Preventive Care Bonus Colorectal Cancer Screening

i4C Indicator RPT-BNS-003: Preventive Care Bonus Colorectal Cancer Screening v 2.1

Category: Reporting/Care Bonus

Purpose:

This indicator is used to review the percentage of patients meeting the criteria for the preventive care bonus.

Source:

Not derived from any primary care reporting framework; introduced during the EMR Physician Dashboard Proof of Concept to support clinicians tracking eligibility for submitting cumulative preventive care bonus codes.

Base Population:

All enrolled patients who are between ages 50 and 74, inclusive, as of March 31 of the fiscal year for which the bonus is being claimed and who are not excluded from screening.

Indicator Segments:

Screening up to date: Count of enrolled patients age 50-74 at fiscal year-end WITHOUT a screening exclusion documented AND WITH an FOBT/FIT screening documented within 30 months prior to fiscal year-end.

Screening overdue: Count of enrolled patients age 50-74 at fiscal year-end WITHOUT a screening exclusion documented AND WITHOUT an FOBT/FIT screening documented within 30 months prior to fiscal year-end.

Colorectal Cancer Screening Exclusion can be documented as:

- A Q142A service code that has been billed for the patient
- A colonoscopy documented within 10 years prior to fiscal year-end
- Any of the following ICD-9 diagnosis codes entered as a current or past diagnosis in the cumulative patient profile:
    - 154: Malignant neoplasm of rectum rectosigmoid junction and anus
    - 153: Malignant neoplasm of colon
    - 555: Regional enteritis
    - 556: Ulcerative enterocolitis
    - V10.05: Personal history of malignant neoplasm of large intestine
- Any of the following text documented as current/past diagnosis within the cumulative patient profile:
    - ‘Colon ca’
    - ‘colorectal ca’
    - ‘bowel ca’
    - ‘Crohn’
    - ‘Colitis’
    - ‘Inflammatory Bowel Disease’
    - ‘IBD’

- A text entry of ‘colectomy’ documented as a procedure within past medical/surgical history of the cumulative patient profile

FOBT/FIT Screening can be documented as a Q133A tracking code that has been submitted for a patient, a report from a sending facility identifying that an FOBT or FIT has been completed, FOBT or FIT results received from a laboratory or entered manually, or as procedures documented within Past Medical/Surgical history in the cumulative patient profile.

Colonoscopy can be documented as a report from a sending facility identifying that a colonoscopy has been completed or as a procedure documented within Past Medical/Surgical history in the cumulative patient profile.

Suggested Indicator Use:

Physician or practice use of this indicator is to determine the preventive care bonus for which the physician is eligible to claim. This indicator should not be used for patient care or to identify patients overdue for screening.