

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

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY 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 options included in this specification are used to submit the quality actions allowed by 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.

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

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

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

**OR**

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

**OR**

**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:** G9901

**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 Options:**

***Performance Met:***

Colorectal cancer screening results documented and Reviewed (3017F)

**OR**

***Performance Not Met:***

Colorectal cancer screening results were not documented and reviewed, reason not otherwise specified (3017F *with 8P*)

**RATIONALE:**

An estimated 132,700 men and women were diagnosed with colon 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 TaskForce 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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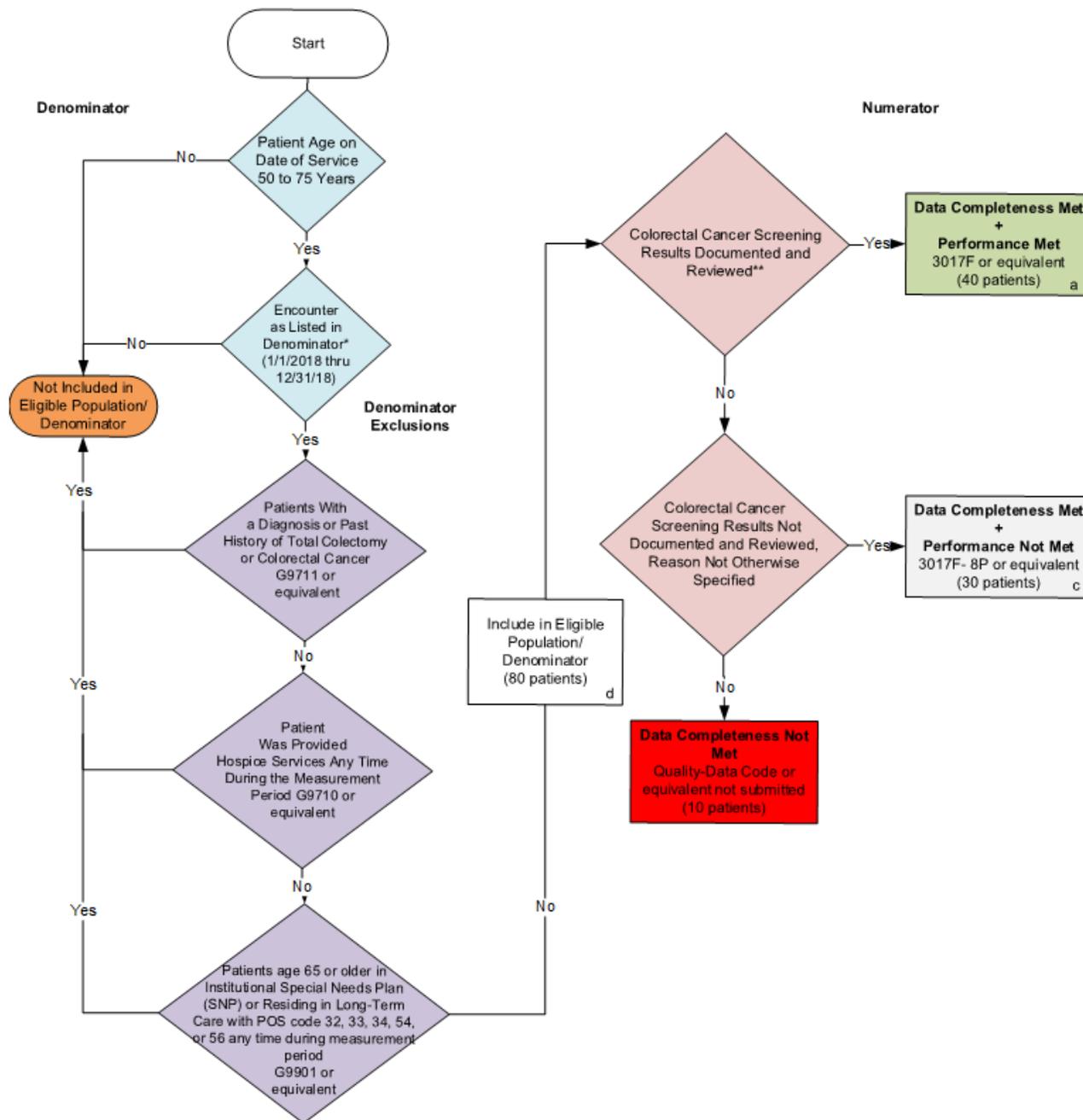
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## 2018 Registry Measure Flow for Quality ID #113 NQF #0034: Colorectal Cancer Screening



\* 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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**2018 Registry Measure Flow for Quality ID #113 NQF #0034:  
Colorectal Cancer Screening**

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

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**2018 Registry 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 registry 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, proceed to Check Patients With a Diagnosis or Past History of Total Colectomy or Colorectal Cancer.
4. 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 No, proceed to Check Patient Was Provided Hospice Services Any Time During the Measurement Period.
  - b. If Patients With a Diagnosis or Past History of Total Colectomy or Colorectal Cancer equals Yes, do not include in Eligible Patient Population. Stop Processing.
5. 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 No, proceed to 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.
  - b. If Patient Was Provided Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
6. 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 No, include in the Eligible Population
  - b. 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, do not include in the Eligible Population. Stop processing.
7. 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.
8. Start Numerator
  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 as 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.
    - 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 as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 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 or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$