

## Colorectal Cancer Screening (COL-E)



**Who:** Members between the ages of 45-75 as of December 31 of measurement year. (Measurement year: the 12-month timeframe between January 1<sup>st</sup> - December 31<sup>st</sup> in which the service was rendered).

**Why:** Preventive screenings save lives, but only if people get tested. Routine colorectal cancer screening can save lives through early diagnosis and by detecting and removing pre-cancerous polyps.

### How:

- FOBT during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the 4 years prior to the measurement year.
- Colonoscopy during the measurement year or the 9 years prior to the measurement year.
- CT colonography during the measurement year or the 4 years prior to the measurement year.
- Stool DNA (sDNA) with FIT test during the measurement year or the 2 years prior to the measurement year.

**⚠ Note:** do not count digital rectal exam (DRE), in-office FOBT tests or tests performed on a sample collected via DRE. In office FOBT is not a USPSTF recommended procedure.

**Coding:** Colorectal Cancer Screenings are identified through claims with at least one of the following codes, or through chart review.

#### FOBT Lab Test:

- **CPT:** 82270, 82274
- **HCPCS:** G0328

#### Flexible Sigmoidoscopy:

- **CPT:** 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350
- **HCPCS:** G0104

#### Colonoscopy:

- **CPT:** 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398
- **HCPCS:** G0105, G0121

#### CT Colonography:

- **CPT:** 74261, 74262, 74263

#### sDNA FIT:

- **CPT:** 81528, 0464U

### Exclusions:

- Members aged 66 or older who are living long-term in an institution or are enrolled in an I-SNP.
- Members with history of colorectal cancer.
- Members with history of total colectomy.
- Members in palliative care.
- Members in hospice or using hospice services during the measurement year.

**Cut Points:** Cut points demonstrate the rates that need to be reached to achieve the specific star rating.

**1 Star:** Less than 48%

**2 Star:** 48% to less than 60%

**3 Star:** 60% to less than 70%

**4 Star:** 70% to less than 78%

**5 Star:** Greater than or equal to 78%

### Data info:

**Performance Measure Set:** CCO Non-Incentive Medicaid Metric, Medicare Star Measure

**Quality Measurement Type:** Process

**Data Type:** Claims, Chart Documentation

**CMS National Average:** 71%

### Tips for Success:

- Distribute FIT kits to members during their annual wellness exam.
- Have culturally appropriate decision guides readily available for your members.
- Offer FOBT when members refuse other screening procedures.
- Educate members on the \$50 incentive for completing CRC.
- March is Colon Cancer Awareness Month. Providers can utilize community events to share the importance of colon cancer screening.
- Use health maintenance alerts or chart scrubbing prior to scheduled visits to identify members that are due for a screen and address during visit.

## Colorectal Cancer Screening (CRC) FAQs

### Q: What documentation is needed in the medical record for a colorectal cancer screening?

**A:** Documentation in the medical record must include a note indicating the date and type of screening performed. A result is not required if the documentation is clearly part of the “medical history” section of the record; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).

### Q: Why are FIT tests an acceptable screening?

**A:** Screening by Fecal Immunochemical Test (FIT) every year has a comparable mortality reduction rate to screening by colonoscopy every 10 years. FIT screening also helps reduce the capacity burden of screening by colonoscopy-only which allows for greater screening access. (Source: Microsimulation Screening Analysis; Ann Intern Med 2008; 149:659-669).

### Q: How do I know which members are due for screening?

**A:** A list of members assigned to your clinic, and which metric related screenings they are due for, can be found on the Metrics Dashboard in CareOregon’s FIDO Portal. If you do not have access, please email your Provider Relations Specialist to set it up.

### Q: What if Members are showing as due for screening on the FIDO gap lists but I know they have had appropriate screening?

**A:** Member lists on COBI are based on claims data; if a member had a screening before their CareOregon coverage began it is likely that they will still show as due for screening as the claim was paid by another payer. But don’t fret! Simply send (via secure email) the chart documentation to your Quality Improvement Analyst and we can upload a historical claim for the screening so the member will correctly reflect on your member list. Please email your Provider Relations Specialist if you have any questions about this process.

### Q: What if a member declines colorectal cancer screening?

**A:** Members who decline screening will fall into the gap for this measure (i.e. remain in the denominator and will not be numerator compliant). FOBT should be offered and screening should be discussed in the following measurement year.

### Q: What if the member incentive for completing colorectal cancer screening?

**A:** Members will receive \$50 on their COA Care Card once colorectal cancer screening is complete. Members and providers do not need to fill out any additional paperwork or contact CareOregon.

