

# Colorectal Cancer Screening (COL-E)

## New for 2024

### Added

- COL will now be referred to as COL-E and will be an electronic measure only

### Updated

- Method for identifying advanced illness in exclusions

### Clarified

- Laboratory claims cannot be used for exclusions related to palliative care, advanced illness and frailty



**Yes!**

Supplemental  
Data Accepted

## Definition

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

Rates stratified for race and ethnicity.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid (admin only)</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Star Ratings</li> <li>• CMS Quality Rating System</li> <li>• Medicaid Select State Reporting</li> <li>• NCQA Accreditation</li> <li>• NCQA Health Plan Ratings</li> </ul>	<ul style="list-style-type: none"> <li>• Electronic data only</li> </ul>

## Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

Colonoscopy	
<b>CPT®/CPT II</b>	44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398
<b>HCPCS</b>	G0105, G0121
<b>SNOMED</b>	8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 235151005, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000

History of Colonoscopy	
<b>SNOMED</b>	851000119109

When using SNOMED codes to identify history of procedures, **the date of the procedure must be available** (do not use the date when the provider documented the procedure as the date of the procedure).

Computed Tomography (CT) Colonography	
<b>CPT®/CPT II</b>	74261, 74262, 74263 This service isn't covered for UnitedHealthcare Medicare Advantage members.
<b>LOINC</b>	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
<b>SNOWMED</b>	418714002

(Codes continued)

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## Codes (continued)

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

### Stool DNA (sDNA) with FIT Test

<b>CPT®/CPT II</b>	81528 This code is specific to the Cologuard® FIT-DNA test.
<b>LOINC</b>	77353-1, 77354-9
<b>SNOWMED</b>	708699002

### Flexible Sigmoidoscopy

<b>CPT®/CPT II</b>	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
<b>HCPCS</b>	G0104
<b>SNOWMED</b>	44441009, 396226005, 425634007

### History of Flexible Sigmoidoscopy

<b>SNOMED</b>	841000119107
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When utilizing SNOMED codes to identify “history of” procedures, **the date of the procedure must be available** (do not use the date when the provider documented the procedure as the date of the procedure).

### FOBT

<b>CPT®/CPT II</b>	82270
<b>HCPCS</b>	G0328
<b>LOINC</b>	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
<b>SNOMED</b>	104435004, 441579003, 442067009, 442516004, 442554004, 442563002, 59614000, 167667006, 389076003

### FIT

<b>CPT®/CPT II</b>	82274
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## Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members receiving palliative care</li> <li>Members who died</li> </ul>	Any time during the measurement year
Members who had colorectal cancer or a total colectomy	Any time during the member's history through December 31 of the measurement year
<ul style="list-style-type: none"> <li>Members 66 years of age and older as of December 31 of the measurement year with frailty <b>and</b> advanced illness. Members must meet <b>both</b> frailty and advanced illness criteria to qualify as an exclusion:           <ul style="list-style-type: none"> <li>- <b>Frailty:</b> At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81).</li> <li>- <b>Advanced Illness:</b> Indicated by one of the following:               <ul style="list-style-type: none"> <li>o At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81).</li> <li>o Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine.</li> </ul> </li> </ul> </li> </ul>	<p><b>Frailty</b> diagnoses must be in the measurement year and on different dates of service</p> <p><b>Advanced illness</b> diagnosis must be in the measurement year or year prior to the measurement year</p>
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> <li>Enrolled in an Institutional Special Needs Plan (I-SNP)</li> <li>Living long term in an institution*</li> </ul>	Any time during the measurement year

\*Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CPT® is a registered trademark of the American Medical Association. UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

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## Important Notes

### Test, Service or Procedure to Close Care Opportunity

Measurement year or 9 years prior	Colonoscopy
Measurement year or 4 years prior	<ul style="list-style-type: none"> <li>• Flexible sigmoidoscopy</li> <li>• CT colonography</li> </ul>
Measurement year or 2 years prior	Stool DNA (sDNA) with FIT Test
Measurement year	iFOBT, gFOBT, FIT

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## Tips and Best Practices to Help Close This Care Opportunity

- Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities. If you have questions, your UnitedHealthcare representative can help.
- **Always include a date of service – year only is acceptable – when documenting a colonoscopy, flexible sigmoidoscopy, Stool DNA (sDNA) with FIT Test, CT colonography or FOBT.**
- It's important to submit any codes that reflect a member's history of malignancy for colorectal cancer, Z85.038 and Z85.048.
  - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
  - If a member isn't new to the care provider, but the member's chart has documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.
- Member refusal will **not** make them ineligible for this measure.
  - Please recommend a flexible sigmoidoscopy, Stool DNA (sDNA) with FIT Test or FOBT if a member refuses or can't tolerate a colonoscopy.
- There are 2 types of acceptable FOBT tests – guaiac (gFOBT) and immunochemical (iFOBT).
- In October 2020 CMS announced that for Medicare members, evidence is sufficient to cover a blood-based biomarker test as an appropriate colorectal cancer screening test once every 3 years, or at the interval designated in the Food and Drug Administration (FDA) label if the FDA indicates a specific test interval. However, these tests have not yet been approved by NCQA to close HEDIS gaps.
  - At this time, no blood biomarker test for colorectal cancer screening will meet numerator compliance for the COL HEDIS measure
- Contact your laboratory services provider to procure iFOBT supplies for use in your office.
  - Physicians, nurse practitioners and physician assistants can provide the kit to the members during their routine office visits. Members can then collect the sample at home and send the specimen and requisition form directly to the laboratory services vendor in a post-paid envelope.
- USPSTF added CT colonography for colorectal cancer screening in July 2016. However, Medicare hasn't approved coverage for this colorectal cancer screening test, and it's not a covered benefit for UnitedHealthcare Medicare Advantage members.
  - **If you administer or refer out for this test, please confirm a member's eligibility and benefit coverage.**
- Digital Rectal Exams (DRE) or FOBT test performed in the office setting will **not** meet compliance
- Lab results and procedure codes for colorectal cancer screening can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
  - As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.