Colorectal Cancer Screening

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Colorectal Cancer Screening measure, best practices and more resources.

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

LOB	**CMS Weight**	**HEDIS**
Commercial Medicaid Medicare	1x	2023

Compliance (any one of the following)

- **Fecal occult blood test during the measurement year**
- **Flexible sigmoidoscopy during the measurement year or the 4 years prior to the measurement year**
- **Colonoscopy during the measurement year or the 9 years prior to the measurement year**
- **CT colonography during the measurement year or the 4 years prior to the measurement year**
- **Stool DNA (sDNA) with FIT test (Cologuard) during the measurement year or the 2 years prior to the measurement year.**

Exclusions

- Members who had colorectal cancer or a total colectomy any time during the member's history through December 31 of the measurement year.
- Received hospice services anytime during the measurement year
- Are age 66 and older with advanced illness and frailty OR dispensed a dementia mediation
- Deceased during the measurement year
- Received palliative care during the measurement year

Best Practices

- Communicate to patients that screening is important. Ask patients about their needs and preferences
- Involve your staff to make screening more effective.
  - Involve entire practice in outreach efforts to patients
  - Develop a screening procedure/policy
- Measure Progress and effectiveness of over time of screening within your practice
  - Utilize technology tools to develop a baseline and set a goal for compliance rate
- Follow-up with patients regarding receiving screenings and test results.
  - Create a tracking system to help assist with follow-up

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Learn more about EPIC workflow by following:
https://uhcommunity.uhhospitals.org/UHAccountableCareOrganization/EPIC%20%20Quick%20Tips/Forms/AllItems.aspx

Colorectal cancer is the second leading cause of cancer-related deaths in the United States. Unlike other screening tests that only detect disease, some methods of colorectal cancer screening can detect premalignant polyps and guide their removal, which can prevent the cancer from developing. Colorectal screening may also lower mortality by allowing detection of cancer at earlier stages, when treatment is more effective.

Reminder

The COL measure is hybrid. Any care not received via claims will be captured through chart audits.

Tips on How to Code using ICD-10 Codes

Colorectal Cancer is an HCC (Hierarchical Condition Category)

Current Cancer:
- Documentation must show clear evidence of current disease
- Active treatment for cancer
- Watchful Waiting to determine if or when treatment should begin
- No treatment (e.g., palliative or hospice care)
- Requires detailed MEAT

History of Cancer:
- When malignancy has been excised and no further treatment is directed at that site (i.e., radiation, chemotherapy, additional surgery)
- Only routine follow-up care (surveillance) with oncology is required
- Use a history of cancer code when no evidence of disease is present (Z85.-)

Exclusion Codes, not limited to:
Z85.038- Personal history of colon cancer
Z90.49- Personal history of colectomy
Z85.048- Personal history of other malignant neoplasm of rectum
Z51.5- Encounter for palliative care

For additional best practices regarding

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4678395/
https://www.cancer.org/cancer/types/colon-rectal-cancer/about.html
https://www.aacr.org/blog/2021/03/09/how-community-outreach-can-increase-access-to-colorectal-cancer-screening-in-underserved-populations/

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