

Colorectal Cancer Screening (COL)

Patient Profile

MVP members 50–75 years of age who have received the appropriate screenings for colorectal cancer.

Appropriate screening is defined by one of the following criteria:

- **iFOBT (iFIT-Kit)** annually, or **gFOBT (guaiac)** if necessary. A Digital Rectal Exam (DRE) is not sufficient evidence of a colorectal cancer screening. In addition, an FOBT that is performed in an office setting, or on a sample collected from a DRE will not meet the criteria.
- **Colonoscopy** during this year, and up to nine years prior (2019-2010).
- **Flexible Sigmoidoscopy** during this year, and up to four years prior (2019-2015).
 - An incomplete colonoscopy may substitute for a Flexible Sigmoidoscopy if the scope was advanced as far as the Sigmoid colon. Under this circumstance, the five-year time frame will apply. Advancement beyond the splenic flexure does meet criteria for a completed colonoscopy and the 10-year time frame will apply.
- **FIT-DNA Test (i.e., Cologuard)** during this year, and up to two years prior (2019-2017).
- **CT Colonography** during this year and up to four years prior (2019-2015), covered in limited circumstances only.

Excluded patients:

- Patients with a history of Colorectal Cancer or Total Colectomy
- Patients who have utilized hospice services during the measurement year
- Medicare members who are 66 years of age and older, and are living in long-term institutional settings or are enrolled in an institutional SNP any time during the measurement year.
- Patients 66 years of age and older with frailty and advanced illness during the measurement year.



How to Implement Best Practices and Improve Performance

- Remember to check for, and address, delinquent colon cancer screenings during all visits.
- Teach eligible patients about all of the various colon cancer screening options available. Be sure to emphasize that a screening colonoscopy is only required every 10 years if no issues are found.
- Tailor the advice to the needs and compliance potential of each individual patient.
- Documentation in the medical record must include the name of the screening and date of the test. A result is not required in the medical record if this notation is clearly a part of the “Medical History”, “Health Care Maintenance” or “Preventive Maintenance” section of the record.
- If the name and date of the screening test are not noted in the medical history, the results or findings must be present in the medical record.
- A Pathology report indicating the type of screening and date performed will meet the criteria.
- Utilize the *MVP Gaps in Care Report (GIC)* for a list of all MVP members still in need of screening.
- Consider the use of a medical record flagging system to alert you to screenings that are overdue.
- Submit all test results to your local Regional Health Information Organization (RHIO).

Billing Codes

CPT Codes

Fecal Occult Blood Test (FOBT)

82270, 82274

FIT-DNA

81528

Flexible Sigmoidoscopy

45330–45335, 45337–45342, 45345–45347, 45349, 45350

Colonoscopy

44388–44394, 44397, 44401–44408, 45355,
45378–45393, 45398

CT-Colonography

74261, 74262, 74263

HCPCS Codes

Fecal Occult Blood Test (FOBT)

G0328

FIT-DNA

G0464

Flexible Sigmoidoscopy

G0104

Colonoscopy

G0105, G0121