

MEDICAL MANAGEMENT

HEDIS® Spotlight: Colorectal Cancer Screening

Colorectal cancer is one of the deadliest cancers in the U.S., but also highly preventable with screening. This spotlight article provides key details of the Healthcare Effectiveness Data and Information Set (HEDIS) measure for colorectal cancer screening.

HEDIS Measure Description:

The percentage of members 45–75 years of age who receive an appropriate screening for colorectal cancer.

Appropriate screenings:

Defined as one or more of the following types of screenings:

- Fecal occult blood test (FOBT) during the measurement year.
- 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.
- CT colonography during the measurement year or the four years prior to the measurement year.
- Stool DNA (sDNA) with fecal immunochemical test (FIT) test during the measurement year or the two years prior to the measurement year.

Suggested Best Practices:

- Make sure your patients are up to date with their colorectal cancer screenings and discuss screening importance.
- Document screenings clearly in medical records and surgical history. Include all surgical and diagnostic procedures. Include dates and results.
- Provide ongoing outreach to encourage colorectal cancer screenings and follow up on tests ordered and not done.
- Prepare charts to ensure that you order a colorectal cancer screening at the next office visit. If the medical record is electronic, set-up prompts when screenings are due.
- Use standing orders for colonoscopy and FOBT.
- If patient refuses a colonoscopy, order a FOBT or sDNA test, with FIT test as an alternative.
- Provide at-home FOBT colorectal cancer screening kits for use in patient's homes.
- Use correct diagnosis and procedure codes.
- Submit claims and encounter data in a timely manner.

Documentation:

- Documentation in the medical record must include a note indicating the date of the colorectal cancer screening. A result is not required if the documentation is clearly part of the member's "medical history." If this is not clear, the result or finding must also be present. This ensures that the screening was performed and not merely ordered.
- Member-reported colorectal cancer screenings are acceptable if the screening is documented in the patient's medical history (e.g., member reports normal colonoscopy in 2024).
- A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria.
- A certain number of samples are required for numerator compliance, depending on which type of FOBT test is used: guaiac (gFOBT) and FIT.
- Please note: Documentation of a digital rectal exams (DRE) or FOBT tests performed in an office setting, or performed on a sample collected via DRE do not count as evidence of a colorectal cancer screening.

Exclusions:

- Colorectal cancer any time during the member's history through December 31 of the measurement year.
- Total colectomy any time during the member's history through December 31 of the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded.
- Members in hospice care or using hospice services during the measurement year.
- Members who receive palliative care during the measurement year.
- Members who die anytime during the measurement period.

If you have any questions, please email us at HedisTeam@lablue.com.