

Best Practices

Colorectal Cancer Screening

(COL-E)

FROM *HealthTeam Advantage*

HEDIS® Measure Overview and Importance

Colorectal cancer screening is a proven, effective tool to reduce colorectal cancer mortality. The U.S. Preventive Service Task Force recommends colorectal cancer screening starting at age 45. Colorectal cancer is the third most common cancer in the United States, with an estimated 152,000 new cases diagnosed annually. It is the second most common cause of cancer-related death in the U.S., as an estimated 53,000+ Americans die from colorectal each year.

Screening tests can be used as a tool to look for colorectal cancer in patients that do not have cancer symptoms. These tests can help to identify precancerous polyps so they can be removed before they turn cancerous.

The Colorectal Cancer Screening (COL-E) measure assesses members 45 to 75 years of age to ensure they have an appropriate screening for colorectal cancer. Appropriate screenings are considered:

- ◆ FOBT (iFOBT, gFOBT, FIT) during the Measurement Year (MY)
- ◆ Flexible sigmoidoscopy during the MY or the 4 years prior to the MY
- ◆ Colonoscopy during the MY or the 9 years prior to the MY
- ◆ CT colonography during the MY or the 4 years prior to the MY
- ◆ Stool DNA (sDNA) with FIT test during the MY or the 2 years prior to the MY

Accurate Coding and Documentation

Accurate coding and documentation play an essential role in ensuring patient-centered, cost effective, and quality-based care. Patients benefit immensely when chronic conditions and procedures are properly coded and documented because it supports care coordination and continuity across the healthcare continuum. Benefits include:

- ◆ Reducing healthcare costs by avoiding unnecessary and duplicative services
- ◆ Ensuring appropriate care for treatment and preventing medication and medical errors
- ◆ A complete understanding of the patient's current health status
- ◆ Improves care model and assists in early intervention

Medicare requires these chronic conditions to be documented and coded to the highest specificity at least once per each year. The Medicare Annual Wellness Visit and/or annual comprehensive physical are great times to capture this information. It also helps to ensure that providers are appropriately paid for services they provide to patients.

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Coding Pearls for Colorectal Cancer Screening (COL-E)

Did you know that the requirements for this measure are changing? The colorectal cancer screening measure will be an electronic measure only. This means that medical records will not be collected for compliance during HEDIS season. The goal of this change is to encourage the electronic exchange of clinical data. Therefore, it is essential to code compliant procedures for this measure when services/procedures are rendered. These codes include:

Codes Utilized in the Primary Care Setting	
Stool DNA (sDNA) with FIT Test	
CPT/CPT II	81528 (This code is specific to Cologuard FIT-DNA test.)
Fecal Occult Blood Test (FOBT)	
CPT/CPT II	82270, 82274
HCPCS	G0328
Colonoscopy	
CPT/CPT II	44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398
HCPCS	G0105, G0121
Flexible Sigmoidoscopy	
CPT/CPT II	45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350
HCPCS	G0104
CT Colonography	
CPT/CPT II	74261-74263

Chronic conditions that exclude the member from this measure should be coded annually at a minimum. These codes include:

Chronic Condition(s)	
COLORECTAL CANCER	
ICD-10	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
HISTORY OF MALIGNANCY FOR COLORECTAL CANCER	
ICD-10	Z85.038, Z85.048

Properly Documenting for COL-E

If appropriate screenings are documented under the medical history section of the patient's medical record, the result is not required. Always include the date of service that the procedure was completed. It is sufficient to document the year only (i.e., Colonoscopy 2022).

When documenting history of total colectomy, it is essential to note the date that the procedure took place. This should be documented under surgical history (i.e. Total Colectomy 2015).

RESOURCES:

NCQA HEDIS Technical Specifications

www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening

www.cdc.gov/colorectal-cancer/about/index.html

www.cancer.org/cancer/types/colon-rectal-cancer/causes-risks-prevention/risk-factors.html

www.cancer.gov/types/colorectal/hp/colorectal-screening-pdq

www.chesshealthsolutions.com/2023/07/24/accurate-coding-and-documentation-in-value-based-care

