

Colorectal Cancer Screening (COL)

Effectiveness of Care HEDIS® Measure

HEDIS MEASURE DEFINITION

Patients ages 50–75 who had appropriate screenings for colorectal cancer.

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every five years
- FIT-DNA (Cologuard®) every three years
- FOBT, FIT, or guaiac stool test every year
- CT-Colonography (virtual colonoscopy) every five years

EXCLUSIONS

Patients are excluded if they:

- Have a history of colorectal cancer (cancer of the small intestine does not count)
- Had a total colectomy (partial or hemicolectomies do not count)
- Received hospice care during the measurement year
- Are age 66 and older with advanced illness and frailty (for definition information, see the [Advanced Illness and Frailty Exclusions Guide](#))
- Are deceased during the measurement year
- Received palliative care during the measurement year

PATIENT MEDICAL RECORDS SHOULD INCLUDE

- Documentation of the date, result and type of all colorectal cancer screenings or if the patient met exclusion criteria.
- If a patient reports a previous screening, document in their medical history the type of test, date performed and the result. Have a diagnosis of pregnancy, dispensed clomiphene or underwent in vitro fertilization in the measurement year or the year prior.

INFORMATION THAT PAPER CLAIMS SHOULD INCLUDE

- For exclusions, use the appropriate ICD-10 code:

ICD-10	Description
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction and anus

- For screening, use the appropriate codes:

Screening	Code type	Commonly used billing codes
Flexible sigmoidoscopy	CPT	45330-45335, 45337-45342, 45346-45350
	HCPCS	G0104
FIT-DNA (known as Cologuard®)	CPT	81528
Occult blood test (FOBT, FIT, guaiac)	CPT	82270, 82274
	HCPCS	G0328
CT colonography	CPT	74261, 74262, 74263
Colonoscopy	CPT	44388-44397, 44401-44408, 45355-45398,
	HCPCS	G0105, G0121

Performing fecal occult testing on a sample collected from a digital rectal exam (DRE) or on a stool sample collected in an office setting does not meet screening criteria defined by the American Cancer Society or HEDIS.

TIPS FOR TALKING WITH PATIENTS

- If telehealth, telephone or e-visits are used instead of face-to-face visits:
 - Discuss the need for colorectal cancer screening
 - Ask the patient if they would be willing to do an in-home FIT-DNA test
- Educate patients about the importance of early detection:
 - Colorectal cancer usually starts as growths in the colon or rectum and doesn't typically cause noticeable symptoms.
 - You can prevent colorectal cancer by removing growths before they turn into cancer.
- Discuss the benefits and risks of different screening options and choose one that is best for your patient.