Quality ID #320 (CBE 0658): Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

2024 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of patients aged 45 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 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. 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 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.

DENOMINATOR:
All patients aged 45 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy

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 45 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
WITHOUT
Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02, POS 10

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 ≥ 66 years old, or life expectancy < 10 years, 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, colorectal cancer screening using colonoscopy 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, colonoscopy every 10 years is an acceptable option for colorectal cancer (CRC) screening in average-risk adults beginning at age 45 years. (USPSTF 2021, USMSTF 2021). The US Preventive Services Task Force (USPSTF) recommends CRC screening using stool-based tests (fecal occult blood test, fecal immunochemical test [FIT], FIT-DNA), sigmoidoscopy, CT colonography, or colonoscopy in adults, beginning at age 45 years and continuing until the age of 75 years (USPSTF Grade B recommendation for age 45-49; USPSTF Grade A recommendation for age 50-75). The risks and benefits of these screening methods vary (USPSTF, 2021).

The decision to screen for colorectal cancer in adults 76 to 85 years of age should be an individual one, taking into account the patient's overall health, prior screening history, and preferences (Grade C recommendation) (USPSTF, 2021).

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The AMA's and National Committee for Quality Assurance's significant past efforts and contributions to the development and updating of the Measures is acknowledged. AGA, ASGE and ACG are solely responsible for the review and enhancement ("Maintenance") of the Measures as of August 14, 2014.

AGA, ASGE and ACG encourage use of the Measures by other health care professionals, where appropriate.

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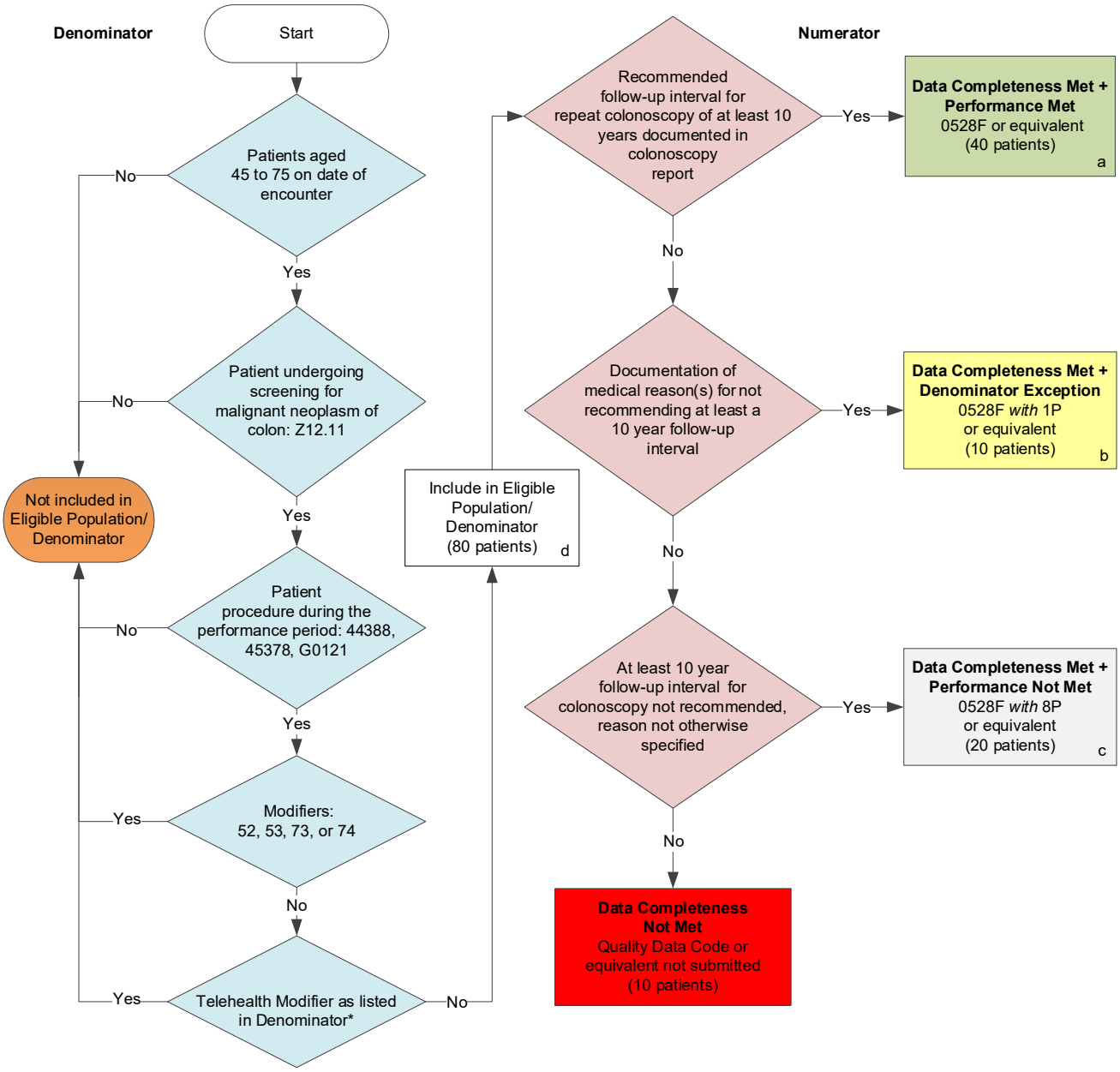
2024 Clinical Quality Measure Flow for Quality ID #320 (CBE 0658): Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **66.67%**

Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

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

NOTE: Submission Frequency: Patient-Process

2024 Clinical Quality Measure Flow Narrative for Quality ID #320 (CBE 0658): Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

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

1. Start with Denominator
2. Check *Patients aged 45 to 75 on date of encounter*:
    a. If *Patients aged 45 to 75 on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged 45 to 75 on date of encounter* equals Yes, proceed to check *Patient undergoing screening for malignant neoplasm of colon.*
3. Check *Patient undergoing screening for malignant neoplasm of colon:*
    a. If *Patient undergoing screening for malignant neoplasm of colon* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient undergoing screening for malignant neoplasm of colon* equals Yes, proceed to check *Patient procedure during the performance period.*
4. Check *Patient procedure during the performance period*:
    a. If *Patient procedure during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during the performance period* equals Yes, proceed to check *Modifiers*.
5. Check *Modifiers*:
    a. If *Modifiers* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Modifiers* equals No, proceed to check *Telehealth Modifier as listed in Denominator*.*
6. Check *Telehealth Modifier as listed in Denominator*:*
    a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Telehealth Modifier as listed in Denominator** equals No, include in *Eligible Population/Denominator*.
7. Denominator Population:
    - 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 patients in the Sample Calculation.
8. Start Numerator
9. Check *Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report*:
    a. If *Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report* equals Yes, include in *Data Completeness Met and Performance Met*.

- *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.

b. If *Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report* equals No, proceed to check *Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval*.

10. 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 Denominator Exception*.

        - *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.

    b. If *Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval* equals No, proceed to check *At least 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified*.

11. Check *At least 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified*:

    a. If *At least 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *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.

    b. If *At least 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met.*

12. Check *Data Completeness Not Met*:

    - If *Data Completeness Not Met*, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Process

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.