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Colon Cancer Screening (COL-E)¹

EFFECTIVENESS OF CARE HEDIS® MEASURE

Colorectal cancer is the third-leading cause of cancer-related deaths in men and women in the United States.² Colorectal cancer almost always develops from precancerous polyps in the colon or rectum. If these polyps are found early, they can be removed before they turn into cancer. The U.S. Preventative Task Force recommends that adults ages 45–75 be screened for colorectal cancer.³

What we measure

The percentage of patients ages 45–75 who have had one of the following colorectal cancer screenings:

- Colonoscopy every ten years
- Flexible sigmoidoscopy every five years
- sFIT-DNA (Cologuard®) every three years
- FOBT stool test (required number of samples) test every year
- CT-Colonography (virtual colonoscopy) every five years

Information to include in patient medical records

- Documentation of the date and type of colorectal cancer screening, or if the patient met exclusion criteria.
- A patient-reported colorectal cancer screening must document in their medical history the type of screening and the date performed. If an exact date is unknown the month and year or just the year meets the requirement.

Coding information

For screenings, use the appropriate codes:

Description	CPT® and HCPCS Codes
FIT-DNA (known as Cologuard®)	CPT: 81528
Flexible sigmoidoscopy	CPT: 45330-45338, 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

Colonography	CPT: 74261-74263
Occult blood test (FOBT, FIT, Guaiac)	CPT: 82270, 82274 HCPCS: G0328

Note: Performing fecal occult testing on a sample collected from a digital rectal exam or on a stool sample collected in an office setting does not meet screening criteria by the American Cancer Society or HEDIS.

For exclusions, use the appropriate codes:

Description	ICD-10-CM® and CPT Codes
Colorectal Cancer	ICD-10-CM: Z85.038, Z85.048, C18.0-C18.9, C19, C20, C21.2 C21.8, C78.5
Colectomy	CPT: 44150-44153, 44155-44158, 44210-44212

Tips for success

- Discuss the importance of colorectal cancer screening during the patient's office visits.
- Create a reminder card to mail to the patient prior to the due date of the patient's next screening.
- Document past medical history of the screening in the patient's medical record, as well as any surgical and diagnostic procedures, including the date and results.
- Call the patient to assist in setting up a colorectal cancer screening, or an in-home sDNA FIT (Cologuard®) test, if the patient does not schedule on their own.
- If telehealth, telephone, or e-visits are used instead of face-to-face visits, discuss the need for colorectal cancer screening.

Tips for talking with patients

- Educate patients about the importance of routine screening for early detection.
 - Colorectal cancer usually starts as growths in the colon or rectum and does not typically cause noticeable symptoms.
 - You can prevent colorectal cancer by removing growths before they turn into concern.
 - When colorectal cancer is detected and treated early, the five-year survival rate is 90 percent.
- Discuss the benefits and risks of different screening options and make a plan that offers the best health outcomes for your patient.
- For patients who refuse a colonoscopy, discuss options of noninvasive screenings.
 - Have FIT kits readily available to give patients during the visit.
 - Ask the patient if he or she would be willing to complete an in-home sDNA FIT (Cologuard) test.

Exclusions

Patients are excluded if they:

- Have a history of colorectal cancer (cancer of the small intestine does not count) any time in their history.
- Had a total colectomy (partial or hemicolectomies do not count) any time in their history.
- Received hospice or palliative care during the measurement year.
- Are age 66 or older with advance illness and frailty. (For additional information, see the [Advanced Illness and Frailty Guide](#).)

- Have Medicare and are 66 years of age or older who are enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution any time during the measurement year.
- Are deceased during the measurement year.

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2 Colorectal cancer statistics | How common is colorectal cancer? (n.d.). American Cancer Society. <https://www.cancer.org/cancer/types/colon-rectal-cancer/about/key-statistics.html>

3 Screening for colorectal cancer. (2024, June 12). Colorectal Cancer. https://www.cdc.gov/colorectal-cancer/screening?CDC_AAref_Val=https://www.cdc.gov/cancer/colorectal/basic_info/screening/index.htm

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