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

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure. Performance for this measure is not limited to the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of 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 51-75 years of age with a visit during the measurement period

DENOMINATOR NOTE: The age ranges for the description (50 – 75), and the denominator (51 – 75) are different due to how the measure is calculated. The clinical guidelines supporting the three different screening approaches that state adults 50 years and older should be screened. The measure has a denominator of 51 to capture all adults at least 50 years of age and older who may have had a screening. For example, a patient who turns 51 in July of the measurement period was 50 when they had the appropriate screening in February; therefore, those patients who are 50 are included in the description.

Denominator Criteria (Eligible Cases):
Patients 51 through 75 years of age on date of encounter
AND
Patient encounter during the reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

NUMERATOR:
Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria below:
- 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

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Colorectal Cancer Screening**

*Performance Met: CPT II 3017F:*

- Colorectal cancer screening results documented and reviewed

**OR**

**Colorectal Cancer Screening not Performed for Medical Reasons**

Append a modifier (1P) to CPT Category II code 3017F to report documented circumstances that appropriately exclude patients from the denominator.

*Medical Performance Exclusion: 3017F with 1P:*

- Documentation of medical reason(s) for not performing a colorectal cancer screening (i.e., diagnosis of colorectal cancer or total colectomy)

**OR**

**Colorectal Cancer Screening not Performed, Reason not Otherwise Specified**

Append a reporting modifier (8P) to CPT Category II code 3017F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

*Performance Not Met: 3017F with 8P:*

- Colorectal cancer screening results were not documented and reviewed, reason not otherwise specified

**RATIONALE:**

An estimated 142,570 men and women were diagnosed with colon cancer in 2010. In the same year, 51,370 were estimated to have died from the disease, making colorectal cancer the third leading cause of cancer death in the United States (American Cancer Society 2010).

Screening for colorectal cancer is extremely important as there are no signs or symptoms of the cancer in the early stages. If the disease is caught in its earliest stages, it has a five-year survival rate of 91%; however, the disease is often not caught this early. While screening is extremely effective in detecting colorectal cancer, it remains underutilized (American Cancer Society 2010).11

Fecal occult blood tests, colonoscopy, and flexible sigmoidoscopy are shown to be effective screening methods (United States Preventive Services Task Force, 2008). Colorectal screening of individuals with no symptoms can identify polyps whose removal can prevent more than 90% of colorectal cancers (Rozen, 2004).

Studies have shown that the cost-effectiveness of colorectal cancer screening is $40,000 per life year gained, which is similar to the cost-effectiveness of mammography for breast cancer screening (Hawk and Levin 2005).

**CLINICAL RECOMMENDATION STATEMENTS:**

The United States Preventive Services Task Force (2008):

1) The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years (A recommendation).
2) The USPSTF concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic (CT) colonography and fecal DNA testing as screening modalities for colorectal cancer (I statement).

Tests that Detect Adenomatous Polyps and Cancer

1) Colonoscopy (every 10 years)
2) Flexible sigmoidoscopy (every 5 years)
3) Double contrast barium enema (DCBE) (every 5 yrs)
4) Computed tomographic colonography (CTC) (every 5 years)

Tests that Primarily Detect Cancer:

1) guaiac fecal occult blood test (gFOBT) with high sensitivity for cancer (annually)
2) fecal immunochemical test (FIT) with high sensitivity for cancer (annually)
3) stool DNA (sDNA) with high sensitivity for cancer (interval uncertain)

Modalities not approved:

1) Single digital rectal examination fecal occult blood test (FOBT) has a poor sensitivity for CRC and should not be performed as a primary screening method
2) Studies evaluating virtual colonoscopy and fecal DNA testing for CRC screening have yielded conflicting results and therefore cannot be recommended

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2016 Claims/Registry Individual Measure Flow
PQRS #113 NQF #0034: Colorectal Cancer Screening

Denominator

Start

No

Patient Age on Date of Service
51 through 75 Years

Yes

Not Included in Eligible Population/Denominator

Yes

Encounter as Listed in Denominator
(1/1/2016 thru 12/31/16)

No

Numerator

Colorectal Cancer Screening Results Documented and Reviewed **

Yes

Reporting Met + Performance Met 3017F or equivalent (3 patients) a

No

Reporting Not Met - Performance Not Met 3017F - 8F or equivalent (2 patients) c

Colorectal Cancer Screening Results Not Documented and Reviewed, Reason Not Otherwise Specified

Yes

Reporting Met + Performance Exclusion 3017F - 1P or equivalent (2 patients) b

No

Include in Eligible Population/Denominator (8 patients) d

SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=3 patients) + Performance Exclusion (b=2 patients) + Performance Not Met (c=2 patients) = 7 patients = 87.50%

Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=3 patients) = 3 patients = 60.00%

Reporting Numerator (7 patients) - Performance Exclusion (b=2 patients) = 5 patients

* See the posted Measure Specification for specific coding and instructions to report 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 reporting period.
  - Colonoscopy during the measurement period or the nine years prior to the measurement period.

NOTE: Reporting Frequency: Patient-process

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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.
2016 Claims/Registry Individual Measure Flow
PQRS #113 NQF #0034: Colorectal Cancer Screening

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 the Age is 51 thru 75 years of age on the Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is 51 thru 75 years of age on the Date of Service and 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 Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

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 8 patients in the sample calculation.

5. Start Numerator

6. Check Colorectal Cancer Screening Results Documented and Reviewed:
   a. If Colorectal Cancer Screening Results Documented and Reviewed equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 3 patients in Sample Calculation.
   c. If Colorectal Cancer Screening Results Documented and Reviewed equals No, proceed to Documentation of Medical Reason(s) for Not Performing a Colorectal Cancer Screening.

7. Check Documentation of Medical Reason(s) for Not Performing a Colorectal Cancer Screening:
   a. If Documentation of Medical Reason(s) for Not Performing a Colorectal Cancer Screening equals Yes, include in Reporting Met and Performance Exclusion.
   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 2 patients in the Sample Calculation.
   c. If Documentation of Medical Reason(s) for Not Performing a Colorectal Cancer Screening equals No, proceed to Colorectal Cancer Screening Results Not Documented and Reviewed, Reason Not Otherwise Specified.
8. 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 the Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.
   c. If Colorectal Cancer Screening Results Not Documented and Reviewed, Reason Not Otherwise Specified equals No, proceed to Reporting Not Met.

9. Check Reporting Not Met:
   a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in the sample calculation.

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**SAMPLE CALCULATIONS:**

<table>
<thead>
<tr>
<th>Reporting Rate</th>
<th>Performance Met (a=3 patients) × Performance Exclusion (b=2 patients) + Performance Not Met (c=2 patients) = 7 patients = 87.50%</th>
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| Performance Rate| Eligible Population / Denominator (d=8 patients) = 8 patients

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| Reporting Numerator (7 patients) – Performance Exclusion (b=2 patients) = 5 patients

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