Colorectal Cancer Screening (COL)
Effectiveness of Care HEDIS® Measure

Colorectal cancer is currently the second leading cause of cancer-related deaths in the United States. Some methods of colorectal cancer screening can detect premalignant polyps and guide their removal. In theory, these methods can prevent the cancer from developing. Compelling evidence shows that systematic screening can reduce deaths from colorectal cancer by detecting cancer at earlier stages when treatment is most effective.\textsuperscript{i}

**HEDIS MEASURE DEFINITION**
Patients ages 50 to 75 who had appropriate screenings for colorectal cancer.\textsuperscript{ii}

**EXCLUSIONS FROM THE HEDIS MEASURE**
Patients are excluded from the measure if they:

- Currently have or have had colorectal cancer, including:
  - A personal history of other malignant neoplasm of large intestine
  - A personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
- Had a total colectomy (partial or hemicolecctomies don’t count)
- Are in hospice
- Are living long-term in an institution
- Are enrolled in an institutional skilled nursing facility (SNF)
- Are age 66 and older with frailty and advanced illness (For additional definition information see the ‘Frailty and Advanced Illness’ tip sheet)

Note: Patients aren’t excluded if they had cancer of the small intestine.

**INFORMATION PATIENT MEDICAL RECORDS SHOULD INCLUDE**
Medical records should include documentation of the date and type of all colorectal cancer screenings, or if the patient met exclusion criteria. If a screening has already been performed, let Premera know by documenting it in the medical record and using a CPT II code on the claim. In the assessment section of the medical record, document where and when the exam was performed, the results of the exam, and that an attempt to obtain the original record is in process.

**TIPS FOR TALKING WITH PATIENTS**
- For patients who refuse a colonoscopy, discuss options of non-invasive screenings and have FIT kits readily available to give patients during the visit.
- You should always offer the patient a FIT kit for the year even if you perform the necessary screenings.
- 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 stop 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.

**TIPS FOR SUCCESS**

Completing the following screenings will close the patient care gap:

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5 years:
  - CPT\(^{\text{CPT}}\) 45330 - 45350
  - HCPCS\(^{\text{HCPCS}}\) G0104: Colorectal cancer screening; flexible sigmoidoscopy
- FOBT, FIT, guaiac stool test 1 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 3 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, 1 to 3 simultaneous determinations
- FIT-DNA (Cologuard\(^{\text{Cologuard}}\)) every 3 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
  - The FIT-DNA test is more expensive for patients than the other at-home test options listed above.

---

1. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
4. CPT Copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
5. HCPCS Level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of CMS, America’s Health Insurance Plans, and Blue Cross and Blue Shield Association).