

**Quality ID #113 (NQF 0034): Colorectal Cancer Screening – National Quality Strategy Domain:
Effective Clinical Care**

2018 OPTIONS FOR INDIVIDUAL MEASURES:

CLAIMS ONLY

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. There is no diagnosis associated with this measure. Performance for this measure is not limited to the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Measure Submission:

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 submitted on the claim(s) representing the eligible encounter.

The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead the exclusions allows clinicians to engage in shared decision making with patients about the benefits and risks of screening when an individual has limited life expectancy.

DENOMINATOR:

Patients 50-75 years of age with a visit during the measurement period

Denominator Criteria (Eligible Cases):

Patients 50 to 75 years of age on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

NUMERATOR:

Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period
- Computed tomography (CT) colonography during the measurement period or the four years prior to the measurement period
- Fecal immunochemical DNA test (FIT-DNA) during the measurement period or the two years prior to the measurement period

Numerator Quality-Data Coding Options:

Patient receiving Hospice Services, Patient Not Eligible

Denominator Exclusion: G9710: Patient was provided hospice services any time during the measurement period

OR

Colorectal Cancer Screening Not Performed for Medical Reasons

Denominator Exclusion: G9711: Patients with a diagnosis or past history of total colectomy or colorectal cancer

Patient age 65 or older in Institutional Special Needs Plans (SNP) or residing in long-term care facility, Patient Not Eligible

Denominator Exclusion: G9901 Patients age 65 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 during the measurement period

OR

Colorectal Cancer Screening Performed

Performance Met: CPT II 3017F: Colorectal cancer screening results documented and reviewed

OR

Colorectal Cancer Screening not Performed, Reason not Otherwise Specified

Append a submission modifier (8P) to CPT Category II code 3017F to submit circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 3017F with 8P: Colorectal cancer screening results were not documented and reviewed, reason not otherwise specified

RATIONALE:

An estimated 132,700 men and women were diagnosed with colon cancer or rectal cancer in 2015. In the same year, 49,700 were estimated to have died from the disease, making colorectal cancer the third leading cause of cancer death in the United States (National Cancer Institute 2015, American Cancer Society 2015).

Screening for colorectal cancer is extremely important as there are no signs or symptoms of the cancer in the early stages. If the disease is caught in its earliest stages, it has a five-year survival rate of 90%; however, the disease is often not caught this early. While screening is extremely effective in detecting colorectal cancer, it remains underutilized (American Cancer Society 2015).

The U.S. Preventive Service Task Force has identified fecal occult blood tests, colonoscopy, flexible sigmoidoscopy computed tomography colonography, and fecal immunochemical DNA tests as effective screening methods (United States Preventive Services Task Force 2016).

CLINICAL RECOMMENDATION STATEMENTS:

The United States Preventive Services Task Force (2016):

- 1) The USPSTF recommends screening for colorectal cancer in adults, beginning at age 50 years and continuing until age 75 years (A recommendation).
- 2) The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, colonoscopy computed tomography colonography, and fecal immunochemical DNA tests.

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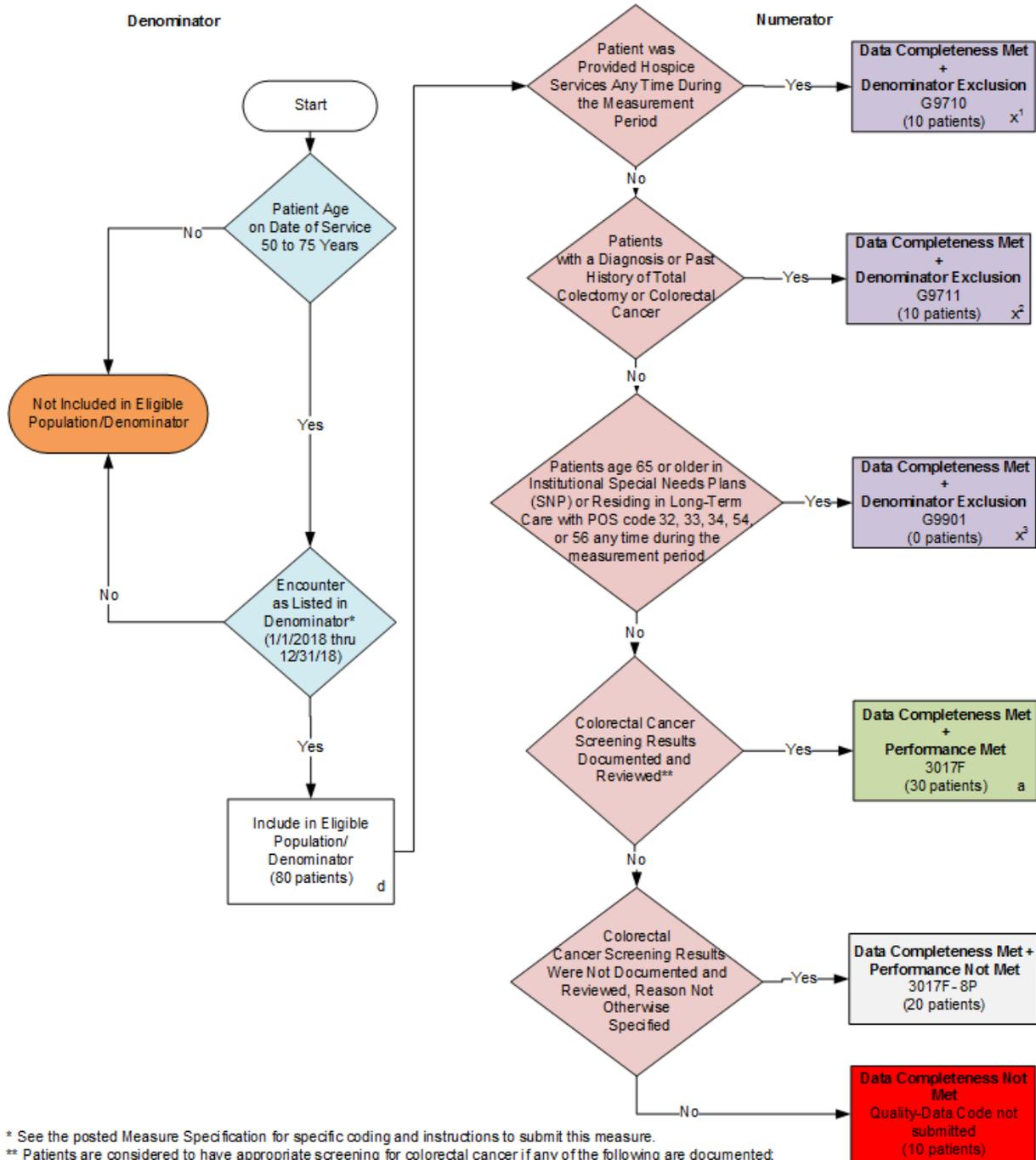
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2018 Claims Measure Flow for Quality ID #113 NQF #0034: Colorectal Cancer Screening



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

** Patients are considered to have appropriate screening for colorectal cancer if any of the following are documented:

- Fecal occult blood test (FOBT) during the performance period
- Flexible sigmoidoscopy during the performance period or the four years prior to the performance period
- Colonoscopy during the performance period or the nine years prior to the performance period
- Computed tomography (CT) colonography during the performance period or the four years prior to the performance period
- Fecal immunochemical DNA test (FIT-DNA) during the performance period or the two years prior to the performance period

NOTE: Submission Frequency: Patient-process

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They should not be used alone or as a substitution for the measure specification.

v2

2018 Claims Measure Flow for Quality ID #113 NQF #0034: Colorectal Cancer Screening

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion } (x^1+x^2+x^3= 20 \text{ patients}) + \text{Performance Met } (a=30 \text{ patients}) + \text{Performance Not Met } (c=20 \text{ patients})}{\text{Eligible Population / Denominator } (d=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a=30 \text{ patients})}{\text{Data Completeness Numerator } (70 \text{ patients}) - \text{Denominator Exclusion } (x^1+x^2+x^3=20 \text{ patients})} = \frac{30 \text{ patients}}{50 \text{ patients}} = 60.00\%$$

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2018 Claims Flow for Quality ID
#113 NQF #0034: Colorectal Cancer Screening

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for claims data submission.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is 50 to 75 years of age on the Date of Service and equals No during the Measurement Period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is 50 to 75 years of age on the Date of Service and equals Yes during the Measurement Period, proceed to Check Encounter Performed.
3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, include in the 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 patients in the Sample Calculation.
5. Start Numerator
6. Check Patient Was Provided Hospice Services Any Time During the Measurement Period:
 - a. If Patient Was Provided Hospice Services Any Time During the Measurement Period equals Yes, include in Data Completeness Met and Denominator Exclusion.
 - b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x¹ equals 10 patients in the Sample Calculation.
 - c. If Patient Was Provided Hospice Services Any Time During the Measurement Period equals No, proceed to Patients with a Diagnosis or Past History of Total Colectomy or Colorectal Cancer.
7. Check Patients with a Diagnosis or Past History of Total Colectomy or Colorectal Cancer:
 - a. If Patients with a Diagnosis or Past History of Total Colectomy or Colorectal Cancer equals Yes, include in Data Completeness Met and Denominator Exclusion.
 - b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x² equals 10 patients in the Sample Calculation.
 - c. If Patients with a Diagnosis or Past History of Total Colectomy or Colorectal Cancer equals No, proceed to Check Patient age 65 or older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 any time during the Measurement Period.

8. Check Patients age 65 or older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 any time during the measurement period
 - a. If Patient age is 65 or older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 any time during the Measurement Period equals Yes, include in Data Completeness Met and Denominator Exclusion
 - b. Data Completeness Met and Denominator Exclusion letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x³ equals 0 patients in the Sample Calculation.
 - c. If Patient age is 65 or older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 any time during the Measurement Period equals No, proceed to Check Colorectal Cancer Screening Results Documented and Reviewed.
9. Check Colorectal Cancer Screening Results Documented and Reviewed:
 - a. If Colorectal Cancer Screening Results Documented and Reviewed 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 patients in the Sample Calculation.
 - c. If Colorectal Cancer Screening Results Documented and Reviewed equals No, proceed to Colorectal Cancer Screening Results Not Documented and Reviewed, Reason Not Otherwise Specified.
10. Check Colorectal Cancer Screening Results Not Documented and Reviewed, Reason Not Otherwise Specified:
 - a. If Colorectal Cancer Screening Results Not Documented and Reviewed, Reason Not Otherwise Specified equals Yes, include in the 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 patients in the Sample Calculation.
 - c. If Colorectal Cancer Screening Results Not Documented and Reviewed, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion (x}^1\text{+x}^2\text{+x}^3\text{= 20 patients) + Performance Met (a=30 patients) + Performance Not Met (c=20 patients) = 70 patients}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=30 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exclusion (x}^1\text{+x}^2\text{+x}^3\text{=20 patients) = 50 patients}} = \frac{30 \text{ patients}}{50 \text{ patients}} = \mathbf{60.00\%}$$