



Colorectal Cancer Screening (COL-E)



Healthcare Effectiveness Data Information Set[®] (HEDIS) is a widely used set of performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). These are used to drive improvement efforts surrounding best practices.

The HEDIS quality measures reported using the Electronic Clinical Data Systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices. Organizations that report HEDIS using ECDS encourage the electronic exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time.

This HEDIS measure evaluates the percentage of patients 45 to 75 years of age who had appropriate screening for colorectal cancer:

- Patients with one or more screenings for colorectal cancer. Any of the following meet criteria:
 - Fecal occult blood test (FOBT) during the measurement period
 - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
 - Colonoscopy during the measurement period or the nine years prior to the measurement period
 - CT colonography during the measurement period or the four years prior to the measurement period
 - Stool DNA (sDNA) with fecal immunochemical test (FIT) test during the measurement period or the two years prior to the measurement period

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Record Your Efforts

Acceptable:

- Colonoscopy indicating poor bowel prep or incomplete exam with documentation of scope advanced to the cecum meets criteria for a completed colonoscopy, or advanced into the sigmoid colon meets criteria for the flexible sigmoidoscopy.
- Two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT/FIT-DNA test). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance:
 - For FIT-DNA test: as long as the medical record indicates that a FIT-DNA test was done, the patient meets criteria regardless of how many samples were returned.
 - For gFOBT and unspecified type of test:
 - If the medical record does not indicate the number of samples (assume correct number returned) or indicates three or more samples were returned, the patient meets criteria.
- The FOBT test must be processed and results reported by a lab.
- Ensure chart captures patients' ethnicity.

Not Acceptable:

- Tests performed in an office setting or from any specimen collected during a digital rectal exam
- CT scan of the abdomen and pelvis
- Unclear documentation in medical record as *COL* or *COLON 20XX* by provider without mention of the actual screening test completed



Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness; patients must meet **both** frailty and advanced illness criteria to be excluded
- Patients receiving palliative care any time during the measurement year
- Patients who had an encounter for palliative care any time during the measurement year
- Patients who had colorectal cancer any time during the patient's history through December 31 of the measurement year
- Patients who had a total colectomy any time during the patient's history through December 31 of the measurement period
- Medicare patients 66 years of age and older by the end of the measurement period who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period
 - Living long-term in an institution any time during the measurement period



Description	CPT®/HCPCS/SNOMED CT
Colonoscopy	<p>CPT 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398</p> <p>HCPCS G0105: Colorectal cancer screening; colonoscopy on individual at high risk G0121: Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk</p> <p>SNOMED CT 8180007: Fiberoptic colonoscopy through colostomy (procedure) 12350003: Colonoscopy with rigid sigmoidoscope through colotomy (procedure) 25732003: Fiberoptic colonoscopy with biopsy (procedure) 34264006: Intraoperative colonoscopy (procedure) 73761001: Colonoscopy (procedure) 174158000: Open colonoscopy (procedure) 174185007: Diagnostic fiberoptic endoscopic examination of colon and biopsy of lesion of colon (procedure) 235150006: Total colonoscopy (procedure) 235151005: Limited colonoscopy (procedure) 275251008: Diagnostic endoscopic examination of colon using fiberoptic sigmoidoscope (procedure) 302052009: Endoscopic biopsy of lesion of colon (procedure) 367535003: Fiberoptic colonoscopy (procedure) 443998000: Colonoscopy through colostomy with endoscopic biopsy of colon (procedure) 444783004: Screening colonoscopy (procedure) 446521004: Colonoscopy and excision of mucosa of colon (procedure) 446745002: Colonoscopy and biopsy of colon (procedure) 447021001: Colonoscopy and tattooing (procedure) 709421007: Colonoscopy and dilatation of stricture of colon (procedure) 710293001: Colonoscopy using fluoroscopic guidance (procedure) 711307001: Colonoscopy using X-ray guidance (procedure) 789778002: Colonoscopy and fecal microbiota transplantation (procedure) 1209098000: Fiberoptic colonoscopy with biopsy of lesion of colon (procedure)</p>

Description	CPT®/HCPCS/SNOMED CT
FOBT Lab Test	<p>CPT 82270, 82274</p> <p>HCPCS G0328: Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous</p> <p>LOINC 12503-9: Hemoglobin. Gastrointestinal [Presence] in Stool – 4th specimen 12504-7: Hemoglobin. Gastrointestinal [Presence] in Stool – 5th specimen 14563-1: Hemoglobin. Gastrointestinal [Presence] in Stool – 1st specimen 14564-9: Hemoglobin. Gastrointestinal [Presence] in Stool – 2nd specimen 14565-6: Hemoglobin. Gastrointestinal [Presence] in Stool – 3rd specimen 2335-8: Hemoglobin. Gastrointestinal [Presence] in Stool 27396-1: Hemoglobin. Gastrointestinal [Mass/mass] in Stool 27401-9: Hemoglobin. Gastrointestinal [Presence] in Stool – 6th specimen 27925-7: Hemoglobin. Gastrointestinal [Presence] in Stool – 7th Specimen 27926-5: Hemoglobin. Gastrointestinal [Presence] in Stool – 8th specimen 29771-3: Hemoglobin. Gastrointestinal. Lower [Presence] in Stool by Immunoassay 56490-6: Hemoglobin. Gastrointestinal. Lower [Presence] in Stool by Immunoassay – 2nd specimen 56491-4: Hemoglobin. Gastrointestinal. Lower [Presence] in Stool by Immunoassay – 3rd specimen 57905-2: Hemoglobin. Gastrointestinal. Lower [Presence] in Stool by Immunoassay – 1st specimen 58453-2: Hemoglobin. Gastrointestinal. Lower [Mass/volume] in Stool by Immunoassay 80372-6: Hemoglobin. Gastrointestinal [Presence] in Stool by Rapid immunoassay</p> <p>SNOMED CT 104435004: Screening for occult blood in feces (procedure) 441579003: Measurement of occult blood in stool specimen using immunoassay (procedure) 442067009: Measurement of occult blood in two separate stool specimens (procedure) 442516004: Measurement of occult blood in three separate stool specimens (procedure) 442554004: Guaiac test for occult blood in feces specimen (procedure) 442563002: Measurement of occult blood in single stool specimen (procedure)</p>
FOBT Test Result or Finding	<p>SNOMED CT 59614000: Occult blood in stools (finding) 167667006: Fecal occult blood: negative (finding) 389076003: Fecal occult blood: trace (finding)</p>

Description	CPT®/HCPCS/SNOMED CT
CT Colonography	CPT 74261, 74262, 74263
	LOINC 60515-4: CT Colon and Rectum W air contrast PR 72531-7: CT Colon and Rectum W contrast IV and W air contrast PR 79069-1: CT Colon and Rectum for screening WO contrast IV and W air contrast PR 79071-7: CT Colon and Rectum WO contrast IV and W air contrast PR 79101-2: CT Colon and Rectum for screening W air contrast PR 82688-3: CT Colon and Rectum WO and W contrast IV and W air contrast PR
	SNOMED CT 418714002: Virtual computed tomography colonoscopy (procedure)
sDNA FIT Lab Test	CPT 81528
	LOINC 77353-1: Noninvasive colorectal cancer DNA and occult blood screening [Interpretation] in Stool Narrative 77354-9: Noninvasive colorectal cancer DNA and occult blood screening [Presence] in Stool
Flexible Sigmoidoscopy	CPT 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
	HCPCS G0104: Colorectal cancer screening; flexible sigmoidoscopy
	SNOMED CT 44441009: Flexible fiberoptic sigmoidoscopy (procedure) 396226005: Flexible fiberoptic sigmoidoscopy with biopsy (procedure) 425634007: Diagnostic endoscopic examination of lower bowel and sampling for bacterial overgrowth using fiberoptic sigmoidoscope (procedure)
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native
	2028-9: Asian
	2054-5: Black or African American
	2076-8: Native Hawaiian or Other Pacific Islander
	2106-3: White
	2135-2: Hispanic or Latino
2186-5: Not Hispanic or Latin	

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Patient Care Opportunities

You can find patient care opportunities within the Patient360 application located on Availity Essentials Payer Spaces. To access the Patient360 application you must have the Patient360 role assignment. From Availity's home page, select **Payer Spaces**. Then, choose the health plan from the menu. Choose the **Patient360** tile from the Payer Space Applications menu and complete the required information on the screen. Gaps in care are located in the *Active Alerts* section of the Patient Summary.

Helpful Tips and Resources:

- Best practice is to have the actual screening test and result. However, result is not required as long as documentation is part of the medical record and clearly indicates screening was completed and not merely ordered.
- Always include a date of service and place of service if known.
- Educate the patients about the importance of early detection and encourage screening.
- Submit claims and encounter data in a timely manner.
- Contact your health plan representative to establish an electronic data transfer with the plan if your organization does not already have one.
- Make full use of CPT II codes to submit care quality findings (many HEDIS gaps could be closed via claims if CPT II codes were fully utilized).
- Ensure the EMR systems are set up to link the clinical and behavior health entries to LOINC codes and SNOMED codes.

Our Supplemental Data Team is here to help. For additional support in submitting supplemental data for ECDS measures, please send inquiries to supplementaldata@healthybluemedicarenc.com.





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