FACT SHEET FOR ASC-9: ENDOSCOPY/POLYP SURVEILLANCE: APPROPRIATE FOLLOW-UP INTERVAL FOR NORMAL COLONOSCOPY IN AVERAGE RISK PATIENTS

Description: Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Denominator: All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy

Inclusions: Patients aged ≥ 50 and ≤ 75 on date of encounter

and

ICD-10-CM Diagnosis code: Z12.11

and

CPT or HCPCS: 44388, 45378, G0121

without

CPT Category I Modifiers: 52, 53, 73, 74

without

ICD-10-CM Diagnosis codes: Z83.71, Z86.010, Z80.0, Z85.038

Exclusions: Documentation of medical reason(s) for not recommending at least [a 10 year] follow-up interval (e.g., above average risk, inadequate prep). Medical reason(s) are at the discretion of the physician. Documentation of a medical condition or finding can be used as a medical reason(s) for denominator exclusion purposes only if the documented recommended follow-up interval is less than 10 years.

Numerator: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

- Do utilize documentation found in the final colonoscopy report that specifically states the recommended follow-up interval is at least 10 years.
- Do document age as a medical reason for not recommending a follow-up interval of at least 10 years.
- Do use the final colonoscopy report to abstract the recommended follow-up interval. If your facility utilizes another report that is equivalent to or contains the final colonoscopy report, utilize this report for abstraction.
- Do use any medical reason, such as a diagnosis, symptom, or condition that is documented in the medical record, to exclude a case from the denominator population when the recommendation follow-up interval is less than 10 years.

Some examples are:

- Moderate risk for colon cancer due to personal or family history of cancer
- “High risk” patients
- Diverticulosis and hemorrhoids
- Poor prep or poor visualization
- Acute symptoms, such as rectal bleeding, abdominal pain, or change in bowel habits
Please remember that there is no comprehensive list of medical reasons. Use medical reason for exclusion only if the recommendation for follow-up is LESS than 10 years. *You must have BOTH documentation of a medical reason and an interval for follow-up of less than 10 years.*

- **Do not** include records with CPT/HCPCS modifiers 52, 53, 73, or 74.
- **Do not** use time frames, such as “5–10 years,” “many,” “prn,” or “when symptomatic,” since they are not acceptable terms for the recommended follow-up interval of at least 10 years.
- **Do not** exclude a case based on age unless there is clear documentation in the medical record that age is the reason for the lack of a follow-up procedure.
- **Do not** abstract the recommended follow-up interval from anywhere else in the medical record. Only the final colonoscopy report may be used to abstract the follow-up interval.