

# 2022 Star Measure Tips



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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

### Measurement definition

Patients ages 50–75 who had appropriate screenings for colorectal cancer.<sup>1</sup>

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every five years
- FIT-DNA (Cologuard®) every three years
- FIT (Fecal Immunochemical Test), or FOBT (Fecal Occult Blood 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 doesn't count).
- Had a total colectomy (partial or hemicolectomies don't count).
- Received hospice care during the measurement year.
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*).
- Are deceased during the measurement year.
- Received palliative care during the measurement year.

### Information that patient medical records must include

- Documentation of the date, result and type of all colorectal cancer screenings or if the patient met exclusion criteria.
- A patient-reported previous screening; document in their medical history the type of test, date performed and the result.

*continued*

## Information that patient claims should include

For exclusions, use the appropriate ICD-10<sup>2</sup> code:

ICD-10 code	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 screenings, use the appropriate codes:

Screening	Code type	Commonly used billing codes
FIT-DNA (known as Cologuard®)	CPT	81528
	HCPCS	G0464
Occult blood test (FOBT, FIT, guaiac)	CPT	82270, 82274
	HCPCS	G0328

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

## Tips for talking with patients

- For patients who refuse a colonoscopy, discuss options of noninvasive screenings and have FIT kits readily available to give patients during the visit.
- FIT tests and FIT-DNA (Cologuard®) tests are **NOT** the same screening.
  - **FIT** uses antibodies to detect blood in the stool (completed annually).
  - **FIT-DNA** combines the FIT with a test that detects altered DNA in the stool (completed every 3 years).
- If telehealth, telephone or e-visits are used instead of face-to-face visits, ask the patient if he or she would be willing to complete an in-home FIT-DNA (Cologuard®) 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 make a plan that offers the best health outcomes for your patient.

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<sup>1</sup>National Committee for Quality Assurance. *HEDIS® 2020 Volume 2 Technical Specifications for Health Plans* (2019), 108-115

<sup>2</sup>ICD-10-CM created by the National Center for Health Statistics, under authorization by the World Health Organization. WHO-copyright holder.