Colorectal Cancer Screening

TOOLKIT

Overview

- American Cancer Society

Colorectal cancer starts in the colon or the rectum. These cancers can also be called colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer are often grouped together because they have many features in common.

Overall, the lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women. However, each person's risk might be higher or lower than this, depending on their risk factors for colorectal cancer.

Regular colorectal cancer screening is one of the most powerful tools against colorectal cancer. Screening can often find colorectal cancer early, when it is small, has not spread, and might be easier to treat. Regular screening can even prevent colorectal cancer. A polyp can take as many as 10 to 15 years to develop into cancer. With screening, doctors can find and remove polyps before they have the chance to turn into cancer.

How to satisfy the measure

The colorectal cancer screening measure is satisfied when qualifying persons have an appropriate colorectal cancer screening. The measure relies on billing codes and service dates in claims data from insurance payors to satisfy the measure.

Sometimes a patient's screening date and code is not available in the claims data LHP receives from payors, for instance if the screening:

- was billed on previous or other insurance policy
- occurred during a long lookback period so not available in historical claims

LHP accepts supplemental clinical data from practices' EHRs to document screening dates and contribute to your overall performance. **Contact your outreach advisor to learn more about the process for submitting clinical data for eligible performance measures.**

Measure Definition

Eligible Population

Denominator

Persons ages 45-75 years who are covered by an LHP product.

Exclusions

- History of colon cancer or total colectomy
- 66 and older diagnosed with frailty and advanced illness during the measurement year
- Used hospice services at any time during the measurement year

Performance Met

Numerator

Persons who have an appropriate colorectal cancer screening defined by one of the following criteria:

- Fecal occult blood test (FOBT) during measurement year: guaiac (gFOBT) or immunochemical (FIT)
- Flexible sigmoidoscopy during measurement year or 4 years prior
- Colonoscopy during measurement year or 9 years prior
- CT colonography during measurement year or 4 years prior
- FIT-DNA test during measurement year or 2 years prior

Documentation, Coding, Billing

Performance measures like Healthcare Effectiveness Data and Information Set (HEDIS®) measures help improve quality scores as you improve the health of your patients. Using complete and accurate codes can help you satisfy the measure, reduce errors, and maintain and even improve your scores.

Common billing codes accepted by HEDIS®
Colonoscopy CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 **HCPCS:** G0105, G0121 **CT Colonography CPT:** 74261-74263 **FIT-DNA Lab Test CPT (e.g., Cologuard®):** 81528 **HCPCS:** G0464 **FOBT CPT (e.g., FIT test):** 82270, 82274 **HCPCS:** G0328 **Flexible Sigmoidoscopy CPT:** 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350 **HCPCS:** G0104

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

** Documentation requirements and billing code guidance based on NCQA specifications.

Common Challenges or Barriers

There are a range of reasons why colorectal cancer screening may not be occurring, and this list is not exhaustive. It can be helpful for all staff to understand these barriers, the importance of not making assumptions, and to learn how to explain the facts about colorectal cancer screening to ensure appropriate screening and follow-up is available for all people ages 45-75.

Why people may not be getting screened

PERSONAL

- Individual or cultural barriers
- Fear or embarrassment, particularly related to bowel preparation
- Lack of knowledge about colorectal cancer, risk factors, or screening options
- Limited accessibility/mobility
- No regular source of primary health care
- Not familiar with screening frequency or guidelines. (e.g., their previous result was normal so feel like they do not need to re-screen)
- Low perceived susceptibility

STRUCTURAL

- Cost; lack of health insurance coverage or benefits
- Taking time off work
- Lack of transportation
- Language barrier
- Lack of childcare
- Lack of physician recommendation
- Reduced access or scheduling options
- Health disparities: Hispanic adults are least likely to report being up-to-date on screening; being male, having a low level of education and living in poverty are also associated with lower screening rates.

Why providers may find colorectal cancer screening difficult

- Limited time to adequately discuss options with patients
- Lack of reminder/recall systems in EHR
- Keeping up with changes to guidelines or recommendations of screening frequency
- Lack talking points to dispel myths or misconceptions
- Access or scheduling limitations for specialty care
- Inadequate systems to follow up/track testing kits to ensure their return
- Policies vary by health insurance plan for cost-sharing for follow-up colonoscopy after a positive stool-based colorectal cancer screening test.
    - **Medicare coverage**: Starting in January 2023, Medicare covers follow-up colonoscopy after a positive stool-based (FIT or Cologuard®) colorectal cancer screening test with ***no*** patient cost-sharing.
    - **Commercial coverage**: Some commercial health plans fully cover follow-up colonoscopy after a positive stool-based (FIT or Cologuard®) colorectal cancer screening test, while others require cost-sharing from the patient. This depends on the plan the patient selects and the associated benefits. Providers can address cost-sharing during shared decision-making conversations with patients as they choose a screening option. You can encourage patients to contact their insurance company to confirm the policy for their specific health plan.

What you can do

- Make sure patients have the information they need to understand colorectal cancer (CRC) screening and assess their risk. Help explain the facts about screening (**see box to the right**).
- Offer interpreters and translated information.
- Encourage your patient to talk to you about any concerns. Allow extra time to explain the options.
- Ensure your practice has implemented a strategy to remind eligible patients when they are due for screening and to follow up on any screening kits provided.
- Document exclusions to the measure (history of colorectal cancer or total colectomy) so people do not receive reminders when screening is not appropriate for them.

Facts about CRC screening

- Colorectal cancer screening is one of the best ways to reduce the risk of colorectal cancer.
- CRC screening can often find cancer early when it is small, has not spread, and might be easier to treat
- CRC screening can prevent cancer by identifying pre-cancerous polyps to be removed before cancer forms

ACHIEVING EQUITY AND INCLUSION

Centers for Disease Control and Prevention reports Hispanic adults have lower screening rates (61.7%) than their non-Hispanic White (74.6%) and non-Hispanic Black (75.3%) counterparts. Hispanic persons with limited English proficiency are the least likely group to be up-to-date with screening[1].

National Institutes for Health, in a smaller study, report transgender persons within each racial demographic have lower screening rates than their cisgender counterparts[2].

Process & workflow

LHP's Quality & Performance Improvement team is available to assist with workflows and tailored strategies for your clinic and your EHR. Email LHP to request assistance.

Here are standard workflows and best practices that are recommended:

- Review colorectal cancer screening guidelines available to determine appropriate screening cadence.
    - United States Preventive Task Force Colorectal Cancer Screening Guidelines
    - American Cancer Society Colorectal Cancer Screening Guidelines
- Use your performance measure dashboard in Power BI to review current performance and review gap lists. Recommend screening to patients who are overdue.
- Use systems in your EHR to set up reminders for practice recall. Call patients who are overdue soon to receive a screening kit or referral for colonoscopy.

[1] Centers for Disease Control and Prevention
[2] National Institutes for Health

- If you are looking for a GI practice to help with screening for your LHP patients for colonoscopy, use the Provider Directory so you know where to refer within the LHP network. Close the referral loop to ensure the patient completes their recommended screening.
- Use shared decision-making tools or risk calculators to help patients understand risk factors and their screening options.
    - Dartmouth Health Colorectal Cancer: Which Screening Test Should I Have?
    - American College of Gastroenterology: Colorectal Cancer by the Numbers (in twelve languages)
- Consider standing orders for staff to provide FIT or DNA tests for patients of average risk, or to tee up a colonoscopy referral for the clinician.
- Establish a workflow for follow up of outstanding test kits or unfulfilled referrals.
- ***Collecting a stool sample as part of a prostate examination is not best practice and can lead to high number of false positives.

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