Quality ID #185: Colonoscopy Interval for Patients with a History of Adenomatous Polyps
– Avoidance of Inappropriate Use
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Appropriate Use of Healthcare

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of prior adenomatous polyp(s) in previous colonoscopy findings, which had an interval of 3 or more years since their last colonoscopy

INSTRUCTIONS:
This measure is to be submitted **each time** a surveillance colonoscopy is performed during the performance period. It is anticipated the Merit-based Incentive Payment System (MIPS) eligible clinician who performs the listed procedures, as specified in the denominator coding, will submit on this measure. Patients who have a coded colonoscopy procedure that has a modifier 52, 53, 73 or 74 will not qualify for inclusion into this measure.

Measure 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 s that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings

> **Denominator Instructions:**
> **MIPS** 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 ≥ 18 years on date of encounter
> **AND**
> **Diagnosis for history of adenomatous (colonic) polyp(s) (ICD-10-CM):** Z86.010
> **AND**
> **Patient procedure during the performance period (CPT or HCPCS):** 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, G0105
> **WITHOUT**
> **Modifiers:** 52, 53, 73 or 74

NUMERATOR:

Patients who had an interval of 3 or more years since their last colonoscopy

Numerator Options:

Performance Met: Interval of 3 or more years since patient's last colonoscopy, documented **(0529F)**

OR

Denominator Exception: Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer]) **(0529F with 1P)**

OR

Denominator Exception: Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete) **(0529F with 3P)**

OR

Performance Not Met: Interval of less than 3 years since patient's last colonoscopy, reason not otherwise specified **(0529F with 8P)**

RATIONALE:

Colorectal cancer is the 2nd leading cause of cancer death in the United States. Colonoscopy is the recommended method of surveillance after the removal of adenomatous polyps because it has been shown to significantly reduce subsequent colorectal cancer incidence. The time interval for the development of malignant changes in adenomatous polyps is estimated at 5 to 25 years. (ICSI, 2006) 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, 2009)

CLINICAL RECOMMENDATION STATEMENTS:

Patients with only 1 or 2 small (< 1 cm) tubular adenomas with only low-grade dysplasia should have their next follow-up colonoscopy in 5–10 years; the precise timing within this interval should be based on other clinical factors (such as prior colonoscopy findings, family history, and the preferences of the patient and judgment of the physician). Patients with 3 to 10 adenomas, or any adenoma ≥ 1 cm, or any adenoma with villous features, or high-grade dysplasia should have their next follow-up colonoscopy in 3 years providing that piecemeal removal has not been performed and the adenoma(s) are removed completely; if the follow-up colonoscopy is normal or shows only 1 or 2 small tubular adenomas with low-grade dysplasia, then the interval for the subsequent examination should be 5 years. (Winawer, et al, 2006)

Patients with > 10 adenomas are thought to be at particularly high risk, and current multi-society guidelines therefore recommend early surveillance colonoscopy in these individuals (< 3 years). (Lieberman, et al, 2012) However, it is important to note that risk is a continuum; an individual with 11 adenomas is not at dramatically higher risk than an individual with 9 or 10 adenomas. Thus, the optimal threshold at which early surveillance colonoscopy becomes worthwhile is subject to debate. For instance, in the United Kingdom, early surveillance colonoscopy is recommended for individuals with even fewer adenomas (≥ 5 adenomas of any size, or ≥ 3 adenomas with at least one large adenoma). A lower threshold is likely to result in higher colonoscopy utilization, but it may also provide greater clinical

benefit. (Martinez, et al, 2012)

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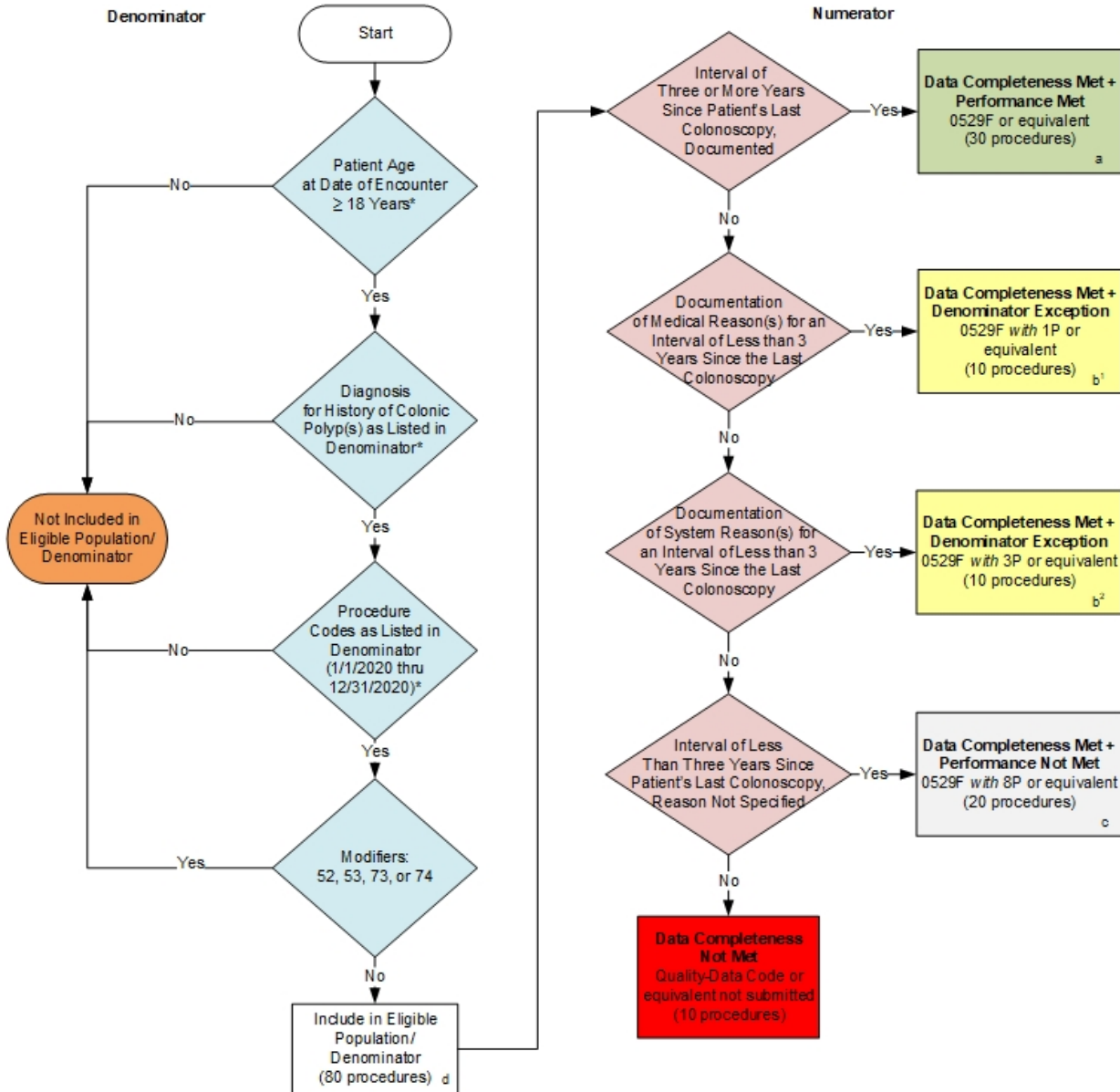
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2020 Clinical Quality Measure Flow for Quality ID #185:
Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Denominator

Start

Patient Age at Date of Encounter ≥ 18 Years* — No → Not Included in Eligible Population/Denominator

Yes ↓

Diagnosis for History of Colonic Polyp(s) as Listed in Denominator* — No → Not Included in Eligible Population/Denominator

Yes ↓

Procedure Codes as Listed in Denominator (1/1/2020 thru 12/31/2020)* — No → Not Included in Eligible Population/Denominator

Yes ↓

Modifiers: 52, 53, 73, or 74 — Yes → Not Included in Eligible Population/Denominator

No ↓

Include in Eligible Population/Denominator (80 procedures) d

Numerator

Interval of Three or More Years Since Patient's Last Colonoscopy, Documented — Yes → **Data Completeness Met + Performance Met** 0529F or equivalent (30 procedures) a

No ↓

Documentation of Medical Reason(s) for an Interval of Less than 3 Years Since the Last Colonoscopy — Yes → **Data Completeness Met + Denominator Exception** 0529F *with* 1P or equivalent (10 procedures) b¹

No ↓

Documentation of System Reason(s) for an Interval of Less than 3 Years Since the Last Colonoscopy — Yes → **Data Completeness Met + Denominator Exception** 0529F *with* 3P or equivalent (10 procedures) b²

No ↓

Interval of Less Than Three Years Since Patient's Last Colonoscopy, Reason Not Specified — Yes → **Data Completeness Met + Performance Not Met** 0529F *with* 8P or equivalent (20 procedures) c

No ↓

Data Completeness Not Met Quality-Data Code or equivalent not submitted (10 procedures)

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=30 procedures)} + \text{Denominator Exceptions (b}^1\text{+b}^2\text{=20 procedures)} + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate

$$\frac{\text{Performance Met (a=30 procedures)}}{\text{Data Completeness Numerator (70 procedures)} - \text{Denominator Exceptions (b}^1\text{+b}^2\text{=20 procedures)}} = \frac{30 \text{ procedures}}{50 \text{ procedures}} = 60.00\%$$

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

NOTE : Submission Frequency: Procedure

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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.   v4

2020 Clinical Quality Measure Flow Narrative for Quality ID #185:
Colonoscopy Interval for Patients with a History of Adenomatous Polyps –
Avoidance of Inappropriate Use

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator

2. Check Patient Age:

    a. If the Patient Age is greater than or equal to 18 years at Date of Encounter and equals No during the measurement period, do not include in Eligible Population. Stop Processing.

    b. If the Patient Age is greater than or equal to 18 years at Date of Encounter and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:

    a. If Diagnosis for History of Colonic Polyp(s) as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

    b. If Diagnosis for History of Colonic Polyp(s) as Listed in the Denominator 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 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 Population. Stop Processing.

6. Denominator Population:

    a. Denominator Population is all Eligible Procedures 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.

7. Start Numerator

8. Check Interval of Three or More Years Since Patient's Last Colonoscopy:

    a. If Interval of Three or More Years Since Patient's Last Colonoscopy 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 30 procedures in the Sample Calculation.

c. If Interval of Three or More Years Since Patient's Last Colonoscopy equals No, proceed to check Interval of Less Than Three Years Since Patient's Last Colonoscopy for Medical Reasons.

9. Check Interval of Less Than Three Years Since Patient's Last Colonoscopy for Medical Reasons:

   a. If Interval of Less Than Three Years Since Patient's Last Colonoscopy for Medical Reasons equals Yes, include in Data Completeness Met and Denominator Exception.

   b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 10 procedures in the Sample Calculation.

   c. If Interval of Less Than Three Years Since Patient's Last Colonoscopy for Medical Reasons equals No, proceed to check Interval of Less Than Three Years Since Patient's Last Colonoscopy for System Reasons.

10. Check Interval of Less Than Three Years Since Patient's Last Colonoscopy for System Reasons:

    a. If Interval of Less Than Three Years Since Patient's Last Colonoscopy for System Reasons equals Yes, include in the Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 10 procedures in the Sample Calculation.

    c. If Interval of Less Than Three Years Since Patient's Last Colonoscopy for System Reasons equals No, proceed to check Interval of Less Than Three Years Since Patient's Last Colonoscopy, Reason Not Specified.

11. Check Interval of Less Than Three Years Since Patient's Last Colonoscopy, Reason Not Specified:

    a. If Interval of Less Than Three Years Since Patient's Last Colonoscopy, Reason Not Specified equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.

    c. If Interval of Less Than Three Years Since Patient's Last Colonoscopy, Reason Not Specified equals No, proceed to check Data Completeness Not Met.

12. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=30 procedures)} + \text{Denominator Exceptions } (b^1+b^2=20 \text{ procedures}) + \text{Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate

$$\frac{\text{Performance Met (a=30 procedures)}}{\text{Data Completeness Numerator (70 procedures)} - \text{Denominator Exceptions } (b^1+b^2=20 \text{ procedures})} = \frac{30 \text{ procedures}}{50 \text{ procedures}} = 60.00\%$$