



One in a series of tip sheets that look at key 2019 Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Colorectal Cancer Screening (COL)

Effectiveness of Care HEDIS® Measure

HEDIS measure definition

This measure examines the percentage of adults ages 50 to 75 in the measurement year who had appropriate screening for colorectal cancer.

Exclusions from the HEDIS measure

Patients are excluded if they:

- Have colorectal cancer (cancer of the small intestine does not count).
- Had a total colectomy (partial or hemicolectomies do not count).
- Are a patient in hospice or living in a long-term institutional setting any time in the measurement year.
- Have an advanced illness and frailty:
 - Medicare members ages 66 and older with advanced illness (includes dispensed dementia medication) in the measurement year or the year prior to the measurement year **and** frailty in the measurement year as evidenced by claims data. See the *Advanced illness and frailty guide* for more information.

Information patient medical records should include

- Medical records should include documentation of the date, result and type of all colorectal cancer screenings or if the patient met exclusion criteria.
- If a patient reports a previous screening, document in the assessment section of the medical record where and when the exam was performed, the results of the exam and that an attempt to obtain the original record is in process (see "Information patient claims should include" below for appropriate codes).

Information patient claims should include

- If the patient reports a previous screening, use CPT® II *3017F (colorectal cancer screening results documented and reviewed) with Z12.11 (colorectal cancer screening diagnosis code).
- For exclusions, use the appropriate ICD-10 code:

ICD-10 code	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

- Completing the following screenings will close the patient care gap:

Screening	How often	Commonly used billing codes
Screening colonoscopy	Every 10 years	
Screening computed tomography (CT) colonography <i>While it meets HEDIS requirements, Medicare does not reimburse for it as of April 1, 2017.</i>	Every five years	
Screening flexible sigmoidoscopy	Every five years	CPT® *45330-45350 HCPCS G0104
FIT DNA test (known as Cologuard®) <i>Visit cologuardtest.com/hcp/ordering-and-results** to order online or by fax.</i>	Every three years	CPT® *81528
Fecal occult blood test (FOBT, FIT, guaiac) <i>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.</i>	Every year	CPT® *82270 CPT® *82274 HCPCS G0328

General tips

- For patients who refuse a colonoscopy, discuss options of non-invasive screenings and have FIT kits readily available to give patients during the visit. You should always offer the patient a FIT kit for the year even if you perform the necessary screenings.
- 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 stop 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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