

Measure #343: Screening Colonoscopy Adenoma Detection Rate – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:

REGISTRY ONLY

MEASURE TYPE:

Outcome

DESCRIPTION:

The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy

INSTRUCTIONS:

This measure is to be reported **each time** a screening colonoscopy for colorectal cancer is performed during the **performance period**. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:

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.

DENOMINATOR:

Patients age 50 years or older undergoing a screening colonoscopy

Definition:

Colorectal Cancer Precursor Lesions- Based on pathologic diagnosis, colorectal cancer precursor lesions include: adenomatous polyps [tubular, tubulovillous, villous] and traditional serrated adenomas, sessile serrated polyps and sessile serrated adenomas.

Denominator Criteria (Eligible Cases):

Patients 50 years of age or older on date of encounter

AND

Risk factors for colorectal cancer (ICD-10-CM): Z80.0, Z83.71, Z12.11

AND

Patient procedure during **performance period** (CPT or HCPCS): 45378, 45380, 45381, 45384, 45385, G0121

WITHOUT

Modifiers: 52, 53, 73, or 74

NUMERATOR:

Number of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy

Numerator Options:

Performance Met:

Adenoma(s) or other neoplasm detected during screening colonoscopy (**3775F**)

OR

Denominator Exception:

Documentation of reason for not detecting adenoma(s) or other neoplasm (e.g., Neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma) (**G9496**)

OR

Performance Not Met:

Adenoma(s) or other neoplasm not detected during screening colonoscopy **(3776F)**

RATIONALE:

The removal of adenomatous polyps during a screening colonoscopy is associated with a lower risk of subsequent colorectal cancer incidence and mortality. Higher adenoma detection rates (> 25% in a mixed gender population) are associated with significant protection against incident colorectal cancer in the five years following screening colonoscopy.

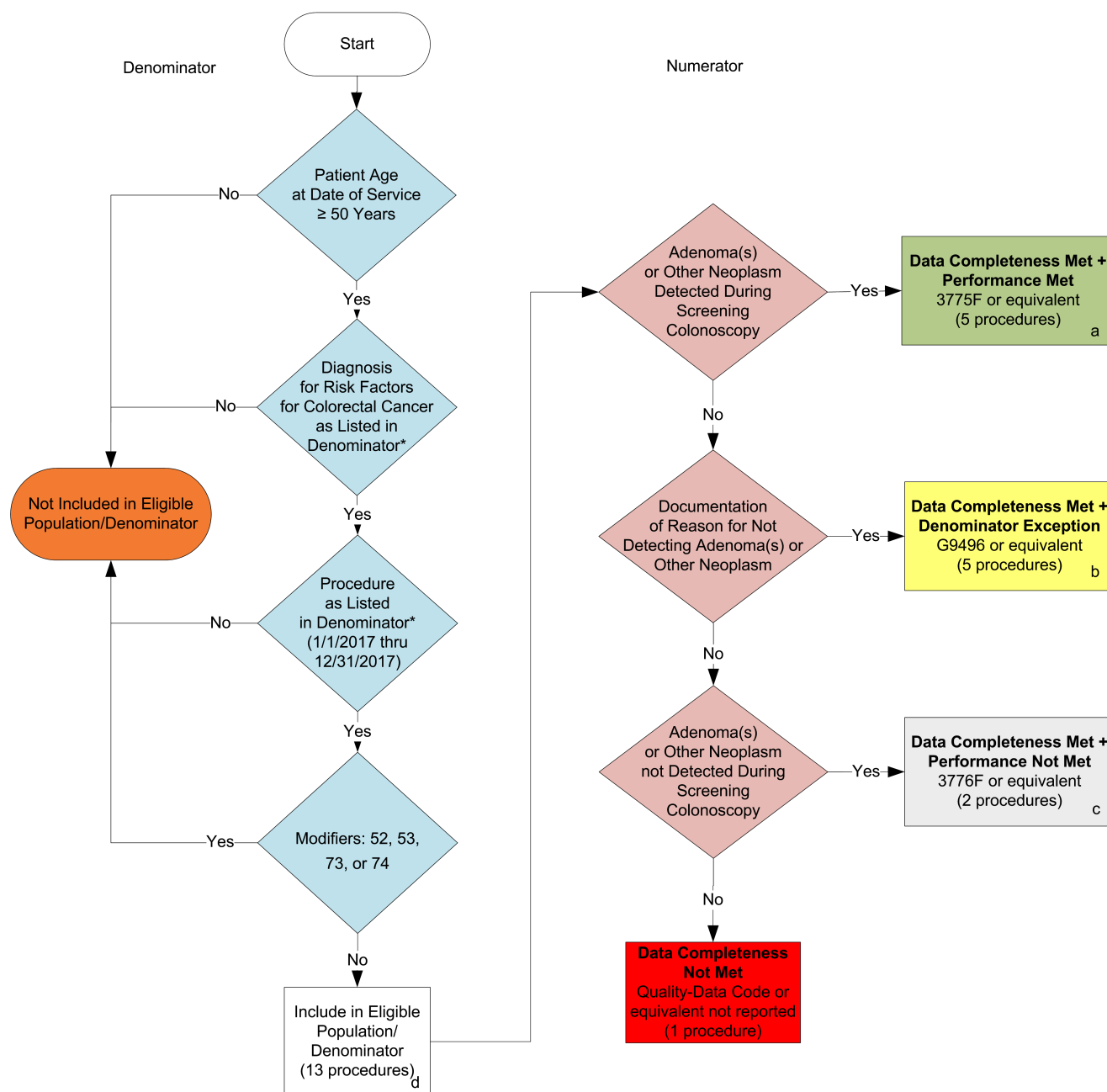
CLINICAL RECOMMENDATION STATEMENTS:

The United States Preventive Services Task Force has recommended screening colonoscopy for adults, beginning at age 50 and continuing until age 75 (Grade A recommendation). Screening exams are those performed to detect lesions in the absence of signs, symptoms, or personal history of colon neoplasia. The adenoma detection rate is an independent predictor of risk of developing colorectal cancer between screening colonoscopies. However, studies have documented wide variation in adenoma detection rates, illustrating the need for measuring and monitoring this metric for endoscopists. Some studies have identified variation due to the location of adenomas. Procedure length has also been found in some, but not all, studies to correlate with adenoma detection rate. The adenoma detection rate varies between genders, with a lower rate demonstrated in women. Multi-specialty and stakeholder guidelines support the importance of measuring the adenoma detection rate in the prevention of colorectal cancer. Guidelines and the supporting literature support performance targets for adenoma detection rate of 25% for a mixed gender population (20% in women and 30% in men). The performance targets for adenoma detection rate were established by using studies reporting detection of conventional adenomas. Serrated lesions are a separate class from conventional adenomas. Sessile serrated polyp/adenoma differentiation from hyperplastic polyp is subject to marked interobserver variation in pathologic interpretation. Thus, serrated lesions should not be counted toward the ADR.

COPYRIGHT:

© American College of Gastroenterology, American Gastroenterological Association and American Society for Gastrointestinal Endoscopy, 2015. All rights reserved.

2017 Registry Individual Measure Flow #343: Screening Colonoscopy Adenoma Detection Rate



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=5 procedures)} + \text{Denominator Exception (b=5 procedures)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=13 procedures)}} = \frac{12 \text{ procedures}}{13 \text{ procedures}} = 92.31\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=5 procedures)}}{\text{Data Completeness Numerator (12 procedures) - Denominator Exception (b=5 procedures)}} = \frac{5 \text{ procedures}}{7 \text{ procedures}} = 71.43\%$$

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

NOTE: Reporting Frequency: Procedure

CPT only copyright 2016 American Medical Association. All rights reserved.
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.

v1

2017 Registry Individual Measure Flow
#343: Screening Colonoscopy Adenoma Detection Rate

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age is greater than or equal to 50 Years of age on Date of Service during performance period equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age is greater than or equal to 50 Years of age on Date of Service during performance period equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis for Risk Factors for Colorectal Cancer as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis for Risk Factors for Colorectal Cancer as Listed in the Denominator equals Yes, proceed to check Procedure Performed.
4. Check Procedure Performed:
 - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, proceed to check Modifiers: 52, 53, 73 or 74.
5. Check Modifiers: 52, 53, 73 or 74:
 - a. If Modifiers: 52, 53, 73 or 74 equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Modifiers: 52, 53, 73 or 74 equals No, include in the Eligible population.
6. 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 8 procedures in the sample calculation.
7. Start Numerator
8. Check Adenoma(s) or Other Neoplasm Detected During Screening Colonoscopy:
 - a. If Adenoma(s) or Other Neoplasm Detected During Screening Colonoscopy 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 5 procedures in Sample Calculation.
 - c. If Adenoma(s) or Other Neoplasm Detected During Screening Colonoscopy equals No, proceed to check Documentation of Reason for not Detecting Adenoma(s) or other Neoplasm.
9. Check Documentation of Reason for not Detecting Adenoma(s) or Other Neoplasm:

- a. If Documentation of Reason for not Detecting Adenoma(s) or Other Neoplasm equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b equals 5 procedures in the Sample Calculation.
 - c. If Documentation of Reason for not Detecting Adenoma(s) or Other Neoplasm equals No, proceed to check Adenoma(s) or Other Neoplasm not Detected During Screening Colonoscopy.
10. Check Adenoma(s) or Other Neoplasm not Detected During Screening Colonoscopy:
- a. If Adenoma(s) or Other Neoplasm not Detected During Screening Colonoscopy 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 2 procedures in the Sample Calculation.
 - c. If Adenoma(s) or Other Neoplasm not Detected During Screening Colonoscopy equals No, proceed to Data Completeness Not Met.
11. Check Data Completeness Not Met
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not reported. 1 procedure has been subtracted from the Data Completeness numerator in sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=5 procedures)} + \text{Denominator Exception (b=5 procedures)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=13 procedures)}} = \frac{12 \text{ procedures}}{13 \text{ procedures}} = 92.31\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=5 procedures)}}{\text{Data Completeness Numerator (12 procedures) - Denominator Exception (b=5 procedures)}} = \frac{5 \text{ procedures}}{7 \text{ procedures}} = 71.43\%$$