

Effectiveness of Care Measure

# Colorectal Cancer Screening



**Early treatment can lead to a 90% survival rate after five years.<sup>1</sup>**

*Colorectal cancer is the third most common cancer diagnosed in men and women. It is also the second most common cause of cancer-related deaths in the United States.*

*Colorectal cancer incidence and death rates can be greatly reduced by screening patients. Only about 68% of adults ages 50–75 are reported as having received a colorectal screening test based on the 2018 Behavioral Risk Factor Surveillance System (BRFSS) survey.*

Health Net\* wants to help your practice increase Healthcare Effectiveness Data and Information Set (HEDIS®) rates. This tip sheet outlines key details of the Colorectal Cancer Screening (COL) measure, its codes and guidance for documentation.

## Measure

Patients ages 50–75 who had appropriate screening for colorectal cancer with any of these tests:<sup>2</sup>

- Fecal occult blood test (FOBT) during the measurement year (MY): guaiac-based FOBT (gFOBT)/ immunochemical FOBT or fecal immunological test (FIT).
- Flexible sigmoidoscopy during the MY or four years prior.
- Colonoscopy during the MY or nine years prior.
- Computed tomography (CT) colonography during the MY or four years prior.
- FIT-DNA (multi-targeted stool DNA test – Cologuard®) during the MY or two years prior.

## Exclusions

- Patients who meet the following criteria anytime during the MY:
  - Medicare patients ages 66 and older enrolled in an institutional special needs plans (I-SNP) or living long-term in an institution.
  - Patients ages 66 and older with frailty and advanced illness (telephone visits, e-visits and virtual check-ins were added to the advanced illness exclusion).
  - Patients in hospice.
  - Patients in palliative care.
- Patients with colorectal cancer or who had a total colectomy.

(continued)

<sup>1</sup>Refer to the National Committee for Quality Assurance (NCQA) website at <https://www.ncqa.org/hedis/measures/colorectal-cancer-screening>.

<sup>2</sup>NCQA. HEDIS 2020 & 2021 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2020.

## Colorectal Cancer Screening (COL) Tip Sheet (continued)

Exclusion codes	
<b>Colorectal cancer</b>	<ul style="list-style-type: none"> <li>HCPCS: G0213–G0215, G0231</li> <li>ICD10CM: C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048</li> </ul>
<b>Total colectomy</b>	<ul style="list-style-type: none"> <li>CPT: 44150–44158, 44210–44212</li> <li>ICD10PCS: ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ</li> </ul>
<b>Palliative care</b>	<ul style="list-style-type: none"> <li>HCPCS: G9054, M1017</li> <li>ICD10CM: Z51.5</li> </ul>
<b>Telephone visits</b>	<ul style="list-style-type: none"> <li>CPT: 98966–98968, 99441–99443</li> </ul>
<b>Online assessments (e-visit or virtual check-in)</b>	<ul style="list-style-type: none"> <li>CPT: 98969–98972, 99421–99423, 99444, 99458 HCPCS G2010, G2012, G2061–G2063</li> </ul>

Advanced Illness and Frailty codes are too numerous to list, please refer to the latest NCQA Quality Rating System (QRS) HEDIS Value Set Directory (VSD).

Medical record documentation and best practices	COL codes	
<ul style="list-style-type: none"> <li>Need date and type of colorectal cancer screening(s) performed. A result is not required if the documentation is clearly part of the “medical history” section of the medical record. If it is not clear, results or findings need to be provided to show screening was performed and not just ordered.</li> <li>Colonoscopy must be complete or evidence must show that the scope advanced beyond splenic flexure to be considered compliant within the time frame. An incomplete colonoscopy or evidence that the scope advanced into the sigmoid colon can be considered compliant as a flexible sigmoidoscopy.</li> <li>Do not count digital rectal exam (DRE) or FOBT test performed in an office setting or performed on a sample collected via DRE as evidence of colorectal cancer screening.</li> <li>Educate patients on the importance of colorectal cancer screening. Discuss different screening options and make a recommendation based on patients’ risks and preferences.</li> <li>Use standing orders and empower office staff to give FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for a colonoscopy.</li> <li>Implement a FLU-FOBT program to increase access to colorectal cancer screening by offering home tests to patients at the time of their flu shots.</li> </ul>	FOBT	CPT: 82270, 82274 HCPCS: G0328 LOINC: 12503–9 12504–7, 14563–1, 14564–9, 14565–6, 2335–8, 27396–1, 27401–9, 27925–7, 27926–5, 29771–3, 56490–6, 56491–4, 57905–2, 58453–2, 80372–6
	Flexible sigmoidoscopy	CPT: 45330–45335, 45337–45342, 45345–45347, 45349, 45350 HCPCS: G0104
	Colonoscopy	CPT: 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398 HCPCS: G0105, G0121
	CT colonography	CPT: 74261–74263 LOINC: 60515–4, 72531–7, 79069–1, 79071–7, 79101–2, 82688–3
	FIT-DNA	CPT: 81528 HCPCS: G0464 LOINC: 77353–1, 77354–9

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