Quality ID #320 (NQF 0658): Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Appropriate Use of Healthcare

<u>**2022 COLLECTION TYPE:**</u>
MEDICARE PART B CLAIMS

<u>**MEASURE TYPE:**</u>
Process – High Priority

<u>**DESCRIPTION:**</u>
Percentage of patients aged 50 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.

<u>**INSTRUCTIONS:**</u>
This measure is to be submitted a minimum of <u>**once per performance period**</u> 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 using Medicare Part B claims. The listed denominator criteria are 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 on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

<u>**DENOMINATOR:**</u>
All patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy

> <u>**Denominator Instructions:**</u>
> 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.

> <u>**Denominator Criteria (Eligible Cases):**</u>
> Patients aged 50 to 75 on date of encounter
> <u>**AND**</u>
> **Patient undergoing screening for malignant neoplasm of colon (ICD-10-CM):** Z12.11
> <u>**AND**</u>
> **Patient procedure during the performance period (CPT or HCPCS):** 44388, 45378, G0121
> <u>**WITHOUT**</u>
> **Modifiers:** 52, 53, 73, or 74
> <u>**WITHOUT**</u>
> **Telehealth Modifier:** GQ, GT, 95, POS 02

<u>**NUMERATOR:**</u>

Patients who had recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

> **Numerator Quality Data Coding Options:**
> **At Least 10 Year Follow-Up Interval for Colonoscopy Recommended**
> *Performance Met:* **0528F:** Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report

OR

> **At Least 10 Year Follow-Up Interval for Colonoscopy not Recommended for Medical Reasons**
> Append a submission modifier (1P) to CPT Category II code 0528F to submit documented circumstances that appropriately exclude patients from the denominator.
> *Denominator Exception:* **0528F** *with* **1P:** 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)

OR

> **At Least 10 Year Follow-Up Interval for Colonoscopy not Recommended, Reason not Otherwise Specified**
> Append a submission modifier (8P) to CPT Category II code 0528F to submit circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
> *Performance Not Met:* **0528F** *with* **8P:** At least 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified

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, CSPY (colonoscopy) every 10 years is an acceptable option for CRC screening in average-risk adults beginning at age 50 years. (USPSTF 2016; USMSTF 2017). The USPSTF recommends screening for colorectal cancer using stool-based tests (fecal occult blood test, fecal immunochemical test [FIT], FIT-DNA) sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until the age of 75 years. The risks and benefits of these screening methods vary (Grade A Recommendation) (USPTF, 2016).

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 and prior screening history (Grade C recommendation) (USPSTF, 2016). The preferred tests are colonoscopy every 10 years or annual fecal immunochemical test (FIT), beginning at age 50 (USMSTF/Rex et al AJG 2017).

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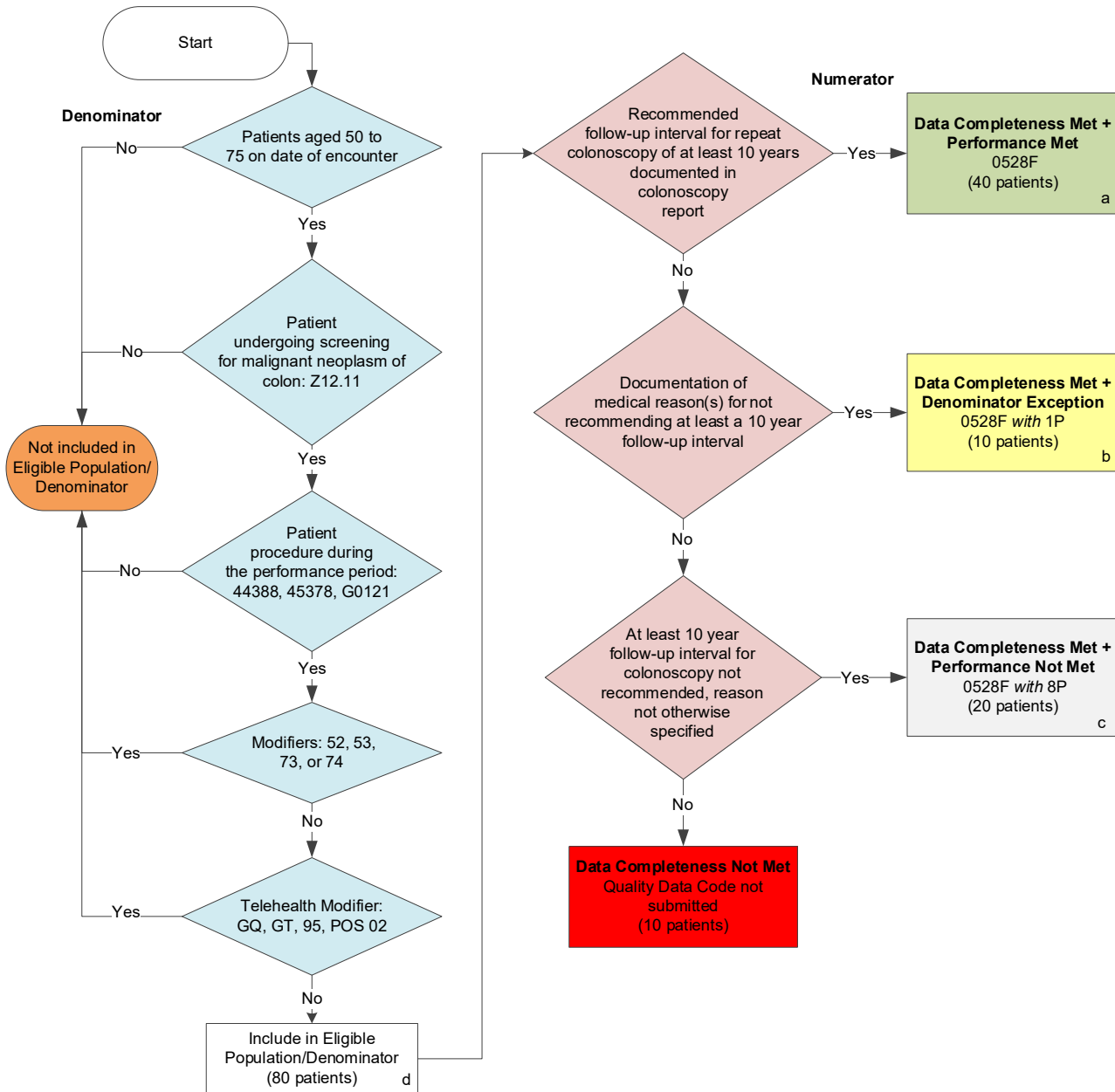**THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANYKIND.**

2022 Medicare Part B Claims Flow for Quality ID #320 (NQF 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

2022 Medicare Part B Claims Flow Narrative for Quality ID #320 (NQF 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 50 to 75 years on date of encounter*:

    a. If *Patients aged 50 to 75 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients aged 50 to 75 years 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 as listed in Denominator*.*

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*.

6. Check *Telehealth Modifier:*

    a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Telehealth Modifier 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*:

   a. 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.