

Alameda Alliance Wellness Measure Tip Sheet



Colorectal Cancer Screening (COL-E)

This tip sheet is part of the *Alliance Medicare Stars Guide: A Resource for Providers and Clinic Staff*. This tip sheet provides measure-specific guidance, coding tips, and documentation strategies to help clinical teams close care gaps and improve performance on HEDIS® measures tied to Medicare Star Ratings.

For questions or more information, please email the Alliance Stars Team at DeptStarsTeam@alamedaalliance.org.

Data Collection Methodology: ECDS

Measure Description: Members 45-75 years of age who had appropriate screening for colorectal cancer.

Measure Population (denominator): Members 46-75 years of age by the end of the measurement period.

Measure Compliance (numerator): One (1) or more screenings for colorectal cancer.

Any of the following will meet the criteria:

Screening Method	Screening Frequency
<ul style="list-style-type: none">Fecal Occult Blood Test (gFOBT)Fecal immunochemical test (FIT)	Yearly
<ul style="list-style-type: none">Multitargeted stool DNA with FIT test (sDNA FIT) Example: Cologuard®	Every 3 years
<ul style="list-style-type: none">Flexible SigmoidoscopyCT colonography	Every 5 years
<ul style="list-style-type: none">Colonoscopy	Every 10 years

Coding Tip: Colon cancer screening diagnostic results will be submitted by the lab or specialist completing the test. Additional codes are available upon request.

Exclusions:

- Members 66 years of age and older in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Members 66 years of age and older with advanced illness and frailty.
- Members who died at any time during the measurement year.
- Members who received hospice services or palliative care at any time during the measurement year.
- Members who have a history of colorectal cancer and/or total colectomy any time during the member's history through the last day of the measurement period (see exclusion codes).

Exclusion Codes: Colorectal Cancer and Total Colectomy:

Value Set	ICD-10 CM Code	Description
Colorectal Cancer and History of Colorectal Cancer	C18.0	Malignant neoplasm of cecum
	C18.1	Malignant neoplasm of appendix
	C18.2	Malignant neoplasm of ascending colon
	C18.3	Malignant neoplasm of hepatic flexure
	C18.4	Malignant neoplasm of transverse colon
	C18.5	Malignant neoplasm of splenic flexure
	C18.6	Malignant neoplasm of descending colon
	C18.7	Malignant neoplasm of sigmoid colon
	C18.8	Malignant neoplasm of overlapping sites of colon
	C18.9	Malignant neoplasm of colon, unspecified
	C19	Malignant neoplasm of rectosigmoid junction
	C20	Malignant neoplasm of rectum
	C21.2	Malignant neoplasm of cloacogenic zone
	C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
	C78.5	Secondary malignant neoplasm of large intestine and rectum
	Z85.038	Personal history of other malignant neoplasm of large intestine
	Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

Please Note: The table shows a partial list of exclusion value set codes. Additional codes are available upon request.

How to Improve Your Stars Performance

- Submit the appropriate ICD-10 diagnosis code that matches member's medical history of colon cancer or total colectomy.
- Prepare standing referral for a colonoscopy, CT colonography, or flexible sigmoidoscopy, assist patients in making appointments and track referrals until the report is obtained from the specialist and added to the patient's chart.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for colorectal cancer screening.
- Build preventative care screening alerts in your EHR system.