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One in a series of tip sheets about HEDIS® and other measures that contribute to star ratings of Medicare Advantage plans.

Colorectal cancer screening (COL)

Effectiveness of Care HEDIS® Measure

Measurement definition

Patients ages 50–75 who had appropriate screenings for colorectal cancer.[1]

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every five years
- FIT-DNA (Cologuard®) every three years
- FOBT, FIT or guaiac stool test every year

Exclusions

Patients are excluded if they:

- Have a history of colorectal cancer (cancer of the small intestine doesn't count).
- Had a total colectomy (partial or hemicolectomies don't count).
- Received hospice care during the measurement year.
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*).

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, use the appropriate ICD-10[2] code:

ICD-10 code	Retinal eye exam 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

For screenings, use the appropriate codes:

Screening	Code type	Commonly used billing codes
Flexible sigmoidoscopy	CPT	45330-45350
	HCPCS	G0104

Screening	Code type	Commonly used billing codes
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 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 noninvasive screenings and have FIT kits readily available to give patients during the visit.

- Educate patients about the importance of early detection:

    o Colorectal cancer usually starts as growths in the colon or rectum and doesn't typically cause noticeable symptoms.

    o 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.