

**Quality ID #425: Photodocumentation of Cecal Intubation**

– National Quality Strategy Domain: Effective Clinical Care

– Meaningful Measure Area: Transfer of Health Information and Interoperability

**2020 COLLECTION TYPE:**

**MEDICARE PART B CLAIMS**

**MEASURE TYPE:**

Process

**DESCRIPTION:**

The rate of screening and surveillance colonoscopies for which photodocumentation of at least two landmarks of cecal intubation is performed to establish a complete examination

**INSTRUCTIONS:**

This measure is to be submitted **each time** a colonoscopy is performed for patients during 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 the services provided and the measure-specific denominator coding.

**Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

**DENOMINATOR:**

Patients for whom a screening or surveillance colonoscopy was performed

**Denominator Criteria (Eligible Cases):**

Patients regardless of age

**AND**

**Patient procedure during the performance period (CPT or HCPCS):** 44388, 44389, 44392, 44394, 44404, 45378, 45380, 45381, 45384, 45385, G0105, G0121

**WITHOUT**

**Modifier:** 73 or 74

**NUMERATOR:**

Number of patients undergoing screening or surveillance colonoscopy who have photodocumentation of at least two landmarks of cecal intubation to establish a complete examination

**NUMERATOR NOTE:** *In the instance that the patient has an anatomical/physiological reason for not capturing photodocumentation of two or more of cecal landmarks (i.e., patient has no cecum), it would be appropriate to submit **G9613**.*

**Numerator Quality-Data Coding Options:****Documentation of Post-Surgical Anatomy not Capturing Photodocumentation**

**Denominator Exclusion: G9613:**

Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)

**OR**

**Photodocumentation of Cecal Intubation**

***Performance Met: G9612:***

Photodocumentation of two or more cecal landmarks to establish a complete examination

**OR**

**Photodocumentation of Cecal Intubation not performed, Reason not Otherwise Specified**

***Performance Not Met: G9614:***

Photodocumentation of less than two cecal landmarks (i.e., only one cecal landmark or no cecal landmarks) to establish a complete examination

**RATIONALE:**

It is well supported that visualization of the cecum by notation of landmarks and photodocumentation of landmarks should be documented for every colonoscopy. However, one study of administrative claims data (Baxter et al. 2011) and another of 69 hospital-based endoscopists (Cotton et al. 2003) show variable performance among endoscopists in achieving cecal intubation resulting in complete colonic examination.

The American Society for Gastrointestinal Endoscopy (ASGE)/American College of Gastroenterology (ACG) task force on Quality in Endoscopy, specifically in the paper "Quality indicators for colonoscopy", has recommended documenting cecal intubation as a measure of colonoscopic examination completeness. Based on a study of prevalence of proximal colonic polyps in average-risk asymptomatic patients with negative fecal occult blood tests and flexible sigmoidoscopy (Kadakia et al. 1996) it has been well-established that cecal intubation is required as a marker for examination of the entire colon due to the significant number of neoplasms present in the right colon in the absence of positive fecal occult blood tests or left sided colon neoplasms.

The need for cecal intubation is based on the continual finding that a substantial number of colorectal neoplasms are located in the proximal colon, including the cecum. Numerous studies have shown that physicians routinely do not document the depth of insertion in the colonoscopy report. Quality evaluation of the colon consists of intubation of the entire colon and a detailed mucosal inspection. Cecal intubation improves sensitivity and reduces costs by eliminating the need for radiographic procedures or repeat colonoscopy to complete examination. Careful mucosal inspection is essential to effective colorectal cancer prevention and reduction of cancer mortality.

**CLINICAL RECOMMENDATION STATEMENTS:**

As stated in the "Quality indicators for colonoscopy" paper developed by the ASGE/ACG task force on Quality in Endoscopy (Rex et al. 2015), "In the United States, colonoscopy is almost always undertaken with the intent to intubate the cecum. Cecal intubation is defined as passage of the colonoscope tip to a point proximal to the ileocecal valve, so that the entire cecal caput, including the medial wall of the cecum between the ileocecal valve and appendiceal orifice, is visible. Cecal intubation should be documented by naming the identified cecal landmarks. Most importantly, these include the appendiceal orifice and the ileocecal valve." "The best photographs of the cecum to prove intubation are of the appendiceal orifice, taken from a distance sufficiently far away that the cecal strap fold is visible around the appendix, and a photograph of the cecum taken from distal to the ileocecal valve. It can be helpful to document other landmarks, such as the cecal sling fold or intubation of the terminal ileum." Due to variations in cecal anatomy, requiring photodocumentation of more than two cecal landmarks is not mandated.

Patients who undergo complete colon examination have a lower risk of colorectal cancer than patients with incomplete colonoscopy as was demonstrated in a study of administrative claims data that found endoscopist quality measures were associated with post colonoscopy colorectal cancer (Baxter et al. 2011). The ASGE/ACG task force on Quality in Endoscopy stated effective colonoscopists should be able to intubate the cecum in  $\geq 90\%$  of cases, and in  $\geq 95\%$  of cases when the indication is screening in a healthy adult. All colonoscopy studies done for screening have reported cecal intubation rates of 97% or higher.

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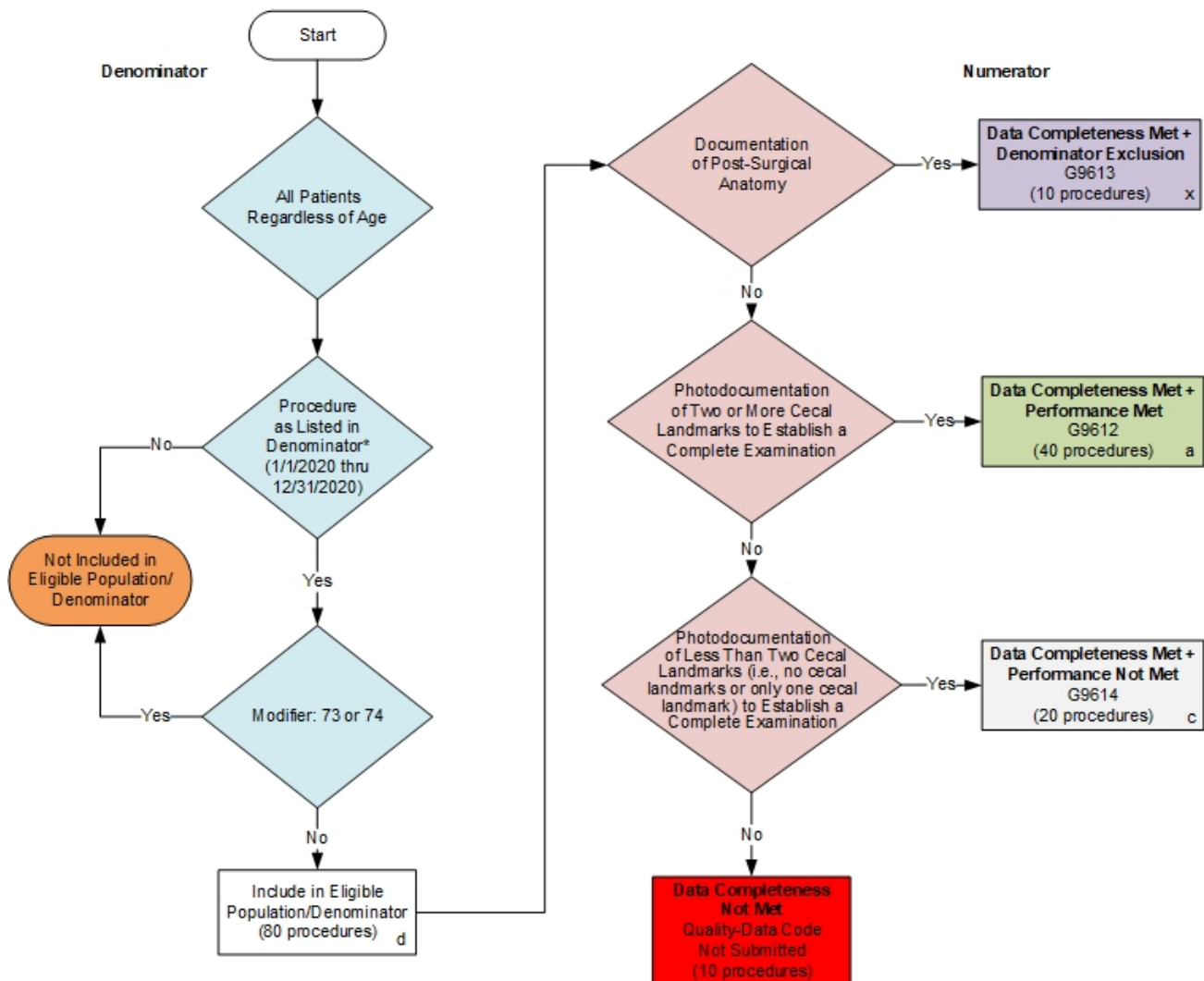
Limited proprietary coding is contained in the measure specification for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The ASGE, ACG, AGA and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specification.

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## 2020 Medicare Part B Claims Flow for Quality ID #425: Photodocumentation of Cecal Intubation

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



### SAMPLE CALCULATIONS:

**Data Completeness=**  

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

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exclusion (x=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$

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

NOTE: Submission Frequency: Procedure

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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.

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**2020 Medicare Part B Claims Flow Narrative for Quality ID #425:  
Photodocumentation of Cecal Intubation**

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

1. Start with Denominator
2. Patients Regardless of Age
3. 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 Modifier: 73 or 74.
4. Check Modifier:
  - a. If Modifier: 73 or 74 equals No, include in Eligible Population.
  - b. If Modifier: 73 or 74 equals Yes, do not include in Eligible Population. Stop Processing.
5. Denominator Population:
  - a. 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.
6. Start Numerator
7. Check Documentation of Post-Surgical Anatomy:
  - a. If Documentation of Post-Surgical Anatomy equals Yes, include in Data Completeness Met and Denominator Exclusion.
  - b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 10 procedures in the Sample Calculation.
  - c. If Documentation of Post-Surgical Anatomy equals No, proceed to check Photodocumentation of Two or More Cecal Landmarks.
8. Check Photodocumentation of Two or More Cecal Landmarks to Establish a Complete Examination:
  - a. If Photodocumentation of Two or More Cecal Landmarks to Establish a Complete Examination 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 40 procedures in the Sample Calculation.
  - c. If Photodocumentation of Two or More Cecal Landmarks to Establish a Complete Examination equals No, proceed to check Photodocumentation of Less Than Two Cecal Landmarks (i.e., only one cecal landmark or no cecal landmarks) to Establish a Complete Examination.

9. Check Photodocumentation of Less Than Two Cecal Landmarks (i.e., only one cecal landmark or no cecal landmarks) to Establish a Complete Examination:
  - a. If Photodocumentation of Less Than Two Cecal Landmarks (i.e., only one cecal landmark or no cecal landmarks) to Establish a Complete Examination 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 20 procedures in the Sample Calculation.
  - c. If Photodocumentation of Less Than Two Cecal Landmarks (i.e., only one cecal landmark or no cecal landmarks) to Establish a Complete Examination equals No, proceed to check Data Completeness Not Met.
10. Check Data Completeness Not Met:
  - a. If Data Completeness Not Met, the Quality Data Code was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

Data Completeness=

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

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exclusion (x=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.67\%$$