2024 Star Measure Tips

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

Colorectal Cancer Screening (COL-E)

Electronic Clinical Data Systems (ECDS) Measure

Measure description

The percentage of patients who had a colorectal cancer screening.

Measure population (denominator)

Patients 45–75 years of age during the measurement year (MY).

Measure compliance (numerator)

Patients who had any of the following:

Type of Screening	During the MY or:
Colonoscopy	9 years prior
Flexible Sigmoidoscopy	4 years prior
sDNA (stool DNA + FIT test) also known as Cologuard®	2 years prior
FIT (Fecal Immunochemical Test) **FOBT** (Fecal Occult Blood Test)	MY only
CT-Colonography (virtual colonoscopy)	4 years prior

Exclusions

- History of colorectal cancer (cancer of the small intestine doesn't count)
- Total colectomy (partial or hemicolectomies don't count)
- Received hospice services anytime during the measurement year

Did you know?

- A screening test is used to look for a disease when a person doesn't have symptoms.
- Treatment for colorectal cancer in its earliest stage can lead to a 90% survival rate.
- Colorectal cancer screening can detect polyps before they become cancerous or in early stages when treatment is most effective.
- Many adults have not been screened as recommended. Lower screening rates directly contribute to higher death rates from colorectal cancer.

continued

Exclusions *(continued)*

- Are age 66 and older with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*)
- Deceased during the measurement year
- Received palliative care during the measurement year

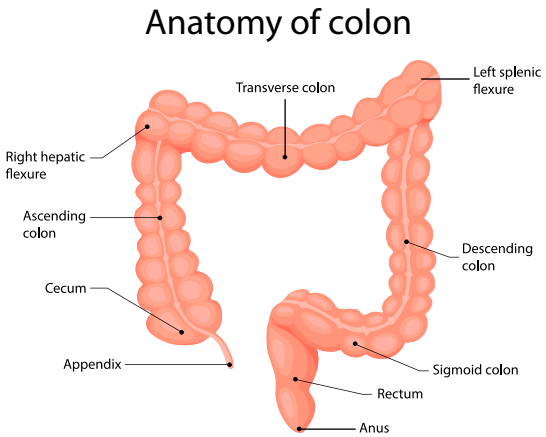
Helpful HEDIS hints

- Discuss the benefits and risks of different screening options and make a plan that offers the best health outcomes for your patient.
- Document the date, result, and type of colorectal screenings or if the patient met exclusion criteria.
  - Pathology reports that indicate the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria.
  - Pathology or procedure reports that do **not** indicate type of screening (or if aborted) are acceptable, IF there is evidence the scope advanced:

    * **TO** the cecum = completed colonoscopy

    * **INTO** the sigmoid colon = completed flex sigmoidoscopy

    Note: If the scope advanced anywhere between the cecum and sigmoid colon, it would be considered a flexible sigmoidoscopy.



- Inquire about and document any patient reported completed screenings. Be sure to document the type of screening, date and result in their medical history.
  - Simply documenting "colorectal screening" or "UTD" does not meet criteria.
- For patients who refuse a colonoscopy, discuss options of noninvasive screenings such as Cologuard® or FIT.
- Have FIT kits readily available to give patients during the visit.
- Samples taken from a digital rectal exam (DRE) or collected in an office setting do not meet screening criteria by the American Cancer Society or HEDIS®.
  - If a patient brings a completed sample into the office, be sure to document this so it's clear it wasn't collected in the office.
- Fecal Immunochemical Test (FIT) and Cologuard® (sDNA + FIT) tests are **not** the same screening.
  - FIT uses antibodies to detect blood in the stool (completed annually).
  - sDNA combines the FIT with a test that detects altered DNA in the stool (completed every 3 years).
- If virtual care is used, discuss current screening status and encourage in-home testing if applicable.

continued

Tips for coding

For exclusions, use the appropriate ICD-10-CM code. Document and bill exclusions annually.

ICD-10-CM	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

For screenings use the appropriate codes:

Screening	Code type	Commonly used billing codes
sDNA (known as Cologuard®)	CPT®	81528
Occult blood test (FOBT, FIT, guaiac)	CPT®	82270, 82274
	HCPCS	G0328

Note: This measure is being collected and reported through Electronic Clinical Data Systems (ECDS). ECDS is defined as a health plan that utilizes a network of interoperable data systems to better communicate member health information across various health care service providers.

Resources

1. American Cancer Society. 2023. "Colorectal Cancer Facts & Figures 2023-2025." **cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2023.pdf**
2. Centers for Disease Control and Prevention (CDC). 2023. "What Should I Know About Screening." **cdc.gov/cancer/colorectal/basic_info/screening/index.htm**
3. Centers for Disease Control and Prevention (CDC). 2023. "Colorectal Cancer Control Program (CRCCP)." **cdc.gov/cancer/crccp/about.htm**