

## ***Proposed Changes to Existing Measure for HEDIS 2010: Colorectal Cancer Screening (COL)***

NCQA seeks comments on proposed modifications to the *Colorectal Cancer Screening (COL)* measure. The current measure assesses the percentage of members 50–80 years of age who had appropriate screening for colorectal cancer.

We propose to change the screening age range from 50–80 years to 50–75 years, to align with current clinical guidelines. Draft measure specifications showing the proposed changes are provided.

**NCQA thanks and acknowledges the contributions of the Colorectal Cancer MAP.**

## Colorectal Cancer Screening (COL)

### SUMMARY OF PROPOSED CHANGES TO HEDIS 2010

- Lowered upper age limit from 80 years to 75 years.

#### Description

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

#### Eligible Population

|                              |   |
|------------------------------|---|
| <b>Product lines</b>         | Commercial, Medicare (report each product line separately).   |
| <b>Ages</b>                  | 51–75 years as of December 31 of the measurement year.  |
| <b>Continuous enrollment</b> | The measurement year and the year prior to the measurement year.  |
| <b>Allowable gap</b>         | No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. |
| <b>Anchor date</b>           | December 31 of the measurement year.  |
| <b>Benefit</b>               | Medical.  |
| <b>Event/diagnosis</b>       | None.   |

#### Administrative Specification

|                    |   |
|--------------------|---|
| <b>Denominator</b> | The eligible population.  |
| <b>Numerator</b>   | <p>One or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria.</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) during the measurement year. Regardless of FOBT type, guaiac (gFOBT) or immunochemical (iFOBT), assume that the required number of samples was returned</li> <li>• Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year</li> <li>• Double contrast barium enema (DCBE) or air contrast barium enema during the measurement year or the four years prior to the measurement year</li> <li>• Colonoscopy during the measurement year or the nine years prior to the measurement year</li> </ul> <p>A member had an appropriate screening if a submitted claim/encounter contains any code in Table COL-A.</p> |

**Table COL-A: Codes to Identify Colorectal Cancer Screening**

| Description            | CPT  | HCPCS               | ICD-9-CM Diagnosis | ICD-9-CM Procedure                | LOINC   |
|------------------------|--|---------------------|--------------------|-----------------------------------|---|
| FOBT                   | 82270, 82274   | G0107, G0328, G0394 | V76.51             |                                   | 2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 50196-5 |
| Flexible sigmoidoscopy | 45330-45335, 45337-45342, 45345                      | G0104               |                    | 45.24                             |   |
| DCBE                   | 74280  |                     |                    |                                   |   |
| Colonoscopy            | 44388-44394, 44397, 45355, 45378-45387, 45391, 45392 | G0105, G0121        |                    | 45.22, 45.23, 45.25, 45.42, 45.43 |   |

**Exclusion (optional)**

- Members with a diagnosis of colorectal cancer or total colectomy. Look for evidence of colorectal cancer or total colectomy as far back as possible in the member's history. Refer to Table COL-B for codes to identify exclusions.

**Table COL-B: Codes to Identify Exclusions**

| Description       | CPT                                   | HCPCS              | ICD-9-CM Diagnosis               | ICD-9-CM Procedure |
|-------------------|---------------------------------------|--------------------|----------------------------------|--------------------|
| Colorectal cancer |                                       | G0213-G0215, G0231 | 153, 154.0, 154.1, 197.5, V10.05 |                    |
| Total colectomy   | 44150-44153, 44155-44158, 44210-44212 |                    |                                  | 45.8               |

**Hybrid Specification**

- Denominator** A systematic sample drawn from the eligible population for each product line. The organization may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate. Refer to the *Guidelines for Calculations and Sampling* for information on reducing the sample size.
- Numerator** One or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria.
- FOBT during the measurement year
  - Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
  - DCBE or air contrast barium enema during the measurement year or the four years prior to the measurement
  - Colonoscopy during the measurement year or the nine years prior to the measurement year
- Administrative** Refer to the *Administrative Specification* to identify positive numerator hits from the administrative data.

**Medical record** Documentation in the medical record must include a note indicating the date 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 it is unclear whether the documentation is part of the medical history, then the result or finding must also be present (this ensures that the screening was performed and not merely ordered).

There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance. Follow the instructions below to determine member compliance.

- If the medical record indicates that fewer than three samples were returned but does not indicate the type of test, the member does not meet the criteria for inclusion in the numerator.
- If the medical record indicates the type of test but does not indicate how many samples were returned, assume that the required number of samples was returned.
- Immunochemical (iFOBT) tests may require fewer than three samples. If the medical record indicates that fewer than three samples were returned and an iFOBT was done, the member meets the screening criteria for inclusion in the numerator.

*Do not count the following as evidence of a colorectal screening.*

- *Digital rectal exam* because it is not specific or comprehensive enough to screen for colorectal cancer
- *Single contrast barium enema or notation of barium enema* because they are not as specific or as comprehensive as the double contrast or air contrast barium enema

### **Exclusion (optional)**

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- Refer to the *Administrative Specification* for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of colorectal cancer or total colectomy. The diagnosis must have occurred by December 31 of the measurement year. Use the codes in Table COL-B as synonyms for a diagnosis of colorectal cancer or total colectomy.

**Data Elements for Reporting**

Organizations that submit HEDIS data to NCQA must provide the following data elements.

**Table COL-2/3: Data Elements for Colorectal Cancer Screening**

|  | Administrative | Hybrid |
|--|----------------|--------|
| Measurement year   | ✓              | ✓      |
| Data collection methodology (Administrative or Hybrid)                                       | ✓              | ✓      |
| Eligible population  | ✓              | ✓      |
| Number of numerator events by administrative data in eligible population (before exclusions) |                | ✓      |
| Current year's administrative rate (before exclusions)                                       |                | ✓      |
| Minimum required sample size (MRSS) or other sample size                                     |                | ✓      |
| Oversampling rate  |                | ✓      |
| Final sample size (FSS)  |                | ✓      |
| Number of numerator events by administrative data in FSS                                     |                | ✓      |
| Administrative rate on FSS   |                | ✓      |
| Number of original sample records excluded because of valid data errors                      |                | ✓      |
| Number of administrative data records excluded   |                | ✓      |
| Number of medical records excluded   |                | ✓      |
| Number of employee/dependent medical records excluded  |                | ✓      |
| Records added from the oversample list   |                | ✓      |
| Denominator  |                | ✓      |
| Numerator events by administrative data  | ✓              | ✓      |
| Numerator events by medical records  |                | ✓      |
| Reported rate  | ✓              | ✓      |
| Lower 95% confidence interval  | ✓              | ✓      |
| Upper 95% confidence interval  | ✓              | ✓      |