

# Colorectal Cancer Screening (COL)

## Effectiveness of Care HEDIS® Measure

### ► MEASURE DEFINITION

This measure examines the percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.<sup>1</sup>

### ► EXCLUSIONS FROM THE MEASURE

Patients are excluded if they:

- Have colorectal cancer (cancer of the small intestine does not count).
  - 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.
- Had a total colectomy (partial or hemicolectomies do not count).
- Are living in hospice any time in the measurement year.
- Have an advanced illness and frailty:
  - Medicare members 66 years of age and older with advanced illness (includes dispensed dementia medication) in the measurement year or the year prior to the measurement year AND frailty in the measurement year as evidenced by claims data.

### ► TIPS FOR TALKING WITH PATIENTS

Educate patients about the importance of early colorectal cancer detection:

- Colorectal cancer usually starts as growths in the colon or rectum and doesn't typically cause noticeable symptoms.
- You can stop colorectal cancer by removing growths before they turn into cancer.
- Discuss the risks and benefits of screening options and make an individual plan for your patient.
- For patients who refuse a colonoscopy, discuss options for non-invasive screenings, such as FIT DNA.

### ► MEDICAL RECORDS SHOULD INCLUDE

- Documentation of the date and type of colorectal cancer screening performed.
- Documentation in the assessment section of the medical record if a screening has already been performed. Document where and when the exam was performed, the results of the exam and use code 3017F (colorectal cancer screening results documented and reviewed) with the (COL) Colorectal Cancer screening diagnosis code (Z12.11).
- Documentation of the reason why the patient meets exclusion criteria.

Screening	How Often	Commonly Used Billing Codes
Screening colonoscopy	Every 10 years	• CPT 45378 – 45398
Screening flexible sigmoidoscopy	Every five years	• CPT 45330 – 45350 • HCPCS G0104: Colorectal cancer screening; flexible sigmoidoscopy
Screening computed tomography (CT) colonography <i>While it meets HEDIS screening requirements, Medicare does not reimburse for it as of April 1, 2017.</i>	Every five years	• CPT 74261 – 74263
Fecal occult blood test (FOBT), fecal immunochemical test (FIT), guaiac stool test  <i>Performing fecal occult testing on a sample collected from a rectal exam does not meet screening criteria by the American Cancer Society or HEDIS.</i>	Every year	• CPT 82270: Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection) • CPT 82274: Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; other sources • HCPCS G0328: Colorectal cancer screening; fecal occult blood test, immunoassay, one to three simultaneous determinations
FIT-DNA (Cologuard®)  <i>To order by fax or online, visit <a href="http://cologuardtest.com/hcp/ordering-and-results">cologuardtest.com/hcp/ordering-and-results</a></i>	Every three years	• CPT 81528: Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool

## Sources:

<sup>1</sup> Peter Bach et al. HEDIS 2018 Technical Specifications for Health Plans (National Committee for Quality Assurance 2017), 162-16