Colorectal cancer screening measures

Medicare Advantage

About HEDIS requirements for colorectal cancer screening

The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) includes standard measures that are used to evaluate a health plan's performance. Through data collection and reporting, health plans also use HEDIS measures as an opportunity to identify areas for improvement in care. The Centers for Medicare & Medicaid Services (CMS) also requires HEDIS data reporting to help monitor the quality of Medicare Advantage plans and to provide information to help members compare those plans based on CMS' Star Ratings. This tool, which details HEDIS requirements for colorectal cancer screening, a component of CMS' Star Ratings, is focused on the impact of that HEDIS measure for Medicare Advantage patients.

CMS Star Rating Weight

1

Colorectal cancer screening

Description: Measures the percentage of members 50–75 years of age who had appropriate screening for colon cancer.

Age: Members 51–75 years as of December 31 of the measurement year.

Requirements for compliance

One or more screenings for colorectal cancer. Any of the following meet the criteria:

- Fecal occult blood test during the measurement year. iFOBT (immunological fecal occult blood test) or gFOBT (guaiac fecal occult blood test) are acceptable.
- Flexible sigmoidoscopy during the measurement year *or* the four years prior to the measurement year.
- Colonoscopy during the measurement year *or* the nine years prior to the measurement year.

What to report for compliance

This screening is typically closed by claims but can also be closed from medical record documentation.

What you need to include in medical record documentation

1. Medical record stating that screening was completed.
2. Date screening was completed.
3. 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).
4. Documentation of exclusion, if applicable.

Exclusions

- Colorectal cancer
- Total colectomy

Description	CPT	HCPCS
FOBT	82270, 82274	G0328
Flexible sigmoidoscopy	45330-45335, 45337-45342, 45345	G0104
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105, G0121

- Digital rectal exam *does not* count as evidence of colorectal screening because it is not specific or comprehensive enough to screen for colorectal cancer.
- *Ensure that the test occurs within the appropriate time frame*. The main reasons that the screening gap does not close from medical record documentation are:
  - the screening date is missing
  - the screening date is outside of the HEDIS time frame
- Must be documented as "total colectomy" to count as an exclusion.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required."

Thus the bolding of ICD-10-CM codes represents only those fully reportable codes, not categories or subcategories, that map to the 2014 CMS-HCC risk adjustment model for Payment Year 2016.

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org

For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: http://go.cms.gov/partcanddstarratings

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