12 months	VCG 100149
Sigmoidoscopy	Result	48 months	VCG 100149
Virtual Colonoscopy	Order	12 months	VCG 100150
Dialysis or palliative care	Referral	Permanent	VCG 100162
Dialysis or palliative care	Order	Permanent	VCG 100162
Alternate HM Plan	HM Modifier indicating alternate Colon Cancer Screening for patient	Permanent unless manually changed	
HM for COLON CANCER SCREENING Completed	HM (see HMA Guidebook for all ways of completion)	11 months	
Assigned clinic is control clinic	See Clinic Assignment	Until PCP changed to intervention clinic, or patient without PCP is seen for an eligible visit in an intervention clinic	
999C Patient	Patient Type	Until patient type changed	
HM for COLON CANCER SCREENING Postponed	HM postponement	Until after postpone date	

**Exclusion durations are measured from the first day of the calendar month in which the report is run.*

Core Reports

Purpose: Each of the core Stop CRC reports have a report that runs for the logged-on clinic and a report that can be run for all clinics within the Service Area.

Eligible Patients / Send Intro Letters

Purpose: List of patients who are eligible for the study and should receive the intro letter.

From Shared Criteria section above, patients are filtered according to the following:

- Clinic Assignment = Login Department: Initial Contact
- Shared Inclusion Criteria
- Shared Exclusions

Additionally, patients must meet the following criteria:

- No Follow-Up Topic of Colorectal Cancer Screening in the last 12 months.
- No FIT/FOBT order in the last 12 months.

Eligible Patients / Send Intro Letters – Birthday This Month

Purpose: Same as above, for large clinics that want to spread out the intervention over the full year.

Same as above, except only include patients with a birthday in the current calendar month.

Eligible Patients / Send Intro Letters – Birthday Last Month

Purpose: Same as above, for clinics using the “Birthday This Month” report if they get behind schedule.

Same as above, except only include patients with a birthday in the previous calendar month.

Order Kits

Purpose: List of patients who have received an intro letter and who are still eligible for the study. These are patients for whom a FIT/FOBT order should be placed and a FIT/FOBT kit should be sent.

From Shared Criteria section above, patients are filtered according to the following:

- Clinic Assignment = Login Department: Follow-Up Contact
- Shared Inclusion Criteria
- Shared Exclusions

Additionally, patients must meet the following criteria:

- Has Follow-Up Topic of Colorectal Cancer Screening in the last 12 months.
- No FIT/FOBT order in the last 12 months.

Send Reminder Letter

Purpose: List of patients who have received an intro letter and a FIT/FOBT, and who are still eligible for the study. Note: Patients no longer count as “eligible” as soon as they have a resulted FIT/FOBT in the past 11 months. These are patients to whom a reminder letter should be sent.

From Shared Criteria section above, patients are filtered according to the following:

- Clinic Assignment = Login Department: Follow-Up Contact
- Shared Inclusion Criteria
- Shared Exclusions

Additionally, patients must meet the following criteria:

- *Has* Follow-Up Topic of Colorectal Cancer Screening in the last 12 months.
- *Has* FIT/FOBT order in the last 12 months.
- *Does not have* a Follow-Ups of Topic Colorectal Cancer Screening in the last 6 months AFTER the most recent FIT/FOBT order.

Additional Reports

Purpose: These reports do not correspond to specific parts of the study workflows, but may optionally be used by the clinic to further support the STOP CRC work.

Completed and Excluded Patients

Purpose: Lists patients who are not eligible for the study with an explanation of why each patient has been excluded. Because completion of the study is an exclusion reason, this includes patients who have completed all steps of the study and returned their FIT/FOBT kits.

From Shared Criteria section above, patients are filtered according to the following:

- Shared Inclusion Criteria
- Include based on Shared Exclusions (opposite of core reports)

Completed and Excluded Patients (Intro Letter Sent in Last 12 Months)

Purpose: Lists patients who were included in stage 1 of the study (Intro Letter) in the last 6 months, but who are no longer eligible for the study, with an explanation of why each patient is not eligible anymore. Clinics may use this report to understand why patients are no longer part of the study, and to find patients who need updated addresses.

In addition to the above, patients are filtered according to:

- *Has* Follow-Up Topic of Colorectal Cancer Screening in the last 12 months.
- Clinic Assignment = Login Department: Follow-Up Contact

Completed and Excluded Patients (No Letter Sent in Last 12 Months)

Purpose: Lists patients who are not eligible for the study and were not sent an Intro Letter in the last 6 months, with an explanation of why each patient is not eligible. Clinics may wish to use this report for chart scrubbing.

In addition to the above, patients are filtered according to:

- Has Follow-Up Topic of Colorectal Cancer Screening in the last 12 months.
- Clinic Assignment = Login Department: Initial Contact

New Kit Requests (last 6 months)

Purpose: Lists patients who requested a new FIT/FOBT kit in the last 6 months, as indicated by a patient touch of Send new kit [26] (entered in Patient Touches activity or STOP CRC BPA).

Patient must meet all the following criteria to be included on this report:

- Clinic Assignment = Login Department: Follow-Up Contact
- Shared Inclusion Criteria
- Has Follow-Up Topic of Colorectal Cancer Screening in the last 12 months.
- Has patient touch of Send new kit [26] in last 6 months.

Resulted FIT/FOBT in Last 12 Months

Purpose: Lists patients who have a FIT/FOBT result in the last 6 months. Clinics may use this for a high level overview of results across all their patients.

Patient must meet all the following criteria to be included on this report:

- Clinic Assignment = Login Department: Follow-Up Contact
- Has result component categorized by base name as FOB in the last 12 months.

Note: Follow-up for abnormal results remains the responsibility of the provider who receives the abnormal results in the In Basket through Results Routing. This will typically be the authorizing provider or PCP, but depends on the Service Area's existing Results Routing setup.

Still Outstanding Kits Post Reminder

Purpose: List of patients who have received an intro letter, a FIT/FOBT, and a reminder letter, and who are still eligible for the study (i.e. still haven't returned their kits). Clinics may wish to use this report for further outreach and/or to cancel outstanding orders.

From Shared Criteria section above, patients are filtered according to the following:

- Clinic Assignment = Login Department: Follow-Up Contact
- Shared Inclusion Criteria
- Shared Exclusions

Additionally, patients must meet the following criteria:

- *Has a Follow-Ups of Topic Colorectal Cancer Screening in the last 6 months AFTER the most recent FIT/FOBT order.*
- *Has FIT/FOBT order in the last 12 months.*

Appendix A: Report Columns

Name	Description	Eligible Patients / Send Intro Letters	Order Kits	Send Reminder Card (Letter)	Completed and Excluded Patients	New Kit Requests (last 6 months)	Resulted FIT/FOBT in Last 12 Months	Still Outstanding Kits Post Reminder
MRN	SA-specific medical record number	x	x	x	x	x	x	x
Patient	Patient's full name	x	x	x	x	x	x	x
DOB	Date of birth	x	x	x	x	x	x	x
Age	Patient's current age	x	x	x	x	x	x	x
Sex	Patient's sex	x	x	x	x	x	x	x
PCP	Patient's current PCP	x	x	x	x	x	x	x
New Kit Req Comment	Comment associated with new kit request in Patient Touches table					x		
STOP CRC Excluded Reason	Reason patient was excluded from study, see Shared Exclusions table				x		x	
Last CRC Screen Follow-up	Date of last Follow-Up Topic of Colorectal Cancer Screening (Intro or reminder letter)	x	x	x	x	x		x
Last FOB Order	Date of most recent Fit Kit Order	x	x	x	x			
Last FOB Dt	Date of most recent Fit Kit Result	x	x	x	x		x	
Last GI Referral	Date of most recent GI Referral	x	x	x				
Last Colonoscopy/ Sigmoidoscopy/ Virtual Referral	Date of most recent referral for a colonoscopy, sigmoidoscopy, or virtual colonoscopy	x			x			
Pt Comm Pref	Patient Communication Preference: MyChart, Mail, Phone, Do Not Contact	x		x		x		
CRC HMA Postpone Reason	Reason that COLON CANCER SCREENING OCCULT BLOOD TEST was postponed, for example Declined or Pending Outside Records	x	x	x	x	x	x	
Pt. Portal Status	Patient's MyChart status (code generated, activated, code expired, declined, etc)	x	x	x		x		x
Migrant/Seasonal	Migrant/Seasonal item from registration	x				x		x
Address	Patient's address	x				x		
Last Visit Plan	Coverage plan on the patient's last visit	x	x					
Patient Language	Patient's primary language (registration item)	x	x					
FPL %	Percent of active FPL from first P/F guarantor account. Field is null if FPL is inactive.	x	x					
FPL Exp Date	Expiration date of most recent currently active FPL	x	x					
CVG 1 Payor	Primary Payer – first listed	x	x					
CVG 1 Plan	Primary Plan – first listed	x	x					
Last FOB	Actual result filed to discrete data				x		x	

Comments (FOB)	Comments attached to last FOB result				X			
Last FOB Flags	Last FOB result flags (Abnormal, Panic, etc)				X		X	
Colonoscopy...	Colonoscopy result after last FIT/FOBT						X	

Appendix B: Study Groupers (VCG)

VCG 100130 - EDG STOP CRC PERMANENT EXCLUSIONS

Purpose: Permanent diagnosis exclusions for colorectal cancer, ulcerative colitis or inflammatory colitis, or renal failure ESRD.

Internally, this is made up of the following child groupers:

VCG 100151 - EDG STOP CRC COLORECTAL CANCER

Purpose: Diagnosis codes indicating colorectal cancer.

Full ICD-9 list as of 8/5/14: 153, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154, 154.0, 154.1, 154.8, 197.5, V10.0.

VCG 100131 - EDG STOP CRC PERMANENT EXCLUSIONS INDIVIDUAL RECORDS

Purpose: Individual diagnosis codes (IMO codes) indicating colorectal cancer, not associated with an ICD-9 code specific to colon cancer.

Full diagnosis list as of 8/5/14:

ID	Name	Ext ID	ICD-9
120617	Cancer of rectum, rectosigmoid junction, and anus	220617	154
121308	Carcinoma of rectum, rectosigmoid junction, and anus	221308	154
130419	Malig neo rectum/anus	230419	154

VCG 100156 - EDG STOP CRC ULCERATIVE COLITIS AND INFLAMMATORY COLITIS

Purpose: Diagnosis codes indicating ULCERATIVE COLITIS or INFLAMMATORY COLITIS

Full ICD-9 list as of 8/5/14: 555, 556, 555.0, 555.1, 555.2, 555.9, 556.0, 556.1, 556.2, 556.3, 556.5, 556.6, 556.8, 556.9.

VCG 100158 - EDG STOP CRC RENAL FAILURE ESRD

Purpose: Diagnosis codes indicating RENAL FAILURE ESRD.

Full ICD-9 list as of 8/5/14: 585.5, 585.6.

VCG 100159 - EAP STOP CRC COLONOSCOPY

Purpose: Exclude patient for colonoscopy procedure (9 years if resulted, 1 year if ordered or put on a referral).

Full procedure list as of 8/5/14:

ID	Name	External ID
100893	COLONOSCOPY	HX0060
3464	COLONOSCOPY THROUGH STOMA; DX W/WO SPECIMENS, BRUSHING/WASHING (SEP PROC)	44388
3469	COLONOSCOPY THROUGH STOMA; W/ABLATION, LESION, NOT REMOVED BY HOT FORCEPS/CAUTERY/SNARE	44393
3465	COLONOSCOPY THROUGH STOMA; W/BX, SINGLE/MULTIPLE	44389
3467	COLONOSCOPY THROUGH STOMA; W/CONTROL, BLEEDING	44391
3466	COLONOSCOPY THROUGH STOMA; W/REMOVAL, FB	44390
3468	COLONOSCOPY THROUGH STOMA; W/REMOVAL, LESION, HOT FORCEPS/CAUTERY	44392
3471	COLONOSCOPY THROUGH STOMA; W/TRANSENDOSCOPIC STENT PLACE (W/PREDILATION)	44397
18086	COLONOSCOPY, FLEX, PROXIMAL-SPLENIC FLEXURE; W/TRANSENDOSCOP US INTRA/TRANSMURAL NEEDLE ASPIRATE/BX	45392
3549	COLONOSCOPY, FLEXBLE, PROXIML TO SPLENIC FLEXURE; W/ABLATN LESN, NOT REMOVD, HOT FORCPS/CAUTRY/SNR	45383
3545	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DX, W/WO SPECIMENS/COLON DECOMP (SEP PROC)	45378
3547	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/BX, SINGLE/MULTIPLE	45380
3548	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/CONTROL, BLEEDING	45382
15714	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/DILATION, BALLOON, 1/> STRICTURES	45386
18085	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/ENDOSCOPIC US EXAM	45391
3546	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/REMOVAL, FB	45379
3552	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/TRANSENDOSCOPIC STENT PLACE (W/PREDILATION)	45387
3550	COLONOSCOPY, FLEXIBLE; W/REMOVAL, LESION, HOT FORCEPS/CAUTERY	45384
3551	COLONOSCOPY, FLEXIBLE; W/REMOVAL, LESION, SNARE	45385
3544	COLONOSCOPY, RIGID/FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE/MULTIPLE	45355
15713	COLONOSCPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/DIRECTED SUBMUCOSA INJECTION(S), ANY SUBSTANCE	45381
10136	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY,	G0120
10124	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	G0105
10137	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	G0121
50465	REFERRAL FOR COLONOSCOPY	9140

VCG 100147 - EAP STOP CRC FIT FOBT ORDERS

Purpose: FIT/FOBT procedures (Exclude patient from study for 11 months if resulted, 6 months if ordered).

Full procedure list as of 8/5/14:

ID	Name	Ext ID
74600	ASSAY TEST FOR BLOOD,FECAL	G0328
52984	BLOOD OCCULT TEST (E.G., GUAIAAC), FECES, FOR SINGLE DETERMINATION FOR COLORECTAL NEOPLASM (I.E., PATIENT WAS PROVIDED THREE CARDS OR SINGLE TRIPLE CARD FOR CONSECUTIVE COLLECTION)	G0394
37369	BLOOD, OCCULT, BY PEROX ACTIVITY (GUAIAAC)	82271
37371	BLOOD, OCCULT, BY PEROX ACTIVITY (GUAIAAC)	82272
10126	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, 1-3 SIMULTANEOUS	G0107
86041	FECAL GLOBIN - IN HOUSE (BEND ONLY)	LV908
74599	FECAL GLOBIN BY IMMUNOCHEM (MEDICARE)	LP1081
75247	FECAL GLOBIN BY IMMUNOCHEM (MEDICARE)	LV414
6165	FECAL GLOBIN BY IMMUNOCHEMISTRY (FIT)	82274
109164	FECAL GLOBIN BY IMMUNOCHEMISTRY (POCT) 82274	LV1684
111340	FECAL GLOBIN BY IMMUNOCHEMISTRY (POCT) 82274	LV1804
143696	FECAL GLOBIN BY IMMUNOCHEMISTRY (STOP CRC) (BC POCT)	LV3415
86057	FECAL OCCULT BLOOD X1 (NCNM LAB)	LV919
86059	FECAL OCCULT BLOOD X3 (NCNM LAB)	LP1398
111126	FECAL OCCULT BLOOD X3, DIAG (82272)	LV1737
111124	FECAL OCCULT BLOOD X3, SCREEN (82270)	LV1736
101369	FOBT WAIVED, IMMUNOCHEMICAL	LV1433
74621	GUAIAAC HEME, IN-HOUSE (AHTMG)	LS932
74295	HEMOCCULT/GUAIAAC (COLORECTAL SCRIN)(82270)	LS885
82633	HEMOCCULT/IFOB TEST	LV705
102973	HP-LAB-OCCULT BLOOD (TAHOE FOREST)	LV1576
74336	OCCULT BLD STOOL MONOCLONAL 1	LS900
74338	OCCULT BLD STOOL MONOCLONAL 2	LS901
74340	OCCULT BLD STOOL MONOCLONAL 3	LS902
74527	OCCULT BLD STOOL MONOCLONAL X3	LS912
74816	OCCULT BLD STOOL X1 (LAB)	LS992
77191	OCCULT BLOOD (MTY IN-HOUSE)	LV472
6163	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	82270
63002	OCCULT BLOOD, FECAL, IMMUNOASSAY	LS652
109174	OCCULT BLOOD, FECAL, IMMUNOASSAY, 2ND SPEC	LV1686
109175	OCCULT BLOOD, FECAL, IMMUNOASSAY, 3RD SPEC	LV1687

74724	OCCULT BLOOD, SERIES, 1ST SPEC	LS944
74814	OCCULT BLOOD, SERIES, 2ND SPEC	LS990
74815	OCCULT BLOOD, SERIES, 3RD SPEC	LS991
76364	OCCULT BLOOD, STOOL (DIAGNOSTIC)	LX063
65105	OCCULT BLOOD, STOOL, GUAIAAC X3	LP926
102629	OCCULT BLOOD/HEMOCULT (88272)	LV1542
74725	SERIES OCCULT BLOOD 3RD SPECIMEN	LS945
85746	STOOL OCCULT BLOOD (CHC IN HOUSE)	LV877
77154	STOOL OCCULT BLOOD, IN-HOUSE (82270)	LV510

VCG 100149 - EAP STOP CRC SIGMOIDOSCOPY

Purpose: Exclude patient with sigmoidoscopy procedure (4 years if resulted, 1 year if ordered or put on a referral).

Full procedure list as of 8/5/14:

ID	Name	Ext ID
10123	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	G0104
3533	DIAGNOSTIC SIGMOIDOSCOPY	45330
3534	SIGMOIDOSCOPY AND BIOPSY	45331
3540	SIGMOIDOSCOPY, FLEXIBLE; W/ABLATION, LESION, NOT REMOVED BY HOT FORCEPS/CAUTERY/SNARE	45339
3537	SIGMOIDOSCOPY, FLEXIBLE; W/CONTROL, BLEEDING	45334
3538	SIGMOIDOSCOPY, FLEXIBLE; W/DECOMPRESSION, VOLVULUS, ANY METHOD	45337
15712	SIGMOIDOSCOPY, FLEXIBLE; W/DILATION, BALLOON, 1/> STRICTURES	45340
3541	SIGMOIDOSCOPY, FLEXIBLE; W/ENDOSCOPIC ULTRASOUND EXAM	45341
3535	SIGMOIDOSCOPY, FLEXIBLE; W/REMOVAL, FB	45332
3536	SIGMOIDOSCOPY, FLEXIBLE; W/REMOVAL, LESION, HOT FORCEPS/CAUTERY	45333
3539	SIGMOIDOSCOPY, FLEXIBLE; W/REMOVAL, LESION, SNARE	45338
3543	SIGMOIDOSCOPY, FLEXIBLE; W/TRANSENDOSCOPIC STENT PLACE (W/PREDILATION)	45345
3542	SIGMOIDOSCOPY, FLEXIBLE; W/TRANSENDOSCOPIC ULTRASOUND GUIDED INTRA- /TRANSMURAL FINE NEEDLE ASPIR/BX	45342
83271	TRANSTHOR DIAPHRAG HERN RPR	43335

VCG 100150 - EAP STOP CRC VIRTUAL COLONOSCOPY ORDERS

Purpose: Exclude patient with virtual colonoscopy orders for 1 year.

Full procedure list as of 8/5/14:

ID	Name	Ext ID
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18010	COMPUTED TOMOGRAPHIC COLONOGRAPHY; DIAGNOSTIC	0067T
18009	COMPUTED TOMOGRAPHIC COLONOGRAPHY; SCREENING	0066T
81390	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263
81386	CT COLONOGRPHY DX IMAGE POSTPROCESS NO CONTRAST	74261
81388	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262

VCG 100162 - EAP STOP CRC PERMANENT EXCLUSIONS

Purpose: Permanently exclude patient for any procedures indicating referral to Palliative Care or Dialysis.

Groupers Info: includes all procedures from two groupers maintained by Meaningful Use:

- EAP GENERAL MU CMS 147 PERITONEAL DIALYSIS OR HEMODIALYSIS [5100000084]
- EAP GENERAL MU PALLIATIVE CARE 2.16.840.1.113883.3.600.1.1579 [5100000141]

Full procedure list as of 8/5/14:

ID	Name	Ext ID
7331	DIALYSIS PROCEDURE, OTHER THAN HEMODIALYSIS, REPEATED PHYSICIAN EVAL	90947
7330	DIALYSIS, OTHER THAN HEMODIALYSIS, SINGLE PHYSICIAN EVAL	90945
72744	ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	90969
72742	ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	90968
72746	ESRD RELATED SVC <FULL MONTH 20&> YR OLD	90970
72740	ESRD RELATED SVC <FULL MONTH < 2 YR OLD	90967
72724	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	90959
72722	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	90958
72720	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/>VISITS	90957
72718	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	90956
72716	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	90955
72714	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/>VISITS	90954
72730	ESRD RELATED SVC MONTHLY 20&> YR OLD 1 VISIT	90962
72728	ESRD RELATED SVC MONTHLY 20&> YR OLD 2/3 VISITS	90961
72726	ESRD RELATED SVC MONTHLY 20&> YR OLD 4/> VISITS	90960
72712	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	90953
72710	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	90952
72708	ESRD RELATED SVC MONTHLY <2 YR OLD 4/>VISITS	90951
72736	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	90965

72734	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	90964
72738	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	90966
72732	ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	90963
8087	HOME VISIT, HEMODIALYSIS	99512
53256	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	Q5006
53254	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	Q5005
53260	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	Q5008
53258	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	Q5007
53250	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NURSING FACILITY (NF)+G271	Q5003
53262	HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	Q5009
53252	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	Q5004
17267	HOSPICE GENERAL INPATIENT CARE; PER DIEM	T2045
17266	HOSPICE INPATIENT RESPITE CARE; PER DIEM	T2044
17268	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	T2046
112234	ONC SUPERVISION PALLIATIVE	G9054
8039	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	99377
8040	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	99378

Appendix C: Document Updates

Initial Version 1.0 – September 2, 2014

Version 1.1 – October 28, 2014

- **HDEE-19730:** Change exclusion criteria from FIT/FOBT in last 6 months to FIT/FOBT in last 12 months (requires also making changes to letter time frame and FIT/FOBT time frame in all reports so they continue to play nicely together).
- **HDEE-19705:** Added column that shows the patient touch comment from the patient's last "New kit request" patient touch.

Version 1.2 – November 11, 2014

- **HDEE-19602:** Exclude postponed patients from study reports until after postponement date. Don't show "postpone reason" on study reports. Show that HM is not due (may have been postponed) as an exclusion reason on the excluded and completed patients reports.
- **HDEE-19704:** FLP % and Expiration Date columns added.
- **HDEE-19704:** Add CVG Primary Insurance Payor and Plan columns

Version 2.0 – August 13, 2015

1. Updates to Appendix A: Report Column for the following new report columns:
 - a. Last CRC Screen Follow-up
 - b. Last FOB Order
 - c. Last FOB Date
 - d. Last GI Referral

Version 2.1 – October 12, 2015

- Updated Inclusion information on page 3 to reference how age is implied with Health Maintenance topics.
- Updated spelling of 'deceased' as an exclusion.

Version 2.2 – November 23, 2015

- **HDEE-25556:** Communication Preference column added to Reminder Letter Report
- **HDEE-10222:** Last Colonoscopy/Sigmoidoscopy/Virtual Referral column created and added to Eligible Patients / Send Intro Letters reports, and Completed and Excluded Patients reports.

Version 2.3 – November 28, 2016

- Updated Core Report documentation to document that both logged-on clinic and Service Area reports are available.