

## **Measure Specific Guidelines for Colorectal Cancer Screening (COL)**

### **Description:**

The percentage of adults aged 50-75 years of age, as of 12/31/2022, who had appropriate screening for colorectal cancer.

Appropriate screenings are defined by one of the following:

- FOBT during the measurement year. **(2022)**
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. **(January 2018- December 2022)**
- Colonoscopy during the measurement year or the nine years prior to the measurement year. **(January 2013- December 2022)**
- CT colonography during the measurement year or the four years prior to the measurement year. **(January 2018- December 2022)**
- FIT-DNA during the measurement year or the two years prior to the measurement year. **(January 2020- December 2022)**

### **Documentation guidelines**

- Documentation in the medical record must include a note indicating *the type* of screening and *the date* when the colorectal cancer screening was 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). **OR**
- A procedure report from Gastroenterologist. **OR**
- A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria. **OR**
- A lab Report

**\*In-office stool testing and digital rectal exams** are not considered appropriate methods of screening for colorectal cancer.

### **Exclusions for the measure**

- Diagnosis of Colorectal Cancer or Total Colectomy (must be prior to December 31<sup>st</sup> of measurement year)
- Palliative or Hospice services during the measurement year

### **Tips for compliance**

If the member refuses one screening offer another, be sure to document the type of screening and the date it was completed

