

Colorectal Cancer Screening (COL)

To find the category this measure applies to (Medicare Stars, Federal Employee Program®, etc.), see our chart of HEDIS® measures.

HEDIS measure

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for colorectal cancer screening.

What is the measure?

- Patients 50 to 75 years of age who had one or more screenings for colorectal cancer
- Patients 51 to 75 years of age as of January 31, 2023

Exclusions:

- Colorectal cancer during patient's history through December 31, 2023:
 - o ICD-10-CM: C18.0-C18.9, C19-C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
 - o HCPCS: G0213-G0215, G0231
- Total colectomy during patient's history through December 31, 2023:
 - o ICD-10-PCS: ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ
 - O CPT®: 44150-44153, 44155-44158, 44210-44212
- Patients 66 years of age and older who are enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution during 2023
- Patients 66 years of age and older with advanced Illness during 2022 and/or 2023 and frailty during 2023
- Death

Required:

- Members in hospice or using hospice services anytime during 2023
- Members receiving palliative care during 2023

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Closing the gap

Documentation needed:

- Any of the following:
 - Colonoscopy in 2014 through 2023 (10 years):
 - CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
 - HCPCS: G0105, G0121
 - ICD-9-PCS: 45.22, 45.23, 45.25. 45.42, 45.43
 - Flexible sigmoidoscopy in 2019 through 2023 (five years):
 - CPT: 45330-45335, 45337, 45338, 45340 45342, 45346, 45347, 45349, 45350
 - HCPCS: G0104ICD-9-PCS: 45.24
 - Computed tomography (CT) colonography in 2019 through 2023 (five years):
 - CPT: 74261-74263
 - LOINC: 60515-4, 72531-7, 76069-1, 79071-7, 79101-2, 82688-3
 - Fecal immunochemical test (FIT)-DNA (for example, Cologuard®) in 2021 through 2023 (three years):
 - CPT: 81528HCPCS: G0464
 - LOINC: 77353-1, 77354-9
 - Fecal immunochemical test (FIT)-Non-DNA (for example, InSure® ONE™) (one year) or fecal occult blood test (FOBT) in 2023 (one year):
 - CPT: 82270, 82274
 - HCPCS: G0328
 - LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6

Medical record documentation that meets criteria:

- Date, type of screening, and result
- Date and type of screening in medical history/health maintenance section
- Pathology report indicating date and type of screening

Note: Do not count digital rectal exams (DRE), FOBT performed in an office setting or on a sample collected via a DRE, epi ProColon® methylated Septin 9 gene detection blood test, or ColoCARE®.

Note: Two patient identifiers are required.

Best practices:

- Schedule colonoscopy for the patient January to October to increase the likelihood of completion.
- Educate members scheduled for colonoscopy on potential barriers with prep kits (co-pay; side effects, etc.).
- Educate staff on low-cost prep options (for example, Miralax) for those who encounter barriers.
- Encourage patients who are resistant to having a colonoscopy to complete a stool test in the privacy of their own home (FOBT, FIT-Non-DNA, and FIT-DNA).
- Educate, order and/or distribute FOBT, FIT-Non-DNA or FIT-DNA kits to patients who need a colorectal cancer screening. *Include expiration date of order and kit as part of education. Provide test prior to the visit and encourage it be returned at visit.*
- Follow up on all colorectal screenings ordered and ensure testing was completed.
- When documenting a colorectal screening, identify the type of screening (colonoscopy, Cologuard, FOBT) and the date of completion.
- Scan colonoscopy report into the medical record.
- Outreach to patients via phone calls instead of letters, as this method yields better results.
- Add ticklers to electronic medical record (EMR) for advanced illness and frailty exclusions.

Let's work together:

- Supplemental data submission: secure file transfer protocol, record submission via secure facsimile, secure email, remote or on-site chart collection
- Regional provider services: health and member expositions, collaborative letters, health promotion consultant-assisted calls, provider challenges, HEDIS, STARS and risk training seminars, member barrier surveys, HEDIS subject matter expert chart review via remote EMR access or on-site chart collection, mobile mammography, clinic days, and more*
- Corporate interventions: gap-in-care reminders, outbound calls, homebound services and more*
- Member incentives*
- * Please contact your Provider Relations representative to learn about resources available for 2023.

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