Quality ID #185: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

2024 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of 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 submitted **each time** a surveillance colonoscopy is performed during the performance period. It is anticipated the Merit-based Incentive Payment System (MIPS) eligible clinician who performs the listed procedures, as specified in the denominator coding, will submit 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 Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

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:
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.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for history of adenomatous (colonic) polyp(s) (ICD-10-CM): Z86.010
AND
Patient procedure during the performance period (CPT or HCPCS): 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, G0105
WITHOUT
Modifiers: 52, 53, 73 or 74
WITHOUT
Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02, POS 10

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

Numerator Options:

Performance Met:	Interval of 3 or more years since patient's last colonoscopy, documented **(0529F)**
OR	
Denominator Exception:	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or sessile serrated polyps ≥ 20 mm in size, last colonoscopy found greater than 10 adenomas, lower gastrointestinal bleeding, or patient at high risk for colon cancer due to underlying medical history ([i.e. Crohn's disease, ulcerative colitis, personal or family history of colon cancer, hereditary colorectal cancer syndromes]) **(G9998)**
OR	
Denominator Exception:	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete) **(G9999)**
OR	
Performance Not Met:	Interval of less than 3 years since patient's last colonoscopy, reason not otherwise specified **(0529F *with* 8P)**

RATIONALE:
Colorectal cancer is the 2nd leading cause of cancer-related 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)

CLINICAL RECOMMENDATION STATEMENTS:
Patients with only 1 or 2 small (< 1 cm) tubular adenomas with only low-grade dysplasia should have their next follow-up colonoscopy in 7–10 years. Patients who underwent colonoscopy prior to 2020 and were noted to have only 1 or 2 small (< 1 cm) adenomas may undergo subsequent colonoscopy in 5-10 years based on earlier U.S. Multi-Society Task Force (USMSTF) guidelines; 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). (Gupta et al. 2020). Patients with 3-4 tubular adenomas < 1cm in size are recommended to undergo follow-up colonoscopy in 3-5 years. Patients with 5 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. These recommendations assume that piecemeal removal has not been performed and the adenoma(s) are removed completely during the initial colonoscopy. If the initial colonoscopy showed 1-4 adenomas < 1 cm in size and follow-up colonoscopy is normal, then the interval for the subsequent examination should be 10 years. If the initial colonoscopy showed 5-10 adenomas, an adenoma ≥1 cm, or an adenoma with high grade dysplasia or villous features and follow-up colonoscopy is normal, then the interval for the subsequent examination should be 5 years (Gupta et al. 2020).

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Patients with > 10 adenomas are thought to be at particularly high risk, and current USMSTF guidelines recommend early surveillance colonoscopy, in 1 year, for these individuals. (Gupta et al. 2020). 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 advanced polyp – adenoma or sessile serrated polyp ≥ 10 mm in size or containing dyplazia) (Rutter et al., 2020). 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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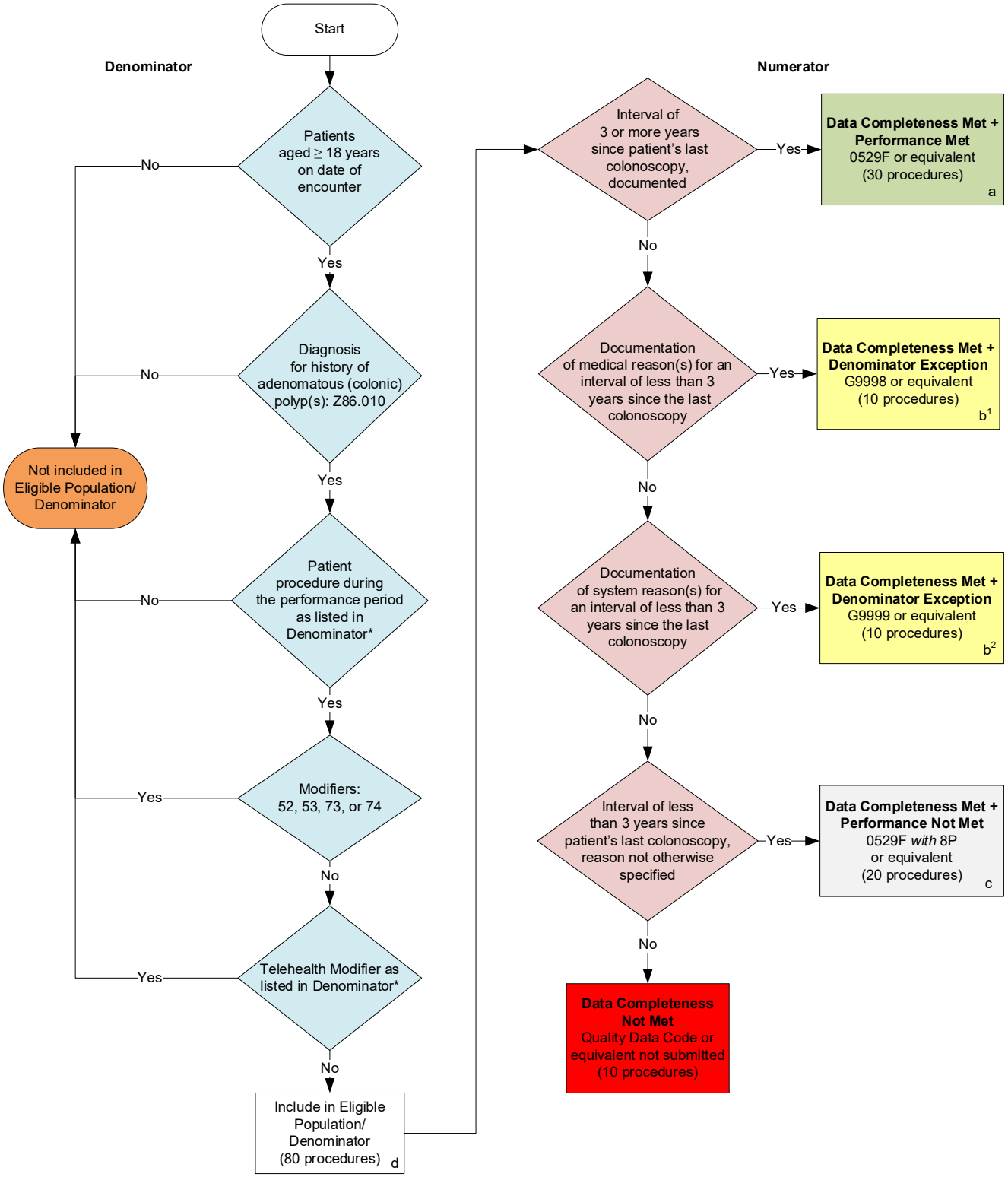
2024 Clinical Quality Measure Flow for Quality ID #185: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=30) + Denominator Exceptions (b^1+b^2=20) + Performance Not Met (c=20) = 70 procedures = **87.50%**

Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate=

Performance Met (a=30 procedures) = 30 procedures = **60.00%**

Data Completeness Numerator (70 procedures) – Denominator Exceptions (b^1+b^2=20 procedures) = 50 procedures

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

NOTE: Submission Frequency: Procedure

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2024 Clinical Quality Measure Flow Narrative for Quality ID #185: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure*.

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
    a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for history of adenomatous (colonic) polyp(s).*
3. Check *Diagnosis for history of adenomatous (colonic) polyp(s)*:
    a. If *Diagnosis for history of adenomatous (colonic) polyp(s)* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for history of adenomatous (colonic) polyp(s)* equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator*.*
4. Check *Patient procedure during the performance period as listed in Denominator**:
    a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during the performance period as listed in Denominator** 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 as listed in Denominator*.*
6. Check *Telehealth Modifier as listed in Denominator*:*
    a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Telehealth Modifier as listed in Denominator** equals No, include in *Eligible Population/Denominator*.
7. Denominator Population:
    - Denominator Population is all Eligible Procedures 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.
8. Start Numerator
9. Check *Interval of 3 or more years since patient's last colonoscopy, documented*:

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a. If *Interval of 3 or more years since patient's last colonoscopy, documented* 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 30 procedures in the Sample Calculation.

b. If *Interval of 3 or more years since patient's last colonoscopy, documented* equals No, proceed to check *Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy*.

10. Check *Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy*:

a. If *Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *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 b^1 equals 10 procedures in the Sample Calculation.

b. If D*ocumentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy* equals No, proceed to check *Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy*.

11. Check *Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy*:

a. If *Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy* equals Yes, include in the *Data Completeness Met and Denominator Exception*.

- *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 b^2 equals 10 procedures in the Sample Calculation.

b. If *Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy* equals No, proceed to check *Interval of less than 3 years since patient's last colonoscopy, reason not otherwise specified*.

12. Check *Interval of less than 3 years since patient's last colonoscopy, reason not otherwise specified*:

a. If *Interval of less than 3 years since patient's last colonoscopy, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *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.

b. If *Interval of less than 3 years since patient's last colonoscopy, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.

13. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

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Sample Calculations

Data Completeness equals Performance Met (a equals 30 procedures) plus Denominator Exceptions (b^1 plus b^2 equals 20 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 30 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exceptions (b^1 plus b^2 equals 20 procedures). All equals 30 procedures divided by 50 procedures. All equals 60.00 percent.

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

NOTE: Submission Frequency: Procedure

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