

CMS Measure ID 113: Colorectal Cancer Screening (CMS130v10)

07/24/2024 12:44 pm EDT

You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data at multiple points. Please see our [article](#) on all the areas in DrChrono where you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

My Measures

Select, review, and change the measures you will be reporting.

Notifications

- ✔ You have met the measure selection requirements
- ✔ You may now proceed with entering patient visits

Checklist

Select Measures

Selected Measures

- #113 **Colorectal Cancer Screening** ✕
Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer
[View details](#)

Description:

Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.

Instructions

This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. There is no diagnosis associated with this measure. Performance for this measure is not limited to the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measurement Submission Type

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do

not need to be submitted by MIPS-eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

The intent of the exclusion for individuals age 66 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead, the exclusions allow clinicians to engage in shared decision-making with patients about the benefits and risks of screening when an individual has limited life expectancy.

Denominator

Patients 50 to 75 years of age on the date of the encounter. This information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**.

AND

- A relevant **CPT** or **HCPCS** code for the encounter: 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99386*, 99387*, 99396*, 99397*, G0402, G0438, G0439

DENOMINATOR NOTE:

To assess the age for exclusions, the patient’s age at the end of the measurement period should be used.

*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status

ICD Version

Patient Payment \$ 0 Copay: \$20 +

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile +

Billing Pick List

Diagnosis Pick List

Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
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ICD-9 Codes to Convert

#	Code	Description
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NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes

Code	Description	Price (\$)
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CPT Codes

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	0.00

Modifiers:

Quantity/Minutes:

Diagnosis Points:

HCPCS Codes

Code	Description	Price (\$)
1 G0402	Initial preventive exam	0

Modifiers:

AND NOT

DENOMINATOR EXCLUSIONS:

Patients with a diagnosis or past history of total colectomy or colorectal cancer: **G9711**

OR

Patient was provided hospice services any time during the measurement period: **G9710**

OR

Patient was provided palliative care services any time during the measurement period: **G9993**

OR

Patient age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the measurement period: **G9901**

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement

period: **G2100**

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period: **G2101**

Please see your Healthmonix [MIPSPRO](#) account, the attached document, the [CMS website](#), or the attached document for a full list of codes that identify frailty and/or advanced illness.

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Galantamine Rivastigimine
Miscellaneous central nervous system agents	Memantine

Numerator

Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period
- Computed tomography (CT) colonography during the measurement period or the four years prior to the measurement period.
- Fecal immunochemical DNA test (FIT-DNA) during the measurement period or the two years prior to the measurement period.

NUMERATOR GUIDANCE

Do not count DRE, FOBT tests performed in an office setting or performed on a sample collected via DRE.

NUMERATOR NOTE: Patient-reported procedures and diagnostic studies, when recorded in the medical record, are acceptable for meeting the numerator.

Performance Met:

Colorectal cancer screening results documented and Reviewed (**3017F**)

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status ICD Version ICD-10 Patient Payment \$ 0 Copay: \$20 Pre Authorization Approval Referral # Payment Profile Cash Billing Profile Billing Pick List Choose Codes from Pick List Diagnosis Pick List Choose Codes from Pt Problems Credit Card Payment **Process Credit Card**

HCFA Box 10 - Is patient's condition related to:

Employment No Auto Accident No Other Accident No Onset Date Type Onset of Current Symptoms Onset Date Other Date Type - Other Date Type - Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes

#	Code	Description
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ICD-9 Codes to Convert Find Diagnosis codes

#	Code	Description
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NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes

Code	Description	Price (\$)
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CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
1 3017F	COLORECTAL CA SCREEN DOC REV	0

Modifiers: --- --- --- ---

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0:0

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
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OR

Performance Not Met:

Colorectal cancer screening results were not documented and reviewed, reason not otherwise specified (**3017F with 8P**)

Schedule Appointment

- Appointment
- Billing**
- Eligibility
- Vitals
- Growthcharts
- Flags
- Log Comm.
- Revisions
- Custom Data
- MU Helper

- Patient SuperBill
- Clinical Note
- Billing Details
- Other Forms

Billing Status

ICD Version

Patient Payment \$ Copay: \$20

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile

Billing Pick List

Diagnosis Pick List

Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

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ICD-9 Codes to Convert

#	Code	Description
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NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes

Code	Description	Price (\$)
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CPT Codes

Code	Description	Price (\$)
------	-------------	------------

1 3017F COLORECTAL CA SCREEN DOC REV 0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

HCPCS Codes

Code	Description	Price (\$)
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