

Quality ID #113 (NQF 0034): Colorectal Cancer Screening
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Preventive Care

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

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 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.

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.

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 NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

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, 99211, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99386*, 99387*, 99396*, 99397*, 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:

Colorectal cancer represents 8 percent of all new cancer cases and is the second leading cause of cancer deaths in the United States. In 2017, there were an estimated 135,430 new cases of colorectal cancer and an estimated 50,260 deaths attributed to it. According to the National Cancer Institute, about 4.3 percent of men and women will be diagnosed with colorectal cancer at some point during their lifetimes. For most adults, older age is the most important risk factor for colorectal cancer, although being male and black are also associated with higher incidence and mortality. Colorectal cancer is most frequently diagnosed among people 65 to 74 years old (Howlader et al. 2017).

Screening can be effective for finding precancerous lesions (polyps) that could later become malignant, and for detecting early cancers that can be more easily and effectively treated. Precancerous polyps usually take about 10 to 15 years to develop into colorectal cancer, and most can be found and removed before turning into cancer. The five-year relative survival rate for people whose colorectal cancer is found in the early stage before it has spread is about 90 percent (American Cancer Society 2017).

CLINICAL RECOMMENDATION STATEMENTS:

The U. S. Preventive Services Task Force (2016) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. This is a Grade A recommendation (U.S. Preventive Services Task Force 2016).

Screening tests:

- Colonoscopy (every 10 years)
- Flexible sigmoidoscopy (every 5 years)
- Fecal occult blood test (annually)
- FIT-DNA (every 3 years)
- Computed tomographic colonography (every 5 years)

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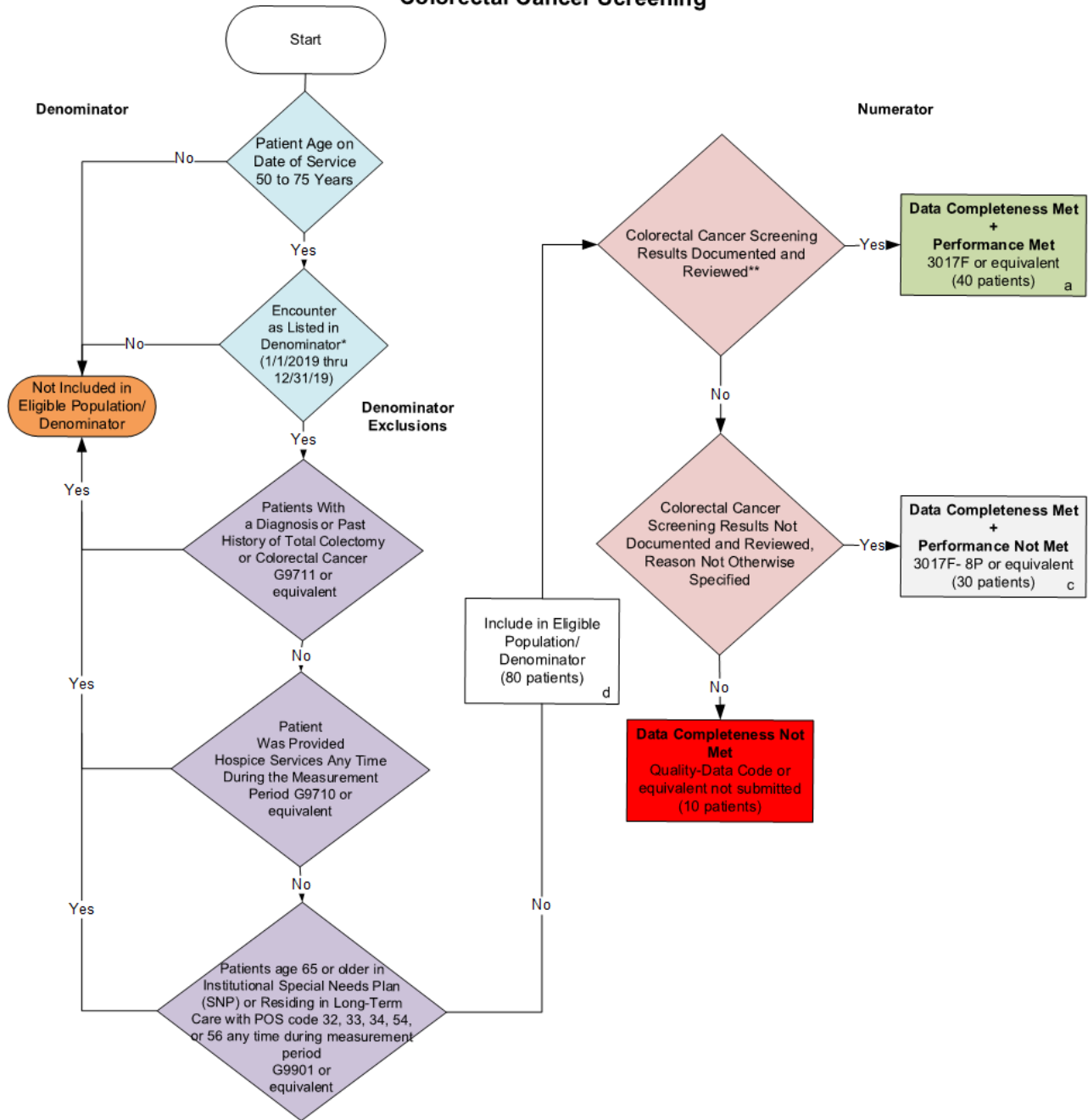
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**2019 Clinical Quality Measure Measure Flow for Quality ID
#113 NQF #0034:
Colorectal Cancer Screening**



* 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 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

NOTE: Submission Frequency: Patient-process

NOTE: Diagram has not been reviewed by the measure steward. This diagram should be used in place of the measure specification but may be used as an additional resource.

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They should not be used alone or as a substitution for the measure specification. V3

2019 Clinical Quality Measure 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=

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

**2019 Clinical Quality Measure Flow Narrative 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.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age is 50 to 75 Years on the Date of Service equals No during the measurement period, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age is 50 to 75 Years on the Date of Service 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 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 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 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 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 check 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 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 check Data Completeness Not Met.
 11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was 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=

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