

Colorectal Cancer Screen

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MEASURE DESCRIPTION:

Colorectal Cancer Screen indicates whether a patient, aged 51 to 75 years, had appropriate screening for colorectal cancer. Colorectal cancer screening tests include the following: a fecal occult blood test during the measurement year, a flexible sigmoidoscopy during the measurement year or the previous 4 years, or a colonoscopy during the measurement year or the previous 9 years. This excludes people who had a previous total colectomy or a previous diagnosis of colorectal cancer.

This measure is based on the HEDIS measure *Colorectal Cancer Screening* (COL).

PROPRIETARY STATUS:

This measure is owned by NCQA [NQF-Endorsed™].

CRITERIA REVISION:

This measure is based on the HEDIS® 2013 Technical Specifications for Physician Measurement criteria.

CRITERIA REVIEW DATE: 03/29/2013

MEASURE TYPE:

MEASURE PACKAGE: Advantage Nationally Endorsed

MINIMUM DATA REQUIREMENTS (months): 24

MEASURE DETAILS:

DENOMINATOR:

Identifies the unique count of members, aged 51 to 75 years. Note: Because this measure looks back at least 24 months for screening, the eligible population includes those who could have been 50 years of age at the time of screening.

Age in years (as of the end of the measurement year)	Age in Years = 51-75
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EXCLUSIONS:

Excludes from the eligible population all patients who had a diagnosis of colorectal cancer or a total colectomy done anytime prior to or during the measurement year, based on claims included in the database.

Colorectal cancer (anytime prior to or during the measurement year)	(ICD-9 Diagnosis Code = 153*, 154.0, 154.1, 197.5, V10.05 Or HCPCS Procedure Code = G0213-G0215, G0231)
OR	

Total colectomy (anytime prior to or during the measurement year)	(CPT Procedure Code = 44150-44158, 44210-44212 Or ICD-9 Procedure Code = 45.8)
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NUMERATOR:

Identifies members, aged 51 to 75 years, who had appropriate screening for colorectal cancer. Colorectal cancer screening tests include the following: a fecal occult blood test during the measurement year, a flexible sigmoidoscopy during the measurement year or the previous 4 years, or a colonoscopy during the measurement year or the previous 9 years. Because of the timeframes involved, this measure uses as much data as is available to calculate the numerator, up to the 10-year limit. A minimum of 2 years of data is necessary for the measure to be calculated at all.

Fecal occult blood test (during the measurement year)	(CPT Procedure Code = 82270, 82274 Or HCPCS Procedure Code = G0107, G0328, G0394)
OR	
Flexible sigmoidoscopy (during the measurement year or up to 4 years prior to the measurement year)	(CPT Procedure Code = 45330-45345 Or HCPCS Procedure Code = G0104 Or ICD-9 Procedure Code = 45.24)
OR	
Colonoscopy (during the measurement year or up to 9 years prior to the measurement year)	(CPT Procedure Code = 44388-44397, 45355, 45378-45392 Or HCPCS Procedure Code = G0105, G0121 Or ICD-9 Procedure Code = 45.22, 45.23, 45.25, 45.42, 45.43)

CONTINUOUS ENROLLMENT:

Continuously enrolled with medical coverage during the measurement year and the year prior to the measurement year, which equates to 24 months out of 24 months.

MEASURE BACKGROUND:

Colorectal cancer is a common condition, and incidence increases with age. It is uncommon before the age of 40 years and usually occurs in adults over 50 years of age. Removal of premalignant polyps can prevent the development of cancer, and treatment at an early stage can prevent death due to malignancy. It is the second-leading cause of death in men and women. Recommendations for routine screening have been around for some time, but the actual screening rates remain low.

Almost 150,000 cases of colorectal cancer (CRC) are diagnosed yearly in the U.S. Approximately 110,000 are new cases of colon cancer, while the remainder are rectal cancer. The lifetime incidence of CRC in patients at average risk is about 5 percent, with 90 percent of cases occurring after age 50. In the U.S., the incidence is higher in men than in women and is also higher in African Americans than in whites. Surgical resection is the only curative treatment for localized disease, and 5-year survival rates depend on the stage of disease, with earlier-stage disease having the best survival rate. Overall, about a third of patients with a diagnosis of CRC die of the disease.

There is evidence that screening for CRC can save lives. While the percentage of patients between the ages of 50 to 75 years who are screened has increased, at least a third of eligible adults are not screened. Currently, tests recommended for CRC screening can include stool-based tests for occult blood, and endoscopic or radiologic examinations such as flexible sigmoidoscopy, colonoscopy, double contrast barium enema, and CT colonography, also known as "virtual colonoscopy." This HEDIS measure looks for colonoscopy, fecal occult blood tests, and/or flexible sigmoidoscopy as appropriate screening tests for CRC, when done during the specified timeframes.

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