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 31st 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.