

## Colorectal Cancer Screening

### Measure Basic Information

**Name and date of specifications used:**

HEDIS® 2017 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, 2017 – December 31, 2017

**2013 Benchmark:** N/A improvement target only

**2014 Benchmark:** 47%, Metrics & Scoring Committee consensus.

**2015 Benchmark:** 47%, Metrics & Scoring Committee consensus.

**2016 Benchmark:** 47%, Metrics & Scoring Committee consensus.

**2017 Benchmark:** 50.8%, 2015 CCO 90<sup>th</sup> percentile.

**Incentive Measure changes in specifications from 2016 to 2017:**

OHA is using HEDIS 2017 specifications for all 2017 measurement. Changes from HEDIS 2016 to 2017 include<sup>1</sup>:

- Clarification about when pathology reports can be used for the numerator.
- Added ~~14 new CPT codes to the Colonoscopy Value Set, 4 new CPT codes to the Flexible Sigmoidoscopy Value Set, and~~ one LOINC code to the FOBT Value Set. Note HEDIS 2017 Value Set Directory workbook does not document the changes to the Colonoscopy Value Set.
- Added the CT Colonography and FIT-DNA Value Sets.
- ~~OHA added ICD-10PCS code 0DTE7ZZ in the exclusion for total colectomy; this code was previously left out of the OHA specification sheet in error.~~

OHA continues to adopt the full HEDIS hybrid specifications for 2017. It is the CCO's responsibility to identify numerator compliance using any of the data sources allowed under the HEDIS hybrid method. Information may be abstracted from administrative data (claims), paper medical records, and audited supplemental databases or from automated systems such as electronic medical records (EMRs), registries, or claims systems.

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<sup>1</sup> This section was updated February 3, 2017; see 'Version Control' section for detail.

- If using administrative data to identify numerator compliance, CCOs must follow HEDIS 2017 specifications for allowable codes and measure logic.
- If using medical record data to identify numerator compliance, CCOs must follow HEDIS 2017 specifications to conduct the chart review.

See the guidance document for additional information on allowable data sources. OHA will provide updated guidance to CCOs on the hybrid methodology for 2017 in fall 2017 and samples in early 2018. Guidance will be posted online at <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.apx>.

*HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. 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.*

*OHA is following HEDIS guidelines for Effectiveness of Care, Access/Availability of Care, Experience of Care, and Utilization measures to determine which services count. OHA is not using all codes listed in the HEDIS specifications.*

**Denied claims:** Included ☒ Not included ☐

**Member type:** CCO A ☒ CCO B ☒ CCO G ☐

## Measure Details

**Data elements required denominator:** Medicaid enrollees age 51-75 years as of December 31st of the measurement year. OHA will provide CCOs with 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<sup>2</sup>:

Colorectal Cancer Value Set		
HCPCS	ICD-9-CM Diagnosis	ICD-10-CM Diagnosis
G0213-G0215, G0231	153, 154.0, 154.1, 197.5, V10.05, V10.06	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

OR

Total Colectomy Value Set		
CPT	ICD-9-PCS Procedure	ICD-10-PCS Procedure
44150-44153, 44155-44158, 44210-44212	45.81-45.83	0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

<sup>2</sup> To note, OHA's claims data only goes back to 2002.

**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:

<b>FOBT Value Set</b> 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, <b>80372-6</b>

OR

<b>Flexible Sigmoidoscopy Value Set</b> Flexible sigmoidoscopy during the measurement year or four years prior to the measurement year			
CPT	HCPCS	ICD-9-CM Procedure	ICD-10-CM Procedure <sup>3</sup>
45330-45335, 45337-45342, 45345, 45346, 45347, 45349, 45350	G0104	45.24	--

OR

<b>Colonoscopy Value Set</b> Colonoscopy during the measurement year or nine years prior to the measurement year			
CPT	HCPCS	ICD-9-CM Procedure	ICD-10-CM Procedure <sup>2</sup>
44388-44394, 44397, 44401-44408, 45355, 45378-45387, 45388-45390, 45391, 45392, 45393, 45398	G0105, G0121	45.22, 45.23, 45.25, 45.42, 45.43	--

OR

<b>CT Colonography Value Set</b> CT colonography during the measurement year or four years prior to the measurement year			
CPT	HCPCS	ICD-9-CM Procedure	ICD-10-CM Procedure <sup>2</sup>
<b>74263</b>	--	--	--

OR

<sup>3</sup> HEDIS 2017 does not include ICD-10 procedure codes for this measure, as ICD-10-PCS is intended for coding procedures performed in inpatient settings, whereas colorectal cancer screenings typically occur in outpatient settings.

FIT-DNA Value Set			
FIT-DNA during the measurement year or two years prior to the measurement year			
CPT	HCPSC	ICD-9-CM Procedure	LOINC
81528	G0464	--	77353-1, 77354-9

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).

A pathology report that indicates the type of screening (e.g. colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria for inclusion in the measure.

For pathology reports that do not indicate the type of screening and for incomplete procedure:

- Evidence that the scope advanced beyond the splenic flexure meets criteria for a completed colonoscopy.
- Evidence that the scope advanced into the sigmoid colon meets criteria for a completed flexible sigmoidoscopy.

There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (FIT). 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.

- **FIT** tests may require fewer than three samples. If the medical record indicates that an **FIT** 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 (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.

**For more information:** The Colorectal Cancer Screening guidance document and other supporting documents can be found at <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx> and <http://www.oregon.gov/oha/Transformation-Center/Pages/Resources-Metric.aspx>

## Version Control

- The specifications were updated on February 3, 2017 due to corrections made to the OHA 2016 specification sheet. The remaining differences between 2016 and 2017 specifications are:
  - Added one LOINC code to the FOBT Value Set.
  - Added the CT Colonography and FIT-DNA Value Sets.