Quality ID #425: Photodocumentation of Cecal Intubation – National Quality Strategy Domain: Effective Clinical Care

<u>2018 OPTIONS FOR INDIVIDUAL MEASURES:</u>
CLAIMS ONLY

<u>MEASURE TYPE:</u>
Process

<u>DESCRIPTION:</u>
The rate of screening and surveillance colonoscopies for which photodocumentation of landmarks of cecal intubation is performed to establish a complete examination

<u>INSTRUCTIONS:</u>
This measure is to be submitted <u>each time</u> a colonoscopy is performed for patients during the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the 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.

<u>DENOMINATOR:</u>
Patients for whom a screening or surveillance colonoscopy was performed

> <u>Denominator Criteria (Eligible Cases):</u>
> Patients regardless of age
> <u>AND</u>
> **Patient procedure during the performance period (CPT or HCPCS):** 44388, 44389, 44392, 44394, 44404, 45378, 45380, 45381, 45384, 45385, G0105, G0121
> <u>WITHOUT</u>
> **Modifier:** 73 or 74

<u>NUMERATOR:</u>
Number of patients undergoing screening or surveillance colonoscopy who have photodocumentation of landmarks of cecal intubation to establish a complete examination

> *NUMERATOR NOTE: In the instance that the patient has an anatomical/physiological reason for not capturing photodocumentation of one or more of cecal landmarks (i.e., patient has no cecum), it would be appropriate to submit G9613.*

> <u>Numerator Quality-Data Coding Options:</u>
> **Documentation of Post-Surgical Anatomy not Capturing Photodocumentation**
> *Denominator Exclusion:* G9613:   Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)

OR

> **Photodocumentation of Cecal Intubation**
> *Performance Met:* G9612:   Photodocumentation of one or more cecal landmarks to establish a complete examination

OR

Photodocumentation of Cecal Intubation not performed, Reason not Otherwise Specified
Performance Not Met: G9614:   No photodocumentation of cecal landmarks to establish a
complete examination

RATIONALE:
It is well supported that visualization of the cecum by notation of landmarks and photodocumentation of landmarks should be documented for every colonoscopy. However, one study of administrative claims data (Baxter et al. 2011) and another of 69 hospital-based endoscopists (Cotton et al. 2003) show variable performance among endoscopists in achieving cecal intubation resulting in complete colonic examination.

The American Society for Gastrointestinal Endoscopy (ASGE)/American College of Gastroenterology (ACG) task force on Quality in Endoscopy, specifically in the paper Quality indicators for colonoscopy, has recommended documenting cecal intubation as a measure of colonoscopic examination completeness. Based on a study of prevalence of proximal colonic polyps in average-risk asymptomatic patients with negative fecal occult blood tests and flexible sigmoidoscopy (Kadakia et al. 1996) it has been well-established that cecal intubation is required as a marker for examination of the entire colon due to the significant number of neoplasms present in the right colon in the absence of positive FOBT or left sided colon neoplasms.

The need for cecal intubation is based on the continual finding that a substantial number of colorectal neoplasms are located in the proximal colon, including the cecum. Numerous studies have shown that physicians routinely do not document the depth of insertion in the colonoscopy report. Quality evaluation of the colon consists of intubation of the entire colon and a detailed mucosal inspection. Cecal intubation improves sensitivity and reduces costs by eliminating the need for radiographic procedures or repeat colonoscopy to complete examination. Careful mucosal inspection is essential to effective colorectal cancer prevention and reduction of cancer mortality.
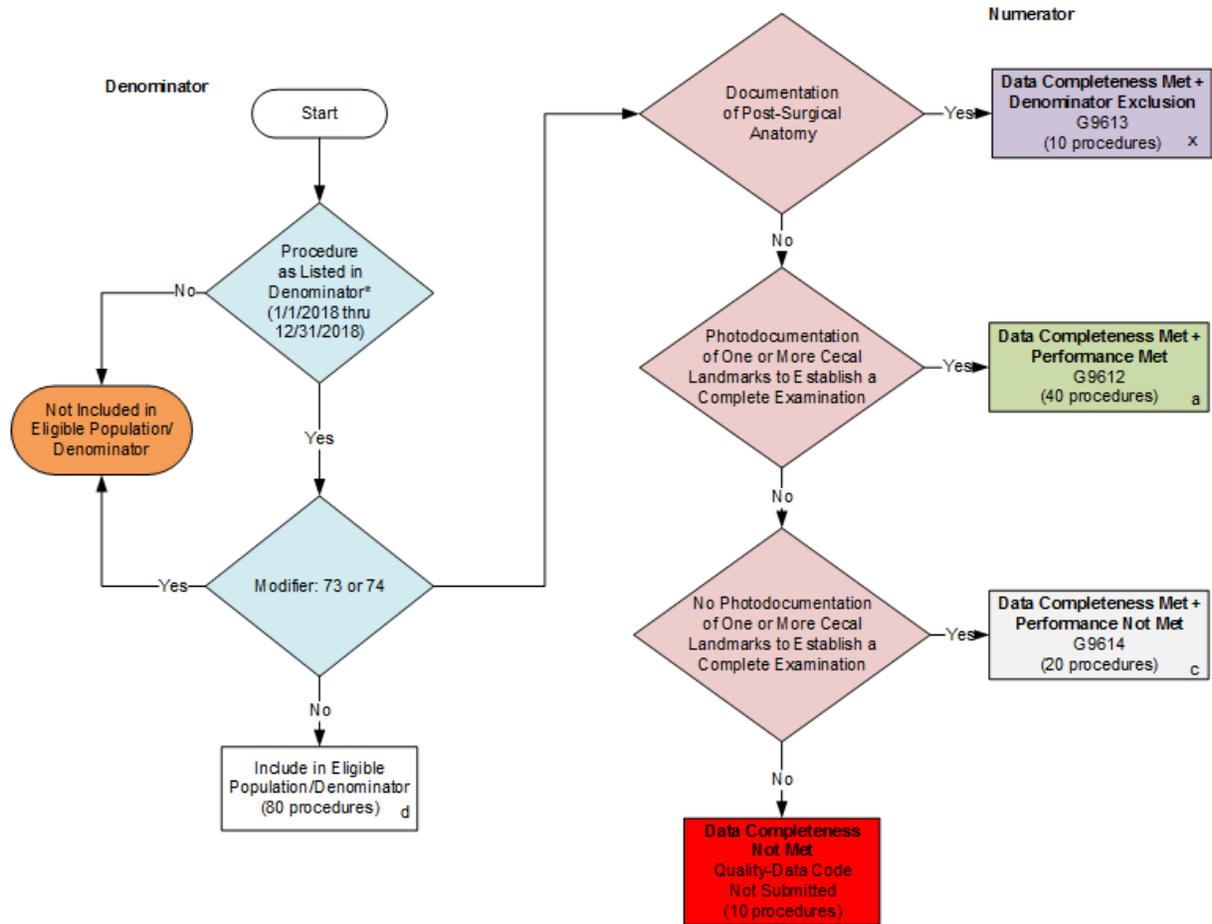
CLINICAL RECOMMENDATION STATEMENTS:
As stated in the Quality indicators for colonoscopy paper developed by the ASGE/ACG task force on Quality in Endoscopy (Rex et al. 2015), "In the United States, colonoscopy is almost always undertaken with the intent to intubate the cecum. Cecal intubation is defined as passage of the colonoscope tip to a point proximal to the ileocecal valve, so that the entire cecal caput, including the medial wall of the cecum between the ileocecal valve and appendiceal orifice, is visible. Cecal intubation should be documented by naming the identified cecal landmarks. Most importantly, these include the appendiceal orifice and the ileocecal valve. For cases in which there is uncertainty as to whether the cecum has been entered, visualization of the lips of the ileocecal valve (i.e., the orifice) or intubation of the terminal ileum will be needed."

Patients who undergo complete colon examination have a lower risk of colorectal cancer than patients with incomplete colonoscopy as was demonstrated in a study of administrative claims data that found endoscopist quality measures were associated with post colonoscopy colorectal cancer (Baxter et al. 2011). The ASGE/ACG task force on Quality in Endoscopy stated effective colonoscopists should be able to intubate the cecum in ≥ 90% of cases, and in ≥ 95% of cases when the indication is screening in a healthy adult. All colonoscopy studies done for screening have reported cecal intubation rates of 97% or higher.

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2018 Claims Flow for Quality ID #425: Photodocumentation of Cecal Intubation

Denominator

Numerator

Start

Procedure as Listed in Denominator* (1/1/2018 thru 12/31/2018)

— No → **Not Included in Eligible Population/Denominator**

Yes ↓

Modifier: 73 or 74

— Yes → **Not Included in Eligible Population/Denominator**

No ↓

Include in Eligible Population/Denominator (80 procedures) d

Documentation of Post-Surgical Anatomy — Yes → **Data Completeness Met + Denominator Exclusion G9613** (10 procedures) x

No ↓

Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination — Yes → **Data Completeness Met + Performance Met G9612** (40 procedures) a

No ↓

No Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination — Yes → **Data Completeness Met + Performance Not Met G9614** (20 procedures) c

No ↓

Data Completeness Not Met Quality-Data Code Not Submitted (10 procedures)

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Denominator Exclusion (x=10 procedures) + Performance Met (a=40 procedures) + Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) – Denominator Exclusion (x=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$

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

NOTE: Submission Frequency: Procedure

v2

2018 Claims Flow for Quality ID
#425: Photodocumentation of Cecal Intubation

Please refer to the specific section of the Measure 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 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 Modifier: 73 or 74.

3. Check Modifier:

    a. If Modifier: 73 or 74 equals No, include in Eligible Population.

    b. If Modifier: 73 or 74 equals Yes, do not include in Eligible Patient Population. Stop Processing.

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 procedures in the Sample Calculation.

5. Start Numerator

6. Check Documentation of Post-Surgical Anatomy:

    a. If Documentation of Post-Surgical Anatomy equals Yes, include in Data Completeness Met and Performance Exclusion.

    b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 10 procedure in the Sample Calculation.

    c. If Documentation of Post-Surgical Anatomy equals No, proceed to Photodocumentation of One or More Cecal Landmarks.

7. Check Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination:

    a. If Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination 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 40 procedures in the Sample Calculation.

    c. If Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination equals No, proceed to No Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination.

8. Check No Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination:

a. If No Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination 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 No Photodocumentation of One or More Cecal Landmarks to Establish a Complete Examination equals No, proceed to Data Completeness Not Met.

9. Check Data Completeness Not Met:

a. If Data Completeness Not Met equals No, 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=

$$\frac{\text{Denominator Exclusion (x=10 procedures) + Performance Met (a=40 procedures) + Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) – Denominator Exclusion (x=10 procedures)}} = \frac{40 \text{ procedures}}{80 \text{ procedures}} = 66.67\%$$