



# **2024 PREV-6**

## **Colorectal Cancer Screening**

# Colorectal Cancer Screening (PREV-6)

## 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.



**Screening for colorectal cancer in asymptomatic adults within the specified age range can identify polyps before they turn cancerous and detect colorectal cancer early on, when treatments are likely to be more successful.**

# Colorectal Cancer Screening (PREV-6)

## Measure Description

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

- Any of the following meet the criteria for a colorectal cancer screening:
- 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 2024



Patients 45-75 years of age



Had an appropriate screening for colorectal cancer during the required timeframe

**Measure Steward:** CMS Web Interface

# Colorectal Cancer Screening (PREV-6)

## Required Exclusions

- Patients who had a **colorectal cancer** or a **total colectomy** any time during the patient's history through the end of the current performance year



- Medicare patients 66 years of age and older as of the end of the current performance year who meet either of the following: **enrolled in an Institutional SNP (I-SNP)** or residing in long-term care as long-term care with a POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the current performance year
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either
  - a dispensed medication for dementia, OR
  - one acute inpatient encounter with a diagnosis of advanced illness OR two outpatient, observation, ED, or non-acute inpatient encounters on different dates of service with an advanced illness diagnosis during the current performance year or the year prior.

# Colorectal Cancer Screening (PREV-6)

## COL Documentation and Submission



Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is required: abnormal or normal is appropriate.



A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed and result 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 to lessen the administrative burden of manual chart reviews.

# Colorectal Cancer Screening (PREV-6)

## Non-compliant Hints

- Digital rectal exams (DRE), fecal occult blood tests (FOBTs) performed in an office setting or performed on a sample collected via DRE does not meet 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.



# Colorectal Cancer Screening (PREV-6)

## Other Quality Measures Tied to COL

### CAHPS: Care Coordination (x4)

#### Care Coordination (CC):

Did you personal doctor:

- Have your medical records or other information about your care?
- Follow up to give you test results as soon as you needed them?
- Talk with you about all the prescription medications you were taking?
- Manage your care among different providers and services?
- Seem informed and up-to-date about the care you received from specialists?

### CAHPS: Access to Care (x4)

#### Getting Needed Care (GNC):

- How easy was it to get care, tests or treatment you needed?
- How easy was it to get appointments with specialists?
- 

#### Getting Appointments and Care Quickly (GCQ):

- How often were you able to get care as soon as you needed?
- How often were you able to get appointments for routine care at a doctor's office as soon as you needed?
- How often were you able to see the person you came to see within 15 minutes of your appointment time?





## QUESTIONS?

Please reach out to **EMAIL:** [carepartnersquality@privahealth.com](mailto:carepartnersquality@privahealth.com)