

## Quality ID #320 (CBE 0658): Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

### 2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (COM)

### MEASURE TYPE:

Process – High Priority

### DESCRIPTION:

Percentage of patients aged 45 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of 10 years for repeat colonoscopy documented in their colonoscopy report.

### INSTRUCTIONS:

#### **Reporting Frequency:**

This measure is to be submitted a minimum of **once per performance period** for denominator eligible cases as defined in the denominator criteria.

#### **Intent and Clinical Applicability:**

This measure is intended to reflect the quality of services provided for patients aged 45 to 75 years of age who received a screening colonoscopy. 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 as defined by the numerator based on the services provided and the measure-specific denominator coding.

#### **Measure Strata and Performance Rates:**

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

#### **Implementation Considerations:**

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Patients who have a coded colonoscopy procedure that has a modifier 52, 53, 73, or 74 will not qualify for inclusion into the measure.

#### **Telehealth:**

**NOT TELEHEALTH ELIGIBLE:** This measure **is not appropriate for nor applicable to the telehealth setting**. Patient encounters for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

#### **Measure Submission:**

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

### DENOMINATOR:

All patients aged 45 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy.

**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 45 to 75 on date of encounter

**AND**

Patient undergoing screening for malignant neoplasm of colon(ICD-10-CM): Z12.11

**AND**

Patient procedure during the performance period (CPT or HCPCS): 44388, 45378, G0121

**WITHOUT**

Modifiers: 52, 53, 73, or 74

**NUMERATOR:**

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

***NUMERATOR NOTE:***

*To meet the numerator, patients with a negative screening colonoscopy should have documentation that they received counseling or instruction to have a follow-up or repeat colonoscopy in 10 years. A 6 month period before or after 10 years is considered within the recommended follow-up interval.*

**Numerator Options:*****Performance Met:***

Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient (M1377)

**OR*****Denominator Exception:***

Documentation of medical reason(s) for not recommending a 10-year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is  $\geq 66$  years old, or life expectancy < 10 years, other medical reasons) (M1378)

**OR*****Performance Not Met:***

A 10-year follow-up interval for colonoscopy not recommended, reason not otherwise specified (M1379)

**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 and unnecessary healthcare expenditures. 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 of more urgent colonoscopy (Lieberman 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, colonoscopy every 10 years is an acceptable option for colorectal cancer (CRC) screening in average-risk adults beginning at age 45 years. (USPSTF 2021, USMSTF 2021). The US Preventive Services Task Force (USPSTF) recommends CRC screening using stool-based tests (fecal occult blood test, fecal immunochemical test [FIT], FIT-DNA), sigmoidoscopy, CT colonography, or colonoscopy in adults, beginning at age 45 years and continuing until the age of 75 years (USPSTF Grade B recommendation for age 45-49; USPSTF Grade A recommendation for age 50-75). The risks and benefits of these screening

methods vary (USPSTF, 2021).

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, prior screening history, and preferences (Grade C recommendation) (USPSTF, 2021).

#### **REFERENCES:**

Krist AH, Jones RM, Woolf SH, Woessner SE, Merenstein D, Kerns JW, Foliaco W, Jackson P. Timing of repeat colonoscopy: disparity between guidelines and endoscopists' recommendation. *Am J Prev Med.* 2007 Dec;33(6):471-8. doi: 10.1016/j.amepre.2007.07.039. PMID: 18022063.

Leiberman, David et al.; Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline From the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology; *Gastroenterology*, Volume 134, Issue 5, 1570 - 1595

U.S. Preventive Services Task Force. (2021, May 18). *Screening for colorectal cancer: Recommendation statement.* *JAMA*, 325(19), 1965-1977. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/colorectal-cancer-screening>

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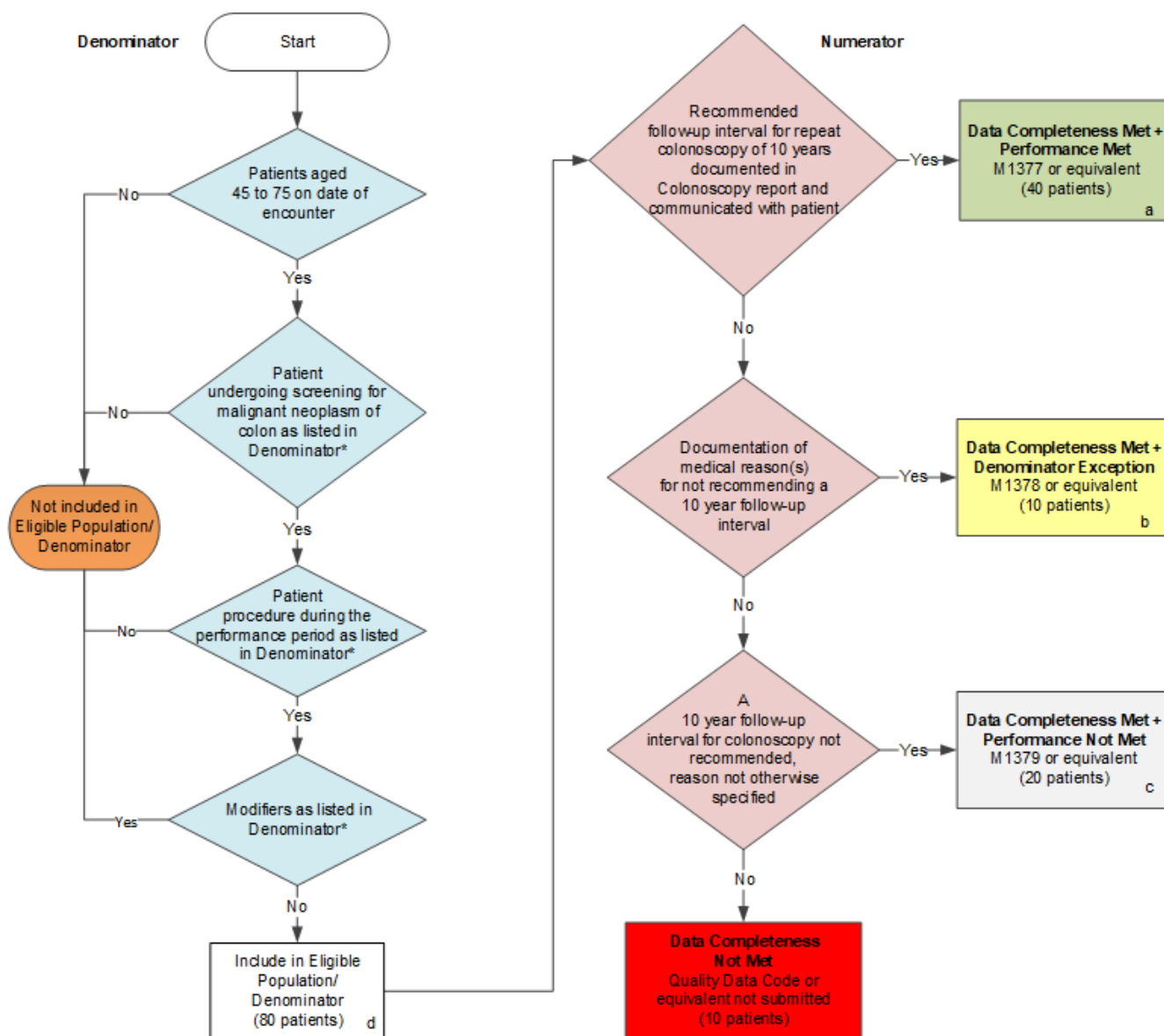
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## 2026 Clinical Quality Measure Flow for Quality ID #320 (CBE 0658): Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

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



### SAMPLE CALCULATIONS

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

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

NOTE: Submission Frequency: Patient-Process

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #320 (CBE 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 45 to 75 on date of encounter*:
  - a. If *Patients aged 45 to 75 on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged 45 to 75 on date of encounter* equals Yes, proceed to check *Patient undergoing screening for malignant neoplasm of colon as listed in Denominator\**.
3. Check *Patient undergoing screening for malignant neoplasm of colon as listed in Denominator\**:
  - a. If *Patient undergoing screening for malignant neoplasm of colon as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient undergoing screening for malignant neoplasm of colon as listed in Denominator\** 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 as listed in Denominator\**.
5. Check *Modifiers as listed in Denominator\**:
  - a. If *Modifiers as listed in Denominator\** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Modifiers as listed in Denominator\** equals No, include in *Eligible Population/Denominator*.
6. 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.
7. Start Numerator
8. Check *Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient*:

- a. If *Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient* 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 10 years documented in colonoscopy report and communicated with patient* equals No, proceed to check *Documentation of medical reason(s) for not recommending a 10 year follow-up interval*.

10. Check *Documentation of medical reason(s) for not recommending a 10 year follow-up interval*:

- c. If *Documentation of medical reason(s) for not recommending 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.

- d. If *Documentation of medical reason(s) for not recommending a 10 year follow-up interval* equals No, proceed to check *A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified*.

11. Check *A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified*:

- a. If *A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- i. *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 *A 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*:

- 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.