



# **2024 COL**

## **Colorectal Cancer Screening**

# Colorectal Cancer Screening (COL-E)

## Colorectal Cancer Screening



Colon Cancer is the second leading cause of cancer deaths in the US among cancers that affect men and women.



More than a third of adults 50–75 do not get recommended screenings



It is the fourth leading cause of cancer-related deaths in the United States.



Treatment for colorectal cancer in its earliest stage can lead to a 90 percent survival rate after five years.



Colorectal cancer screening of asymptomatic adults in that age group can catch polyps before they become cancerous or detect colorectal cancer in its early stages, when treatment is most effective.

# Colorectal Cancer Screening (COL-E)

## Measure Description

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

- Colonoscopy during 2015-2024
- Flexible Sigmoidoscopy during 2020-2024
- CT Colonography during 2020-2024
- Stool DNA w FIT Test (Cologuard) during 2022-2024
- Fecal occult blood test (FOBT)/gFOBT (guaiac), FIT/iFOBT (immunochemical) during the current performance year



Patients 45-75 years of age



Had an appropriate screening for colorectal cancer during the required timeframe

Measure Steward: National Committee for Quality Assurance (NCQA)

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## Required Exclusions

- Patients in **hospice** or using hospice services any time during the current performance period
- Patients receiving **palliative care** any time during the current performance period
- Patients who **pass away** any time during the current performance period
- Patients who had a **colorectal cancer** or a **total colectomy** any time during the patient's history through the end of the current performance period



- *Medicare* patients 66 years of age and older as of the end of the current performance period who meet either of the following: enrolled in an **Institutional SNP (I-SNP)** or residing in **long-term care** as identified by the LTI flag in the CMS Monthly File any time during the current performance period
- Patients 66 years of age and older as of the end of the current performance period with **two frailty indications on different dates of service** in the current performance period and an **advanced illness diagnosis on at least two different dates of service** or dispensed dementia medication during the current performance period or the year prior to the current performance period

# Colorectal Cancer Screening (COL)

## COL Documentation

### Side Note:

Although you cannot submit supplemental data for this measure, proper documentation is always best practice.



Documentation in the medical record must include a note indicating the date (year only is acceptable) when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the patient's "medical history"; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).



A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria.



For pathology reports that do not indicate the type of screening and for incomplete procedures:

Evidence that the scope advanced to the cecum meets criteria for a completed colonoscopy.

Evidence that the scope advanced into the sigmoid colon meets criteria for a completed flexible sigmoidoscopy.



It's important to submit any codes that reflect a patient's history of malignancy for colorectal cancer.  
Use CPT/HCPCS/SNOMED codes

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## Non-compliant Documentation

- Tests performed in an office setting or from any specimen collected during a digital rectal exam (DRE) does not meet numerator compliance.
- CT scan of the abdomen and pelvis will not meet numerator compliance.
- Unclear documentation in medical records as “COL”, “COLO” or “COLON 20XX” by provider without mention of the actual screening test completed will not meet numerator compliance.
- Patient refusal or referrals alone does not meet numerator compliance.
- Colonoscopy up to date is not specific enough to close the care gap.



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## Common Codes

### *Colonoscopy*

- **CPT®:** 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

### *Computed Tomography (CT) Colonography*

- **CPT®:** 74261, 74262, 74263

### *Stool DNA (sDNA) with FIT Test*

- **CPT®:** 81528 (specific to Cologuard)

### *Flexible Sigmoidoscopy*

- **CPT®:** 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
- **HCPCS:** G0104

### *FOBT*

- **CPT®:** 82270
- **HCPCS:** G0328

### *FIT*

- **CPT®:** 82274



These can be used to close care gap even if you were not the rendering provider! No payment is associated.

**SNOMED CT: 851000119109** → HX of Colonoscopy between 2015-2024

**SNOMED CT: 841000119107** → HX of CT Colonography between 2020-2024



## QUESTIONS?

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