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One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Colorectal Cancer Screening (COL)

Effectiveness of Care HEDIS® Measure

### Measure description

The percentage of patients who had a colorectal cancer screening.

### Measure population (denominator)

Patients 45–75 years of age during the measurement year.

### Measure compliance (numerator)

Patients who had any of the following:

Type of Screening	Compliant for:
<b>Colonoscopy</b>	10 years
<b>Flexible Sigmoidoscopy</b>	5 years
<b>sDNA</b> (stool DNA + FIT test) also known as Cologuard®	3 years
<b>FIT</b> (Fecal Immunochemical Test) <b>FOBT</b> (Fecal Occult Blood Test)	1 year
<b>CT-Colonography</b> (virtual colonoscopy)	5 years

### Did you know?

- A screening test is used to look for a disease when a person doesn't have symptoms.
- Treatment for colorectal cancer in its earliest stage can lead to a 90 percent survival rate.
- Colorectal cancer screening can detect polyps before they become cancerous or in early stages when treatment is most effective.
- Many adults have not been screened as recommended. Lower screening rates directly contribute to higher death rates from colorectal cancer.

### Exclusions

- History of colorectal cancer (cancer of the small intestine doesn't count).
- Total colectomy (partial or hemicolectomies don't count).
- Received hospice services anytime during the measurement year.

## Exclusions *(continued)*

- Are age 66 and older with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*).
- Deceased during the measurement year.
- Received palliative care during the measurement year.

## Helpful HEDIS hints

- Discuss the benefits and risks of different screening options and make a plan that offers the best health outcomes for your patient.
- Document the date, result, and type of colorectal screenings or if the patient met exclusion criteria.
  - Pathology reports that indicate the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria.
  - Pathology or procedure reports that do NOT indicate type of screening are acceptable, IF there is evidence the scope advanced:

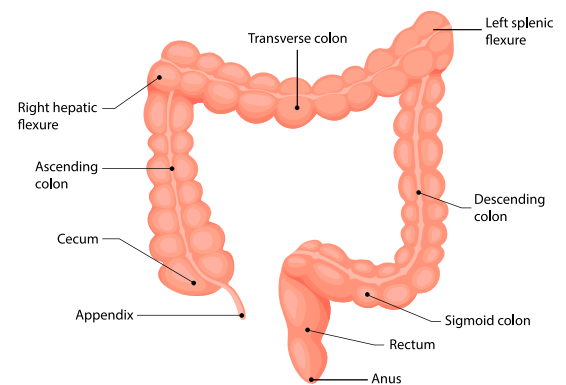
\* **"TO the Cecum"** = completed colonoscopy

\* **"INTO the Sigmoid Colon"** = completed flex sigmoidoscopy

**Note:** if the scope advanced anywhere between the cecum and sigmoid colon, it would be considered a flexible sigmoidoscopy.

- Inquire about and document any patient reported completed screenings. Be sure to document the type of screening, date, and result in their medical history.
  - Simply documenting "colorectal screening" or "UTD" does not meet criteria.
- For patients who refuse a colonoscopy, discuss options of noninvasive screenings such as Cologuard® or FIT.
- Have FIT kits readily available to give patients during the visit.
- Samples taken from a digital rectal exam (DRE) or collected in an office setting do not meet screening criteria by the American Cancer Society or HEDIS®.
  - If a patient brings a completed sample into the office, be sure to document this so it's clear it wasn't collected in the office.
- Fecal Immunochemical Test (FIT) and Cologuard® (sDNA + FIT) tests are NOT the same screening.
  - FIT uses antibodies to detect blood in the stool (completed annually).
  - sDNA combines the FIT with a test that detects altered DNA in the stool (completed every 3 years).
- If virtual care is used, discuss current screening status, and encourage in-home testing if applicable.

### Anatomy of colon



## Tips for coding

For exclusions, use the appropriate ICD-10-CM code. Document and bill exclusions annually.

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

For screenings use the appropriate codes:

Screening	Code type	Commonly used billing codes
<b>sDNA</b> (known as Cologuard®)	CPT®	81528
<b>Occult blood test</b> (FOBT, FIT, guaiac)	CPT®	82270, 82274
	HCPCS	G0328

## Resources

1. American Cancer Society. 2017. "Colorectal Cancer Facts & Figures 2017-2019." [cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf](https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf)
2. Centers for Disease Control and Prevention (CDC). February 2022. "What Should I Know About Screening." [cdc.gov/cancer/colorectal/basic\\_info/screening/index.htm](https://www.cdc.gov/cancer/colorectal/basic_info/screening/index.htm)
3. Centers for Disease Control and Prevention (CDC). February 2022. "Colorectal Cancer Control Program (CRCCP)." [cdc.gov/cancer/crccp/about.htm](https://www.cdc.gov/cancer/crccp/about.htm)

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