β Measure #343: Screening Colonoscopy Adenoma Detection Rate

2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
The percentage of patients age 50 years or older with at least one adenoma or other colorectal cancer precursor or colorectal cancer detected during screening colonoscopy

INSTRUCTIONS:
This measure is to be reported **each time** a screening colonoscopy for colorectal cancer is performed during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:
ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:
Patients age 50 years or older undergoing a screening colonoscopy

Definitions:
Colorectal Cancer Precursor Lesions: Based on pathologic diagnosis, colorectal cancer precursor lesions include: adenomatous polyps [tubular, tubulovillous, villous] and traditional serrated adenomas, sessile serrated polyps and sessile serrated adenomas.

Denominator Criteria (Eligible Cases):
Patients 50 years of age or older on date of encounter
AND
Risk factors for colorectal cancer (ICD-10-CM) [for use 10/01/2014-12/31/2014]: Z12.11, Z80.0, Z83.71
AND
Patient encounter during reporting period (CPT or HCPCS): 45378, 45380, 45381, 45383, 45384, 45385, G0121
WITHOUT
CPT Category I Modifiers: 52, 53, 73, 74

NUMERATOR:
Number of patients age 50 years or older with at least one adenoma or other colorectal cancer precursor or colorectal cancer detected during screening colonoscopy

Numerator Options:
Adenoma(s) or other neoplasm detected during screening colonoscopy (G9252)

OR
Adenoma(s) or other neoplasm **not** detected during screening colonoscopy \((G9253)\)

**RATIONALE:**
The removal of adenomatous polyps during a screening colonoscopy is associated with a lower risk of subsequent colorectal cancer incidence and mortality. Higher adenoma detection rates (>20% in a mixed gender population) are associated with significant protection against incident colorectal cancer in the five years following screening colonoscopy. Up to 30% of colorectal cancers arise from serrated neoplasms including sessile serrated polyps, sessile serrated adenomas and traditional serrated adenomas.

**CLINICAL RECOMMENDATION STATEMENTS:**
The United States Preventive Services Task Force has recommended screening colonoscopy for adults, beginning at age 50 and continuing until age 75 (Grade A recommendation) Screening exams are those performed to detect lesions in the absence of signs, symptoms, or personal history of colon neoplasia. The adenoma detection rate is an independent predictor of risk of developing colorectal cancer between screening colonoscopies. However, studies have documented wide variation in adenoma detection rates, illustrating the need for measuring and monitoring this metric for endoscopists. Some studies have identified variation due to the location of adenomas (lesions in the colon's right side are more difficult to detect). Procedure length has also been found in some, but not all, studies to correlate with adenoma detection rate. The adenoma detection rate varies between genders, with a lower rate demonstrated in women. Multi-specialty and stakeholder guidelines support the importance of measuring the adenoma detection rate in the prevention of colorectal cancer. Guidelines and the supporting literature consistently recommend an adenoma detection rate of at least 15% in women and at least 25% in men. Multi-specialty guidelines support the detection and complete removal of serrated colorectal neoplasms and surveillance of individuals with these lesions.