

Colorectal Cancer Screening



Measure Description:

- The percentage of beneficiaries ages 45-75 who had appropriate screening for colorectal cancer, including FOBT/FIT, FIT-DNA, flexible sigmoidoscopy, CT colonography, or colonoscopy, with different lookback periods.
- The measure reports rates for age breakouts (45-50, 51-65, 66-75) and a total rate, with payment tied to the total rate under ACC Phase III.
- This measure is identical to the CMS Adult Core Set (COL-AD) specification and the 2025 DOI Primary Care APM measure, with the age start at 45 (changed from 50 in prior versions).
- Screening must use approved methods, with emphasis on home kits for FIT to improve access.
- Reportable via claims or EHR, with focus on documenting prior screenings for long lookback (e.g., colonoscopy 10 years).

Numerator:

- Beneficiaries in the denominator who had one or more appropriate screenings: FOBT/FIT in CY2026, FIT-DNA in 2024-2026, flexible sigmoidoscopy or CT colonography in 2022-2026, colonoscopy in 2017-2026.
- Payment based on the total rate, but report age breakouts to identify gaps (e.g., lower rates in 45-50 due to new age change).
- Rate calculated as the percentage of screened members, ensuring early detection of colorectal cancer.

Denominator:

- All beneficiaries ages 45-75 as of December 31, 2026, who were enrolled in Medicaid during the measurement year.
- Members must have continuous enrollment for the measurement year to be included in the denominator.
- Excludes members with colorectal cancer, total colectomy, or hospice care (see Exclusions section).

Services to Support Colorectal Cancer Screening:

- Outpatient or preventive care visits, where screening referrals or home kits can be provided.
- Community health centers or mobile colon cancer screening programs for underserved areas.
- Laboratory services for FOBT/FIT or FIT-DNA (e.g., Cologuard) processing.
- Radiology or endoscopy centers for CT colonography, sigmoidoscopy, or colonoscopy.
- Telehealth consultations for screening education and follow-up on results.

Best Practices:

- Recommend screening starting at age 45 per USPSTF guidelines, integrating reminders into EHR for due dates and noting the age change from 50 to increase awareness.
- Use home kits for FOBT/FIT or FIT-DNA (Cologuard) for non-compliant patients, providing instructions and follow-up calls to improve completion rates.
- Educate patients on screening options and risks using the "Teach Back Method" to confirm understanding, such as asking them to repeat back how to complete a home kit.
- Document prior screenings (e.g., colonoscopy date) in structured EHR fields to capture long lookback periods and hybrid reporting, avoiding misses from undocumented history.

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- Partner with community programs for free kits or colonoscopies, targeting high-risk groups like those with family history or delayed screenings due to the age change.
- Conduct outreach to patients due for screening via phone, text, or portal messages, offering flexible options like home kits or transportation to endoscopy centers.
- Common miss: Undocumented prior colonoscopy – always use CPT II 3017F in EHR to document performance and confirm exclusions like total colectomy.
- Submit claims promptly with CPT codes to ensure screenings are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in rates by age breakout (e.g., lower in 45-50) and target interventions.
- Collaborate with RAE quality teams for resources like free FIT kits, training on the age change, or incentives to improve equity in colorectal screening access.

CY 2026 Payment Thresholds

Level	Required Rate	Payout %	Description
Basecamp	≥32%	33%	Entry-level target for basic compliance; focus on home kits to achieve this.
Tree Line	≥37%	67%	Mid-level target; emphasize outreach for the new 45-50 age group.
Summit	≥41%	100%	High-performance target; use EHR tools and partnerships to maximize rates.

For the full list of codes, please see Appendix A on the following page.

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Appendix A

Codes to Identify Screenings (CPT/HCPCS)	
Screening Type	Codes
FOBT/FIT	82270, 82274, G0328
FIT-DNA (Cologuard)	81528
Flexible Sigmoidoscopy	45330-45335, 45337-45342, 45346-45347, 45349-45350, G0104
CT Colonography	74261-74263
Colonoscopy	44388-44394, 44401-44408, 45378-45398, G0105, G0121

Codes for CPT II Reporting	
Code	Description
3017F	Colorectal cancer screening results documented and reviewed (done)

Codes for Exclusions (Colorectal Cancer ICD-10)	
Code	Description
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon

Codes for Total Colectomy (ICD-10 PCS)	
Code	Description
0DTF0ZZ	Resection of right large intestine, open approach
0DTG0ZZ	Resection of left large intestine, open approach
0DTK0ZZ	Resection of sigmoid colon, open approach

Codes for Hospice Exclusions (UBREV)	
Code	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)