Colorectal Cancer Screening (COL)

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.

**APPLICABLE LINES OF BUSINESS**
- Commercial
- Medicare Advantage
- Individual market/Exchange

**MEASURE DESCRIPTION**
Percentage of patients 50-75 years of age who had at least one of these appropriate screenings for colorectal cancer within the time frame indicated.

- Colonoscopy every ten years
- Flexible sigmoidoscopy every five years
- CT colongraphy every five years
- FIT-DNA (Cologuard®) every three years
- gFOBT or FIT every year

**EXCLUSIONS**
Patients are excluded from the measure if they:
- Have a history of colorectal cancer (cancer of the small intestine doesn’t count)
- Had a total colectomy (partial or hemicolecetomies don’t count)
- Received hospice care during the measurement year
- Are living long-term in an institution
- Are enrolled in an institutional skilled nursing facility (SNF)
- Are age 66 and older with advanced illness and frailty (for additional definition information see the Advanced Illness and Frailty Exclusions Guide)

**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. A result isn’t required if the documentation is...
clearly part of the member’s “medical history”; if this isn’t clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).

- If a patient reports a previous screening, document the type of test, date performed, and result.

**PATIENT CLAIMS SHOULD INCLUDE**

- For exclusions, use the appropriate ICD-10 code:

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z85.038</td>
<td>Personal history of other malignant neoplasm of large intestine</td>
</tr>
<tr>
<td>Z85.048</td>
<td>Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus</td>
</tr>
</tbody>
</table>

- For screenings, use the appropriate codes:

<table>
<thead>
<tr>
<th>Screening</th>
<th>Code type</th>
<th>Commonly used billing codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible sigmoidoscopy</td>
<td>CPTⅢ</td>
<td>45330-45335, 45337-45342, 45346, 45347, 45349, 45350</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HCPCS G0104</td>
</tr>
<tr>
<td>FIT-DNA (known as Cologuard®)</td>
<td>CPT</td>
<td>81528</td>
</tr>
<tr>
<td>Occult blood test (FOBT, FIT, guaiac)</td>
<td>CPT</td>
<td>82270, 82274</td>
</tr>
<tr>
<td></td>
<td>HCPCS</td>
<td>G0328</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>CPT</td>
<td>44388-44394 44401-44408, 45378-45386, 45393, 45398, 45388-45392</td>
</tr>
<tr>
<td>CT Colonography</td>
<td>CPT</td>
<td>74261, 74262</td>
</tr>
</tbody>
</table>

- Performing fecal occult testing on a sample collected from a digital rectal exam (DRE) or on a stool sample collected in an office setting doesn't meet screening criteria by the American Cancer Society or HEDIS.

**TIPS FOR SUCCESS**

- For patients who refuse a colonoscopy, discuss options of non-invasive screenings and have at-home FIT kits readily available to give patients during the visit.
  - gFOBT/FIT kits require fewer dietary restrictions.
- Update and document the patient’s history annually including type and date of test.
- Accurately document patients with ileostomies and history of colon cancer.
- 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.
• Help patients understand costs associated with different tests; the FIT-DNA may be more expensive than other options.
• 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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