

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:

- **FOBT** (Fecal occult blood test) during the measurement year. Either a **gFOBT** (guaiac) or **FIT** (Fecal Immunochemical Test)
 - A **DRE** (Digital Rectal Exam) 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 for colorectal cancer screening.
- **Colonoscopy** during this year, and up to nine years prior (2020-2010)
- **Flexible Sigmoidoscopy** during this year, and up to four years prior (2020-2015)
 - 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 (2020-2017)
- **CT Colonography** during this year and up to four years prior (2020-2015), 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
- Members dispensed on dementia medications: Donepezil, Galantamine, Rivastigmine, Memantine, and Donepezil-Memantine.



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).
- Be careful to not use a "rule out" diagnosis code of active cancer, as this is a preventive screening.

Information related to all 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.

2020 Coding for Colorectal Cancer Screening (COL)

Codes for COL	Use of these codes will make the member a pass for COL
Colonoscopy	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
	HCPCS: G0105, G0121
CT Colonography	CPT: 74261-74263
	LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
FIT DNA Lab Test	CPT: 81528
	HCPCS: G0464
	LOINC: 77353-1, 77354-9
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337-45342, 45345-45347, 45349, 45350
	HCPCS: G010
FOBT Lab Test	CPT: 82270, 82274
	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
Exclusion from COL	Use of these codes will exclude member from COL
Acute Inpatient with Advanced Illness	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255, 9929
Advanced Illness	ICD-10 CM: Multiple codes such as A81.00,A81.01, A81.09,C25.1-C25.9,C71/0-C71.0,C77.0-C94.32,F01.50-F10.97,G10-G31.83,through N18.6
ED with Advanced Illness	CPT: 99281-99285
	UB Rev: 0450-0452, 0456, 0459, 0981
Frailty Device	HCPCS: E0100, E0105, E0130, E0135, E0140-E0141, E0143-E0144, E0147-E0149, E0163, E0165, E0167-E0168, E0170-E0171, E0250-E0251, E0255-E0256, E0260-E0261, E0265-E0266, E0270, E0290-E0297, E0301-E0304, E0424-E0425, E0430-E0431, E0433-E0435, E0439-E0444, E0462,E0465-E0466, E0470-E0472, E0561-E0562, E1130, E1140, E1150, E1160-E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298
Frailty Diagnosis	ICD-10 CM: L89.119, L89.139, L89.149, L89.159, L89.209, L89.309, L89.899, L89.90, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1-.3, Z74.8-.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89
Frailty Encounter	CPT: 99504, 99509
	HCPCS: G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000-5, T1019-22, T1030-31
Frailty Symptom	ICD-10 CM: R26.0-R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-46
	UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Inpatient Stay	UB Rev: 0164, 0167, 0179, 0219, 0100-1, 0110-14, 0116-24, 0126-34, 0136-44, 0146-54, 0156-60, 0169-74, 0190-94, 0199-0204, 0206-14, 1000-2
Nonacute Inpatient	CPT: 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337
	UB Rev: 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524-0525, 0550-0552, 0559-0663, 0669

2020 Coding for Colorectal Cancer Screening (COL) (continued)	
Exclusion from COL	Use of these codes will exclude member from COL
Nonacute Inpatient Stay	UB Rev: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-94, 0199, 0524-5, 0550-2, 0559-63, 0660-3, 0661-3, 0669, 1000-2
Observation	CPT: 99217-99220
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483
	HCPCS: G0402, G0438-G0439, G0463, T1015
	UB Rev: 0510, 0517, 0519-0523, 0526-0529, 0982-0983
Palliative Care	ICD-10 CM: Z51.5
Total Colectomy	CPT: 44150-44153, 44155-44158, 44210-44212,
	ICD-10 PCS: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ-0DTE8ZZ