CalViva HEALTH health net

Colorectal Cancer Screening (COL) Tip Sheet

Improve your COL HEDIS[1] rates by using this tip sheet for key details about the measure, codes and documentation guidelines.

Early treatment can lead to a 90% survival rate after five years[2]. Colorectal cancer is the third most common cancer in men and women. It is also the second most common cause of cancer-related deaths in the U.S. Screening patients can greatly reduce the incidence and death rates of colorectal cancer. Only about 70% of adults ages 45–75 are reported as having received a colorectal screening test based on the 2020 Behavioral Risk Factor Surveillance System survey.

Measure

Patients ages 45–75 who had appropriate screening for colorectal cancer anytime during the measurement year (MY) with any of these tests:[3]

Screening Type	Frequency
Fecal occult blood test (FOBT) during the measurement year (MY): guaiac-based FOBT (gFOBT)/immunochemical FOBT or fecal immunological test (FIT)	Once a year
Flexible sigmoidoscopy during the MY or four years prior	Every 5 years, or every 10 years with a FIT every year
Colonoscopy during the MY or nine years prior	Every 10 years
Computed tomography (CT) colonography during the MY or four years prior	Every 5 years
FIT-DNA (multi-targeted stool DNA test – Cologuard®) during the MY or two years prior	Once every three years

Exclusions

Patients who meet any of the following criteria are excluded from the measure:

- Patients ages 66 and older with frailty and advanced illness (telephone visits, e-visits and virtual check-ins were added to the advanced illness exclusion).
- Patients in hospice or using hospice services.
- Patients in palliative care.
- Patients with colorectal cancer or who had a total colectomy.

[1] HEDIS: Healthcare Effectiveness Data and Information Set. NCQA. HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022
[2] Refer to the National Committee for Quality Assurance (NCQA) website at www.ncqa.org/hedis/measures/colorectal-cancer-screening.
[3] NCQA. HEDIS 2022 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2021.

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(continued)

Medical record documentation and best practices	
	• Need date and type of colorectal cancer screening(s) performed. A result is not required if the documentation is clearly part of the "medical history" section of the medical record. If it is not clear, results or findings need to be provided to show screening was performed and not just ordered. • Colonoscopy must be complete, or evidence must show that the scope advanced beyond splenic flexure to be considered compliant within the time frame. An incomplete colonoscopy or evidence that the scope advanced into the sigmoid colon can be considered compliant as a flexible sigmoidoscopy. • Do not count a digital rectal exam (DRE) or FOBT test performed in an office setting or performed on a sample collected via DRE as evidence of colorectal cancer screening. Assess potential barriers to follow-up (e.g., need for family/caregiver support, transportation challenges, language barriers) and provide support and referrals as needed. • Ensure patients obtain durable medical equipment, physical therapy, home health services, and community-based resources when needed. • Reconcile medications on discharge instructions with those on the list of patients' outpatient medications. • Inform patients of their available care options including urgent, emergent and postoperative care. Provide phone numbers and addresses for patients.

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Exclusion codes	
Colorectal cancer	HCPCS: G0213–G0215, G0231 ICD-10-CM: C18.0–C18.9, C19, C20, C21.2,C21.8, C78.5, Z85.038,Z85.048
Total colectomy	CPT: 44150–44153, 44155–44158, 44210–44212 ICD10PCS: 0DTE0ZZ,0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ
Palliative care	HCPCS: G9054, M1017 ICD-10-CM: Z51.5
Telephone visits	CPT: 98966–98968, 99441–99443
Online assessments (e-visitor virtual check-in)	CPT: 98969–98972, 99421–99423, 99444, 99457 HCPCS: G0071,G2010, G2012, G2061–G2063

Advanced illness and frailty codes are too numerous to list. Please refer to the latest NCQA Quality Rating System (QRS) HEDIS Value Set Directory (VSD).

Medical record documentation and best practices	COL codes	
• Educate patients on the importance of colorectal cancer screening. Discuss different screening options and make a recommendation based on patients' risks and preferences. • Use standing orders and empower office staff to give FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for a colonoscopy. • Implement a FLU-FOBT program to increase access to colorectal cancer screening by offering home tests to patients at the time of their flu shots. Note: Rates stratified by race and ethnicity	FOBT	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
	Flexible sigmoidoscopy	CPT: 45330–45335, 45337, 45338, 45340–45342, 45346, 45347, 45349,45350 HCPCS: G0104
	Colonoscopy	CPT: 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398 HCPCS: G0105,G0121
	CT colonography	CPT: 74261–74263 LOINC: 60515–4, 72531–7, 79069–1, 79071–7, 79101–2, 82688–3
	FIT-DNA	CPT: 81528 HCPCS: G0464 LOINC: 77353–1,77354–9

Questions? Contact the Health Equity department for more details at CQI_Medicare@healthnet.com.