

# COLORECTAL CANCER SCREENING (COL)

Effectiveness of Care HEDIS® Measure

## Measurement definition

Patients ages 50–75 who had appropriate screenings for colorectal cancer.<sup>1</sup> (Covered under Medicare Advantage plans only, unless the member’s health plan specifies otherwise)

- Colonoscopy every 10 years
- Flexible sigmoidoscopy or CT colonography every five years
- FIT-DNA (Cologuard®) every three years
- Fecal occult blood test every year

## Exclusions

Patients are excluded if they are 66 years of age and older as of December 31, 2020 and meet any of the following criteria:

- Have a history of colorectal cancer (cancer of the small intestine does not count).
- Had a total colectomy (partial or hemicolectomies do not count).
- Lived long-term in an institution or received hospice care at any time during the measurement year.

## Information that patient medical records should include

- Documentation of the date, result, and type of all colorectal cancer screenings or if the patient met exclusion criteria.
- A patient-reported previous screening; document in their medical history the type of test, date performed, and the result.

## Information that patient claims should include

For exclusions, below are two examples of the correct ICD-10<sup>2</sup> codes to look for:

ICD-10 code	Colorectal Cancer Screening findings
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



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For screenings, use the appropriate codes:

Screening	Code type	Commonly used billing codes
Flexible sigmoidoscopy	CPT	45330-45350
	HCPCS	G0104
FIT-DNA (known as Cologuard®)	CPT	81528
Occult blood test (FOBT, FIT, guaiac)	CPT	82270, 82274
	HCPCS	G0328

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 by the American Cancer Society or HEDIS®.

## 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.
- Educate patients about the importance of early detection:
  - Colorectal cancer usually starts as growths in the colon or rectum and does not typically cause noticeable symptoms.
  - You can prevent 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.



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<sup>1</sup>National Committee for Quality Assurance. HEDIS® 2020 Volume 2 Technical Specifications for Health Plans (2019), 108-115

<sup>2</sup>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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