

Colorectal Cancer Screening (COL-E)

Description of Measure

Percentage of patients 45 – 75 years of age as of Dec. 31, measurement year (MY), who had appropriate screening for colorectal cancer: colonoscopy, CT colonography, flexible sigmoidoscopy, FIT-DNA, or fecal occult blood test (FOBT).¹

Documentation

Screening Test	Frequency
Fecal Occult Blood (FOBT)	Annually
Cologuard/ FIT-DNA	Every three years, 2 years prior through MY
Flexible Sigmoidoscopy	Every five years, 4 years prior through MY
CT Colonography	Every five years, 4 years prior through MY
Colonoscopy	Every ten years, 9 years prior through MY

- Member reported must state specific colon cancer screening and date.
- Member report colon cancer screenings are acceptable when reported to a primary care provider or a specialist, if the specialist is providing a primary care service related to the condition being assessed, while taking a patient's history.
- Notation of a completed specified colon cancer screening with DOS as part of the medical history. Health maintenance and preventive care sections are considered "history" sections.
- A letter/correspondence must document a specific colon cancer screening test with a completion date of "done today/today" within the body of the letter to meet COL criteria.
- A pathology report that indicates the type of screening and the date meets criteria.
- Member refusal will **not** make them ineligible for this measure.
- Digital rectal exams (DRE) or FOBT test performed in the office setting will **not** meet compliance.

Test Type	Unknown	Guaiac (gFOBT)	FIT (iFOBT)	Unknown
Samples Returned	Unknown or 3 or >	Documented 3 or >	Any # or unknown	Documented 1 -2
Status	Compliant	Compliant	Compliant	Unacceptable Non-compliant



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Exclusions

Exclusions	Time limit								
- Members who elect or use hospice services - Member deceased - Members receiving palliative care	Any time during measurement year (MY)								
- Colorectal cancer - Total colectomy	Anytime in member's history through Dec. 31 MY								
Members 66 years of age and older by Dec. 31 MY with Advanced Illness and Frailty. Members must meet BOTH frailty and advanced illness criteria to be excluded.	- Frailty diagnosis on 2 different DOS during the MY - Advanced Illness: Either of the following during the MY or PY - Advanced illness diagnosis on 2 different DOS - Dispensed a dementia medication <table border="1"> <thead> <tr> <th>Dementia Med Description</th><th>Prescription</th></tr> </thead> <tbody> <tr> <td>Cholinesterase inhibitors</td><td> - Donepezil - Galantamine - Rivastigmine </td></tr> <tr> <td>Misc. CNS Agents</td><td> - Memantine </td></tr> <tr> <td>Combinations</td><td> - Donepezil-memantine </td></tr> </tbody> </table>	Dementia Med Description	Prescription	Cholinesterase inhibitors	- Donepezil - Galantamine - Rivastigmine	Misc. CNS Agents	Memantine	Combinations	Donepezil-memantine
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Exclusion Codes

CPTII Code	Definition
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
C18.0-9, C19-20, C21.2, C21.8, C78.5	Colorectal cancer, active

Strategies for Success	- If a patient has family history of colon cancer, encourage a colonoscopy instead of a Cologuard. - Use the Annual Wellness visit to schedule screenings. - Add screenings to annual assessment form/ EMR template. - Implement a referral tracking process. - For patients refusing colonoscopy, recommend a FIT-DNA or FOBT kit. - Educate patients on preparation for the ordered tests.

Resources

I. National Committee for Quality Assurance, HEDIS® Measurement Year 2026 Volume 2 Technical Specifications for Health Plans

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