

Quality ID #320 (NQF 0658): Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients – National Quality Strategy Domain: Communication and Care Coordination

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:

Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. Performance for this measure is not limited to the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on services provided and the measure specific denominator coding. Patients who have a coded colonoscopy procedure that has a modifier 52, 53, 73, or 74 will not qualify for inclusion into the measure.

Measure Submission:

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy

Denominator Instructions: Eligible clinicians who indicate that the colonoscopy procedure is incomplete or was discontinued should use the procedure number and the addition (as appropriate) of modifier 52, 53, 73, or 74. Patients who have a coded colonoscopy procedure that has a modifier 52, 53, 73, or 74 will not qualify for inclusion into this measure.

Denominator Criteria (Eligible Cases):

Patients aged 50 to 75 on date of encounter **AND**

Patient undergoing screening for malignant neoplasm of colon (ICD-10-CM): Z12.11

AND

Patient procedure during the performance period (CPT or HCPCS): 44388, 45378, G0121

WITHOUT

Modifiers: 52, 53, 73, or 74

NUMERATOR:

Patients who had recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Numerator Options

Performance Met:

Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report **(0528F)**

OR

Denominator Exception:

Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is \geq 66 years old, or life expectancy $<$ 10 years old, other medical reasons) **(0528F with 1P)**

OR

Performance Not Met:

At least 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified **(0528F with 8P)**

RATIONALE:

In the average-risk population, colonoscopy screening is recommended in all current guidelines at 10-year intervals. Inappropriate interval recommendations can result in overuse of resources and can lead to significant patient harm. Performing colonoscopy too often not only increases patients' exposure to procedural harm, but also drains resources that could be more effectively used to adequately screen those in need (Lieberman et al, 2008). The most common serious complication of colonoscopy is post-polypectomy bleeding (Levin et al, 2008).

Variations in the recommended time interval between colonoscopies exist for patients with normal colonoscopy findings. In a 2006 study of 1282 colonoscopy reports, recommendations were consistent with contemporaneous guidelines in only 39.2% of cases and with current guidelines in 36.7% of cases. Further, the adjusted mean number of years in which repeat colonoscopy was recommended was 7.8 years following normal colonoscopy (Krist et al, 2007)

CLINICAL RECOMMENDATION STATEMENTS:

At present, CSPY (colonoscopy) every 10 years is an acceptable option for CRC screening in average-risk adults beginning at age 50 years. (ACS/USMSTF/ACR, 2008). The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until the age of 75 years. The risks and benefits of these screening methods vary (Grade A Recommendation) (USPTF, 2008).

The USPSTF recommends against "routine" screening for colorectal cancer in adults 76 to 85 years of age who have been adequately screened. There may be considerations that support colorectal cancer screening in an individual patient (Grade C Recommendation) (USPSTF, 2008). The preferred CRC prevention test is colonoscopy every 10 years, beginning at age 50. (Grade 1B) (Rex, et al, 2009)

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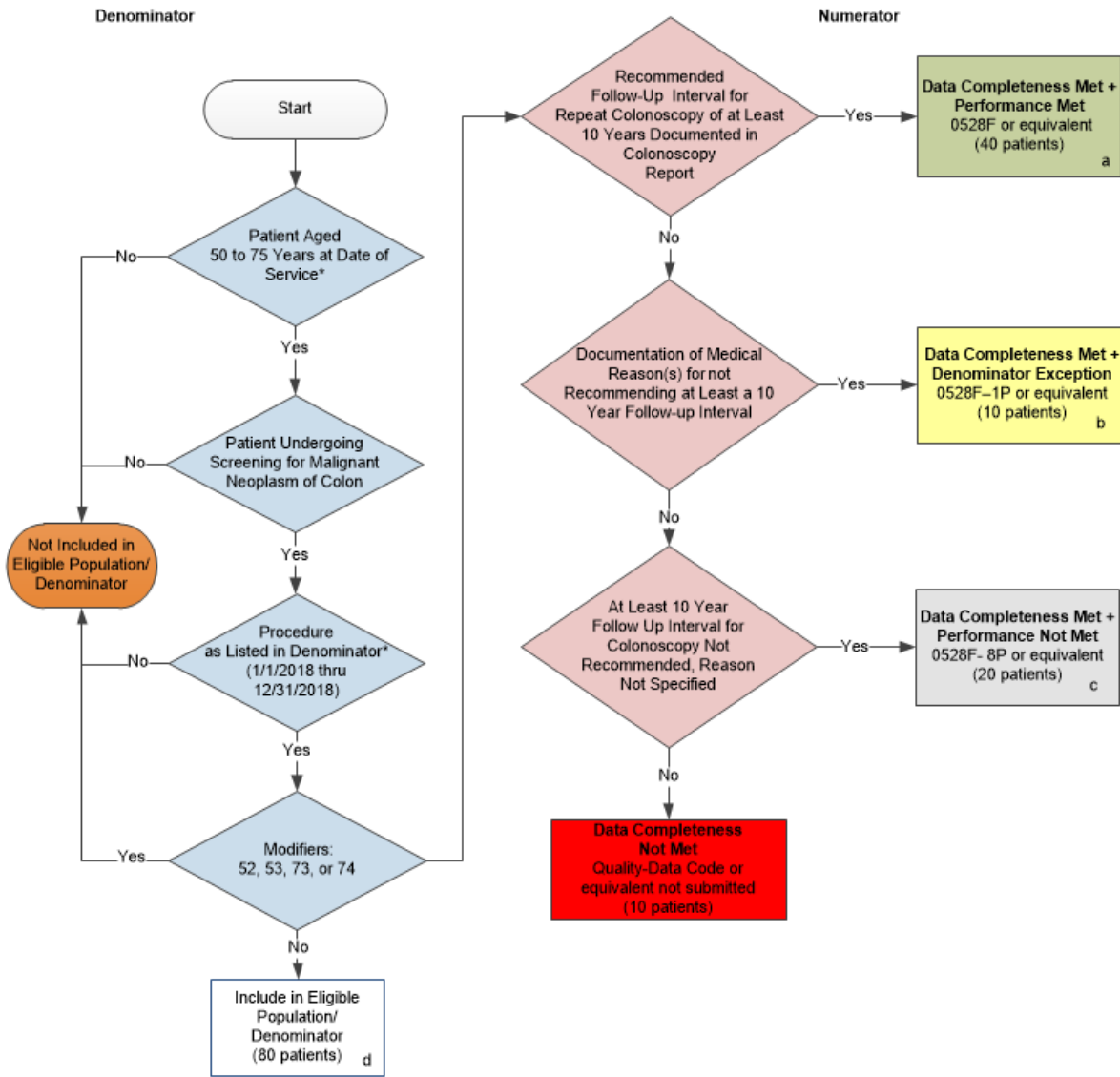
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**2018 Registry Flow for Quality ID #320 NQF #0658:
Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients**



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b equals 10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.66\%$$

*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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2018 Registry Flow for Quality ID

#320 NQF #0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry-data submission.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is 50 to 75 years of age at Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is 50 to 75 years of age at Date of Service and equals Yes during the measurement period, proceed to check Patient Undergoing Screening for Malignant Neoplasm of Colon.
3. Check Patient Undergoing Screening for Malignant Neoplasm of Colon:
 - a. If Patient Understanding Screening for Malignant Neoplasm of Colon equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Patient Understanding Screening for Malignant Neoplasm of Colon equals Yes, proceed to check Procedure Performed.
4. Check Procedure Performed:
 - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, proceed to check Modifiers: 52, 53, 73, or 74.
5. Check Modifiers: 52, 53, 73, or 74:
 - a. If Modifiers: 52, 53, 73, or 74 equals No, include in the Eligible Population.
 - b. If Modifiers: 52, 53, 73, or 74 equals Yes, do not include in Eligible Patient Population. Stop Processing.
6. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the Sample Calculation.
7. Start Numerator
8. Check Recommended Follow-Up Interval for Repeat Colonoscopy of at Least 10 Years and Documented in Colonoscopy Report:
 - a. If Recommended Follow-Up Interval for Repeat Colonoscopy of at Least 10 Years and Documented in Colonoscopy Report equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40

patients in the Sample Calculation.

- c. If Recommended Follow-Up Interval for Repeat Colonoscopy of at Least 10 Years and Documented in Colonoscopy Report equals No, proceed to Documentation of Medical Reason(s) for not Recommending at Least a 10 Year Follow-up Interval.
9. Check Documentation of Medical Reason(s) for not Recommending at Least a 10 Year Follow-up Interval:
- a. If Documentation of Medical Reason(s) for not Recommending at Least a 10 Year Follow-up Interval equals Yes, include in Data Completeness Met and Performance Exclusion.
 - b. Data Completeness Met and Denominator Exception is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for not Recommending at Least a 10 Year Follow-up Interval equals No, proceed to At Least 10 Year Follow-Up Interval for Colonoscopy Not Recommended, Reason not Specified.
10. Check At Least 10 Year Follow-Up Interval for Colonoscopy Not Recommended, Reason Not Specified:
- a. If At Least 10 Year Follow-Up Interval for Colonoscopy Not Recommended, Reason Not Specified equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.
 - c. If At Least 10 Year Follow-Up Interval for Colonoscopy Not Recommended, Reason Not Specified equals No, proceed to Data Completeness Not Met.
11. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b equals 10 patients) = 60 patients}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.66\%$$