

**Quality ID #439: Age Appropriate Screening Colonoscopy – National Quality Strategy Domain: Efficiency and Cost Reduction**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Efficiency

**DESCRIPTION:**

The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31

**INSTRUCTIONS:**

This measure is to be submitted **each time** a colonoscopy is performed for all patients during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**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:**

Colonoscopy examinations performed on patients greater than 85 years of age during the encounter period

**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 in this measure.

**Denominator Criteria (Eligible Cases):**

All patients greater than 85 years of age on date on encounter receiving a colonoscopy for screening purposes only

**AND**

**Patient encounter during the performance period (CPT or HCPCS):** 45378, 45380, 45381, 45384, 45385, G0121

**WITHOUT**

**Modifier:** 52, 53, 73, or 74

**NUMERATOR:**

All patients greater than 85 years of age included in the denominator who did NOT have a history of colorectal cancer or a valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's Disease (i.e. regional enteritis), familial adenomatous polyposis, Lynch Syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal findings of gastrointestinal tract, or changes in bowel habits. Colonoscopy examinations performed for screening purposes only

**Numerator Instructions:**

**INVERSE MEASURE** - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better

clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

**Numerator Options:**

***Performance Met:***

Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's Disease (i.e., regional enteritis), familial adenomatous polyposis, Lynch Syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits (G9659)

**OR**

***Performance Not Met:***

Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, Crohn's Disease (i.e., regional enteritis), familial history of adenomatous polyposis, Lynch Syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits) (G9660)

**OR**

***Performance Not Met:***

Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of GI tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnoses advance lesions (G9661)

**RATIONALE:**

The benefit of colorectal cancer screening for an individual patient is dependent on that patient's life expectancy and probability of harm from colonoscopy. Individuals over age 85 have an average life expectancy of less than 5 years [Cho Ann Intern Med. 2013; 59:667-676] and are at increased risk for colonoscopy-related complications [Ann Intern Med. 2009; 150:849-857].

The population of individuals 85 years and older is projected to double by 2050, hence, the clinical and economic effects of inappropriate performance of colorectal cancer screening in this age group can be expected to increase in the coming decade (Goodwin, 2011).

**CLINICAL RECOMMENDATION STATEMENTS:**

The USPSTF (2008) recommends three screening regimens for individuals 50-75 years of age with average risk:

- Annual high-sensitivity FOBT.
- Sigmoidoscopy every 5 years, combined with high-sensitivity fecal occult blood testing every 3 years.
- Optical colonoscopy every 10 years

For individuals from 76–85 years of age, the Task Force recommends against routine performance of screening unless individuals have not been previously screened, in which case it should be considered in the context of health

status and competing risks for each individual (USPSTF, 2008). For individuals older than 85 years, the Task Force recommends against screening when comparing overall benefits to harms (D Recommendation) (USPSTF, 2008). The Task Force based these recommendations on a systematic review of the literature, supplemented with modeling data (USPSTF, 2008; NCI 2013; USCR, 2011).

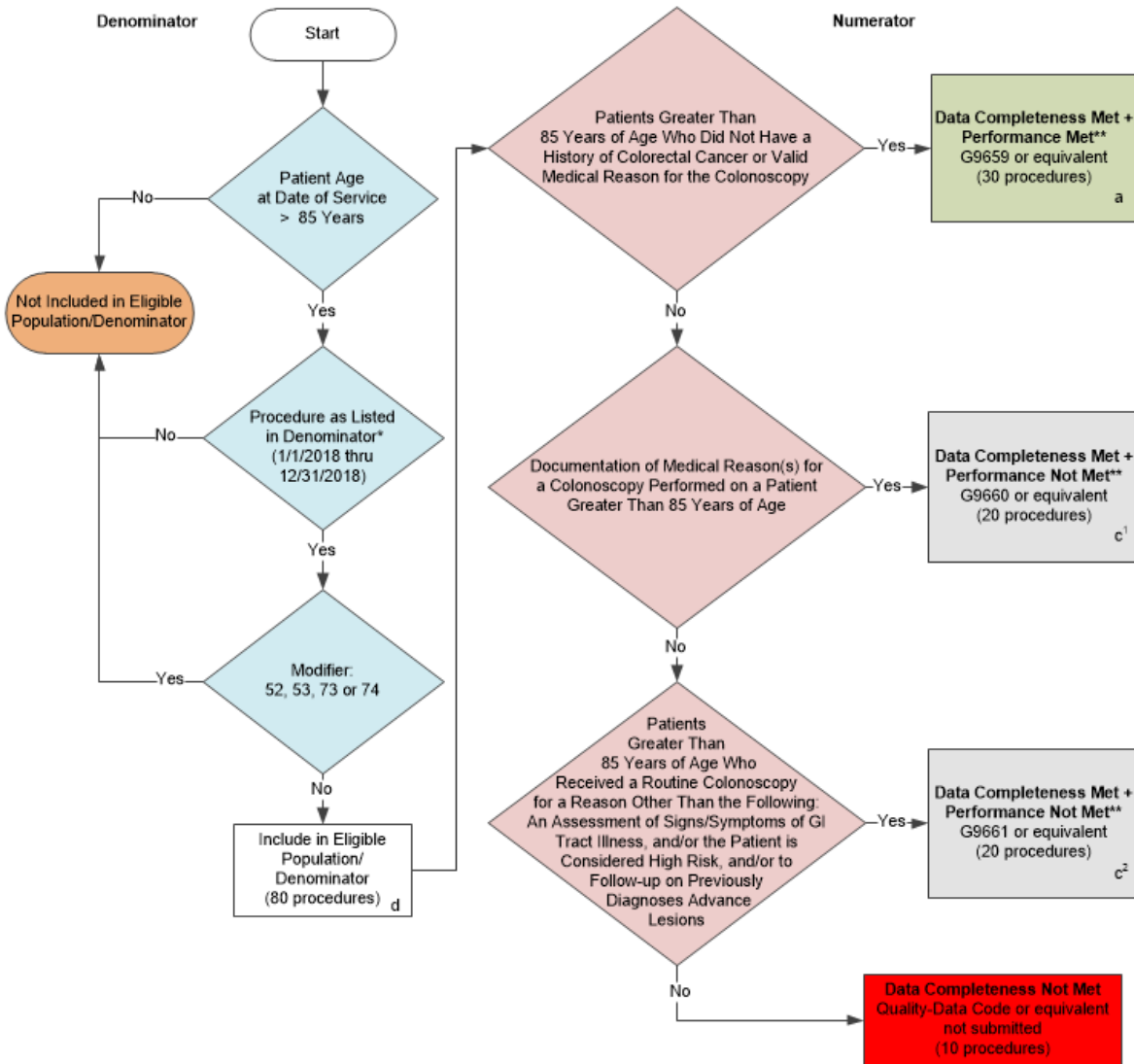
For this subgroup, the Task Force concluded that the utility of screening is limited, given the time it takes for a polyp to develop into a clinically observable malignancy (10–26 years) (USPSTF, 2008; NCI 2013; USCR, 2011).

Moreover, individuals older than 85 are likely to have multiple comorbidities that influence any potential life-year gain (USPSTF, 2008; NCI 2013; USCR, 2011). They are also at increased risk of suffering from adverse events related to performance of a colonoscopy, with the rate of adverse events being 2.8 per 1,000 procedures and increased by seven-fold if a polypectomy is performed (USPSTF, 2008; CDC 2012; NCI, 2013).

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## 2018 Registry Flow for Quality ID #439: Age Appropriate Screening Colonoscopy



### SAMPLE CALCULATIONS:

**Data Completeness=**  

$$\frac{\text{Performance Met (a=30 procedures)} + \text{Performance Not Met (c¹+c²=40 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=30 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{30 \text{ procedures}}{70 \text{ procedures}} = 42.86\%$$

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

\*\*A lower calculated performance rate for this measure indicates better clinical care or control.

\*\*\*Clinicians who indicate modifier 52,53,73, or 74 will not qualify for inclusion in this measure.

NOTE: Submission Frequency: Procedure

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**2018 Registry Flow for Quality ID  
#439: Unnecessary Screening Colonoscopy in Older Adults**

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 greater than 85 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than 85 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Procedure.
3. 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, include in Eligible Population.
4. 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 80 procedures in the Sample Calculation.
5. Start Numerator
6. Check Patients Greater Than 85 Years of Age Who Did Not Have a History of Colorectal Cancer or Valid Medical Reason for the Colonoscopy:
  - a. If Patients Greater Than 85 Years of Age Who Did Not Have a History of Colorectal Cancer or Valid Medical Reason for the Colonoscopy equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 30 procedures in Sample Calculation.
  - c. If Patients Greater Than 85 Years of Age Who Did Not Have a History of Colorectal Cancer or Valid Medical Reason for the Colonoscopy equals No, proceed to Documentation of Medical Reason(s) for a Colonoscopy Performed on a Patient Greater Than 85 Years of Age:
7. Check Documentation of Medical Reason(s) for a Colonoscopy Performed on a Patient Greater Than 85 Years of Age:
  - a. If Documentation of Medical Reason(s) for a Colonoscopy Performed on a Patient Greater Than 85 Years of Age equals Yes, include in Data Completeness Met and Performance Not Met.

- b. Data Completeness Met and Performance Not Met is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c<sup>1</sup> equals 20 procedures in the Sample Calculation.
  - c. If Documentation of Medical Reason(s) for a Colonoscopy Performed on a Patient Greater Than 85 Years of Age equals No, proceed to Patients Greater Than 85 Years of Age Who Received a Routine Colonoscopy for a Reason Other Than the Following: An Assessment of Signs/Symptoms of GI Tract Illness, and/or the Patient is Considered High Risk, and/or to Follow-up on Previously Diagnoses Advance Lesions.
8. Check Patients Greater Than 85 Years of Age Who Received a Routine Colonoscopy for a Reason Other Than the Following: An Assessment of Signs/Symptoms of GI Tract Illness, and/or the Patient is Considered High Risk, and/or to Follow-up on Previously Diagnoses Advance Lesions:
- a. If Patients Greater Than 85 Years of Age Who Received a Routine Colonoscopy for a Reason Other Than the Following: An Assessment of Signs/Symptoms of GI Tract Illness, and/or the Patient is Considered High Risk, and/or to Follow-up on Previously Diagnoses Advance Lesions equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c<sup>2</sup> equals 20 procedures in the Sample Calculation.
  - c. Patients Greater Than 85 Years of Age Who Received a Routine Colonoscopy for a Reason Other Than the Following: An Assessment of Signs/Symptoms of GI Tract Illness, and/or the Patient is Considered High Risk, and/or to Follow-up on Previously Diagnoses Advance Lesions equals No, proceed to Data Completeness Not Met.
9. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:			
<b>Data Completeness=</b>			
Performance Met (a=30 procedures) + Performance Not Met (c <sup>1</sup> +c <sup>2</sup> =40 procedures)	=	70 procedures	= 87.50%
Eligible Population / Denominator (d=80 procedures)	=	80 procedures	
<b>Performance Rate=</b>			
Performance Met (a=30 procedures)	=	30 procedures	= 42.86%
Data Completeness Numerator (70 procedures)	=	70 procedures	