Measure. #185 (NQF 0659): Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use – National Quality Strategy Domain: Communication and Care Coordination

2017 OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a 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 reported <u>each time</u> a surveillance colonoscopy is performed during the **performance period**. It is anticipated the eligible clinician who performs the listed procedures, as specified in the denominator coding, will report 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 Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

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:** 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.

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

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

> <u>Numerator Quality-Data Coding Options:</u>
> **Interval of Three or More Years Since Patient's Last Colonoscopy**
> *Performance Met:* **CPT II 0529F:**   **I**nterval of 3 or more years since patient's last colonoscopy, documented

<u>OR</u>

Interval of Less Than Three Years Since Patient's Last Colonoscopy for Medical or System Reasons
Append a modifier (1P or 3P) to CPT Category II code 0529F to report documented circumstances that appropriately exclude patients from the denominator.

Denominator Exception: 0529F *with* 1P: Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (eg, 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])

<u>OR</u>

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

<u>OR</u>

Interval of Less Than Three Years Since Patient's Last Colonoscopy, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 0529F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

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

<u>RATIONALE:</u>
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)

<u>CLINICAL RECOMMENDATION STATEMENTS:</u>
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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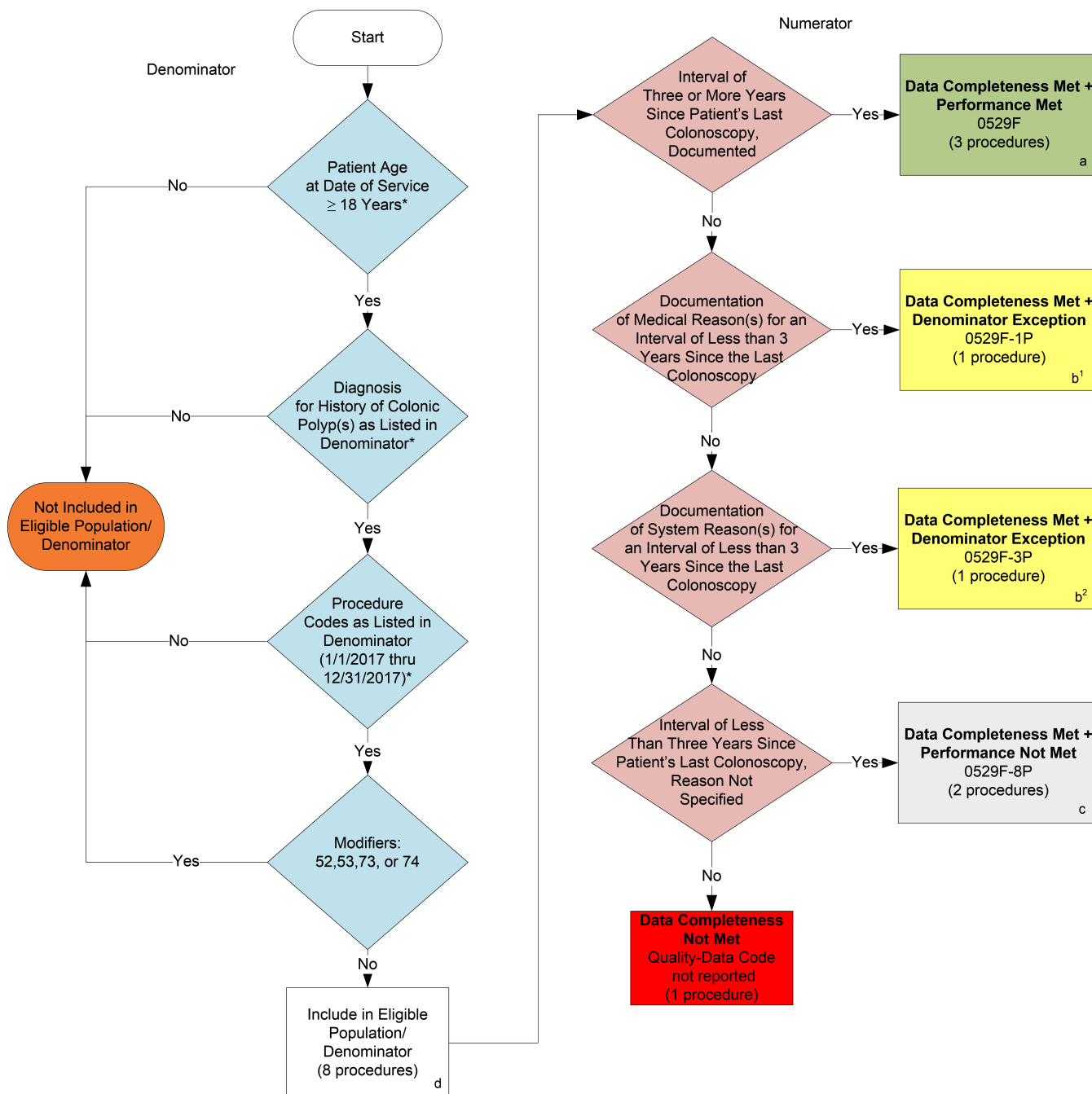
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2017 Claims Individual Measure Flow
#185 NQF #0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

Start

Denominator

Patient Age at Date of Service ≥ 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 (1/1/2017 thru 12/31/2017)*
- 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 (8 procedures) d

Numerator

Interval of Three or More Years Since Patient's Last Colonoscopy, Documented
- Yes → **Data Completeness Met + Performance Met** 0529F (3 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-1P (1 procedure) b^1
- 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-3P (1 procedure) b^2
- No ↓

Interval of Less Than Three Years Since Patient's Last Colonoscopy, Reason Not Specified
- Yes → **Data Completeness Met + Performance Not Met** 0529F-8P (2 procedures) c
- No ↓

Data Completeness Not Met Quality-Data Code not reported (1 procedure)

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=3 procedures)} + \text{Denominator Exception } (b^1+b^2=2 \text{ procedures}) + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = \textbf{87.50\%}$$

Performance Rate

$$\frac{\text{Performance Met (a=3 procedures)}}{\text{Data Completeness Numerator (7 procedures)} - \text{Denominator Exceptions } (b^1+b^2=2 \text{ procedures})} = \frac{3 \text{ procedures}}{5 \text{ procedures}} = \textbf{60.00\%}$$

* See the posted Measure Specification for specific coding and instructions to report this measure.
NOTE: Reporting Frequency: Procedure

v1

2017 Claims Individual Measure Flow
#185 NQF #0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:

    a. If the Age is greater than or equal to 18 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 greater than or equal to 18 years of age at Date of Service and equals Yes during the measurement period, proceed to check Encounter Performed.

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 Patient 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 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 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 3 procedures in Sample Calculation.

c. If Interval of Three or More Years Since Patient's Last Colonoscopy equals No, proceed to 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 b1 equals 1 procedure in the Sample Calculation.

   c. If Interval of Less Than Three Years Since Patient's Last Colonoscopy for Medical Reasons equals No, proceed to 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 b2 equals 1 procedure in the Sample Calculation.

   c. If Interval of Less Than Three Years Since Patient's Last Colonoscopy for System Reasons equals No, proceed to 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 2 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 Data Completeness Not Met.

12. Check Data Completeness Not Met:

   a. If Data Completeness Not Met equals No, Quality Data Code not reported. 1 procedure has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=3 procedures) + Denominator Exception } (b^1+b^2=2 \text{ procedures}) + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = \textbf{87.50\%}$$

Performance Rate

$$\frac{\text{Performance Met (a=3 procedures)}}{\text{Data Completeness Numerator (7 procedures) – Denominator Exceptions } (b^1+b^2=2 \text{ procedures})} = \frac{3 \text{ procedures}}{5 \text{ procedures}} = \textbf{60.00\%}$$