

Colorectal Cancer Screening (COL and COL-E)

New for 2023

Added

- A direct reference code, Z51.5, for an encounter for palliative care
- Frailty exclusion now requires 2 different dates of service during the measurement year

Updated

- Members who died during the measurement year is now a required exclusion
- Members who have had colorectal cancer and/or total colectomy are now required exclusions



This measure is also an ECDS measure



Yes!

Supplemental Data Accepted

Definition

Percentage of members ages 45–75 who had an appropriate screening for colorectal cancer.

Rates stratified for race and ethnicity.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Exchange/Marketplace • Medicaid (admin only) • Medicare 	<ul style="list-style-type: none"> • CMS Star Ratings • CMS Quality Rating System • Medicaid Select State Reporting • NCQA Accreditation • NCQA Health Plan Ratings 	<p>Hybrid</p> <ul style="list-style-type: none"> • Claim/Encounter Data • Medical Record Documentation

Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

Colonoscopy	
CPT®/CPT II	44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398
HCPCS	G0105, G0121
History of Colonoscopy	
SNOMED	851000119109
Computed Tomography (CT) Colonography	
CPT®/CPT II	74261, 74262, 74263 This service isn't covered for UnitedHealthcare Medicare Advantage members.
LOINC	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
SNOWMED	418714002

(Codes continued)

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Codes (continued)

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

Stool DNA (sDNA) with FIT Test

CPT®/CPT II	81528 This code is specific to the Cologuard® FIT-DNA test.
LOINC	77353-1, 77354-9
SNOWMED	708699002

Flexible Sigmoidoscopy

CPT®/CPT II	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
HCPCS	G0104
SNOWMED	44441009

History of Flexible Sigmoidoscopy

SNOMED	841000119107
FOBT	
CPT®/CPT II	82270
HCPCS	G0328
LOINC	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
SNOMED	104435004, 441579003, 442067009, 442516004, 442554004, 442563002, 59614000, 167667006, 389076003

FIT

CPT®/CPT II	82274
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Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> Members in hospice or using hospice services Members receiving palliative care Members who died 	Any time during the measurement year
Members who had colorectal cancer or a total colectomy	Any time during the member’s history through December 31 of the measurement year
<p>Members ages 66 and older as of December 31 of the measurement year who 2 diagnoses of frailty on different dates of service and advanced illness. Advanced illness is indicated by one of the following:</p> <ul style="list-style-type: none"> Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s) on separate dates of service with a diagnosis of advanced illness One or more acute inpatient encounter(s) with a diagnosis of advanced illness One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine 	<p>Frailty diagnoses must be in the measurement year and on different dates of service</p> <p>Advanced illness diagnosis must be in the measurement year or year prior to the measurement year</p>
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> Enrolled in an Institutional Special Needs Plan (I-SNP) Living long term in an institution* 	Any time during the measurement year

*Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

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Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Measurement year or 9 years prior	Colonoscopy	<ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Health history and physical • Lab reports • Pathology reports – For a colonoscopy, must indicate the type or screening or that the scope advanced beyond the splenic flexure. For a flexible sigmoidoscopy, must indicate the type or screening or that the scope advanced into the sigmoid colon.
Measurement year or 4 years prior	<ul style="list-style-type: none"> • Flexible sigmoidoscopy • CT colonography 	
Measurement year or 2 years prior	Stool DNA (sDNA) with FIT Test	
Measurement year	iFOBT, gFOBT, FIT	

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Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always include a date of service – year only is acceptable – when documenting a colonoscopy, flexible sigmoidoscopy, Stool DNA (sDNA) with FIT Test, CT colonography or FOBT.**
- It's important to submit any codes that reflect a member's history of malignancy for colorectal cancer, Z85.038 and Z85.048.
 - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
 - If a member isn't new to the care provider, but the member's chart has documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.
- Member refusal will **not** make them ineligible for this measure.
 - Please recommend a flexible sigmoidoscopy, Stool DNA (sDNA) with FIT Test or FOBT if a member refuses or can't tolerate a colonoscopy.
- There are 2 types of acceptable FOBT tests – guaiac (gFOBT) and immunochemical (iFOBT).
- In October 2020 CMS announced that for Medicare members, evidence is sufficient to cover a blood-based biomarker test as an appropriate colorectal cancer screening test once every 3 years, or at the interval designated in the Food and Drug Administration (FDA) label if the FDA indicates a specific test interval. However, these tests have not yet been approved by NCQA to close HEDIS® gaps.
 - At this time, no blood biomarker test for colorectal cancer screening will meet numerator compliance for the COL HEDIS® measure
- Contact your laboratory services provider to procure iFOBT supplies for use in your office.
 - Physicians, nurse practitioners and physician assistants can provide the kit to the members during their routine office visits. Members can then collect the sample at home and send the specimen and requisition form directly to the laboratory services vendor in a post-paid envelope.
- USPSTF added CT colonography for colorectal cancer screening in July 2016. However, Medicare hasn't approved coverage for this colorectal cancer screening test, and it's not a covered benefit for UnitedHealthcare Medicare Advantage members.
 - **If you administer or refer out for this test, please confirm a member's eligibility and benefit coverage.**
- Digital Rectal Exams (DRE) or FOBT test performed in the office setting will **not** meet compliance
- Lab results and procedure codes for colorectal cancer screening can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status. As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.