

Colorectal Cancer Screening (COL)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

MEASURE DESCRIPTION

Percentage of patients 45-75 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 colonography every five years
- FIT-DNA (stool DNA with FIT test also known as Cologuard®) every three years
- gFOBT or FIT every year

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 or palliative care during the measurement year
- Are Medicare patients 66 years of age and older who are enrolled in an institutional Special Needs Plan (SNP) or living long-term in an institution
- 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

- Colorectal cancer screening reports: date of screening and results and pathology reports taken during a colonoscopy are also acceptable.
- Documentation to support exclusion criteria.
- Patient reported screenings—these are acceptable when the type of screening and date is documented. A result is NOT required if the documentation is clearly part of the patient's medical history. If this is not clear, the result or findings must also be present.

PATIENT CLAIMS SHOULD INCLUDE

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

ICD-10	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
Z51.5	Encounter for palliative care

- For screenings, use the appropriate codes:

Screening	Code type	Commonly used billing codes
Flexible sigmoidoscopy	CPT ⁱⁱⁱ	45330-45335, 45337-45342, 45346, 45347, 45349, 45350
	HCPCS ^{iv}	G0104
FIT-DNA (known as Cologuard®)	CPT	81528
Occult blood test (FOBT, FIT, guaiac)	CPT	82270, 82274
	HCPCS	G0328
Colonoscopy	CPT	44388-44394, 44401-44408, 45378-45386, 45398, 45388-45693
	HCPCS	G0105, G0121
CT Colonography	CPT	74261, 74262

NOTE: Performing fecal occult testing on a sample collected from a digital rectal exam (DRE) or on a stool sample collected in an office setting does not meet screening criteria.

TIPS FOR SUCCESS

- 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.
- Review all the screening options with patients to determine which type of screening they prefer. Patients who are given a choice between colonoscopy and fecal testing, and who review the pros and cons of each with their provider, are more likely to complete the screening.
 - Have FIT kits readily available to give patients during the visit with instructions to return them to the office or mail to the lab.
- Update and document the patient's history annually including type and date of colon cancer screening tests, history of total colectomy, or history of colon cancer.
- Be aware of cost barriers and surprise bills to patients when offering colorectal cancer screening:
 - A colonoscopy could be subject to cost-shares if billed using diagnostic codes.
 - Cologuard is processed through a lab that is frequently out-of-network for plans, resulting in high-cost shares for patients.
 - FIT kits are typically considered preventive with no cost shares when processed at an in-network lab.
- If telehealth, telephone, or e-visits are utilized instead of face-to-face visits:
 - Discuss the need for colorectal cancer screening.
 - Refer the patient for testing or ask the patient if they would be willing to do an in-home test and mail them a home test kit.

ⁱ American Cancer Society. 2017. "Colorectal Cancer Facts & Figures 2017-2019. National Committee for Quality Assurance. HEDIS® Measurement Year 2020 & Measurement Year 2021 Volume 2 Technical Specifications for Health Plans, 108-115

ⁱⁱ ICD-10-CM created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder.

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^{iv} HCPCS Level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of Centers for Medicare & Medicaid Services, America's Health Insurance Plans, and the Blue Cross Blue Shield Association).