



Colorectal Cancer Screening (HEDIS®)

Measure Basic Information

Name and date of specifications used:

HEDIS® 2015 Technical Specifications for Health Plans (Volume 2).

URL of Specifications: N/A**Measure Type:**

HEDIS PQI Survey Other Specify:

Measure Utility:

CCO Incentive Core Performance CMS Adult Set CHIP Set State Performance

Other Specify:

Data Source: MMIS/DSSURS, medical records**Measurement Period:** January 1, 2015 – December 31, 2015**2013 Benchmark:** N/A improvement target only**2014 Benchmark:** 47%, Metrics & Scoring Committee consensus.**2015 Benchmark:** 47%, Metrics & Scoring Committee consensus.**Incentive Measure changes in specifications from 2014 to 2015:**

OHA is using HEDIS 2015 specifications for all 2015 measurement.

Changes from HEDIS 2013 to HEDIS 2015 include:

- Colorectal cancer exclusion (formally Table COL-A): Add diagnosis codes 154.2, 154.3, V10.06 to identify anal canal area cancers for exclusion.

OHA continues to adopt the full HEDIS hybrid specifications for 2015. CCOs must conduct chart review, use registry information, or extract this information from electronic medical records and provide data to OHA for this measure. CCOs are responsible for all aspects of chart review, and OHA will provide sampling frames and additional guidance to CCOs later in 2014 on the hybrid methodology for 2015. Guidance will be posted online at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.



Denied claims: Included

Not included

Measure Details

Data elements required denominator: Medicaid enrollees age 51-75 years as of December 31st of the measurement year. OHA will provide the sampling frame for the chart review.

Required exclusions for denominator: Either of the following any time during the member's history through December 31 of the measurement year:

Colorectal Cancer Value Set	
HCPCS	ICD-9-CM Diagnosis
G0213-G0215, G0231	153, 154.0-154.3, 197.5, V10.05, V10.06

OR

Total Colectomy Value Set	
CPT	ICD-9-CM Procedure
44150-44153, 44155-44158, 44210-44212	45.81-45.83

Deviations from cited specifications for denominator: None.

Data elements required numerator: Unique number of individuals receiving at least one of the following screenings for colorectal cancer either during the measurement year or years prior to the measurement year (see table). See **medical record review** section.

Appropriate screenings are defined by:

FOBT Value Set		
Fecal occult blood test during the measurement year		
CPT	HCPCS	LOINC
82270, 82274	G0328	2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2

OR

Flexible Sigmoidoscopy Value Set		
Flexible sigmoidoscopy during the measurement year or four years prior to the measurement year		
CPT	HCPCS	ICD-9-CM Procedure
45330-45335, 45337-45342, 45345	G0104	45.24

OR

Colonoscopy Value Set

Colonoscopy during the measurement year or nine years prior to the measurement year

CPT	HCPSC	ICD-9-CM Procedure
44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105, G0121	45.22, 45.23, 45.25, 45.42, 45.43

Note: In office FOBT is not a USPSTF recommended procedure.

Required exclusions for numerator: None. Exclusionary evidence in the medical record must include a note indicating colorectal cancer or total colectomy any time during the member's history through December 31 of the measurement year.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: The measurement year and the year prior to the measurement year.

What are allowable gaps in enrollment: No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.

Define Anchor Date (if applicable): December 31 of the measurement year.

Medical Record Review: Documentation in the medical record must include a note indicating 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).

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 does not indicate the type of test and there is no indication of how many samples were returned, assume the required number was returned. The member meets the screening criteria for inclusion in the numerator.
- If the medical record does not indicate the type of test and the number of returned samples is specified, the member meets the screening criteria only if the number of samples specified is greater than or equal to three samples. If there are fewer than three samples, the member does not meet the screening criteria for inclusion.
- iFOBT tests may require fewer than three samples. If the medical record indicates that an iFOBT was done, the member meets the screening criteria, regardless of how many samples were returned.
- If the medical record indicates that a gFOBT was done, follow the scenarios below:
 - If the medical record does not indicate the number of returned samples, assume the required number was returned. The member meets the screening criteria for inclusion in the numerator.
 - If the medical record indicates that three or more samples were returned, the member meets the screening criteria for inclusion in the numerator.



- If the medical record indicates that fewer than three samples were returned, the member does not meet the screening criteria.

Do not count digital rectal exam as evidence of a colorectal screening because it is not specific or comprehensive enough to screen for colorectal cancer.

Additional information regarding sampling methods and timeframes for the 2015 medical record review will be provided by OHA under separate cover.

For more information: The Colorectal Cancer Screening guidance document and other supporting documents can be found at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx> and <http://transformationcenter.org/metric-resources/>