Endoscopy and Polyp Surveillance

Surveillance Colonoscopy Interval For Patients with a History of Adenomatous Polyps

Physician Quality Reporting System Data Collection Sheet

Patient's Name _____ Practice Medical Record Number (MRN) _____ Birth Date (mm/dd/yyyy) __ / __ / __ Gender ☐ Male ☐ Female

National Provider Identifier (NPI) _____ Date of Service _____

Clinical Information	Billing Information

Step 1 Is patient eligible for this measure?

	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on date of encounter.	☐	☐	Verify date of birth on claim form.
Patient has a diagnosis of history ofcolonic polyp(s).	☐	☐	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT Code or G-Code for surveillance colonoscopy[1].	☐	☐	

If **No** is checked for any of the above, STOP. Do not report a CPT category II code.

Step 2 Does patient meet or have an acceptable reason for not meeting the measure?

Interval of Three or More Years since Patient's Last Colonoscopy	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented in the colonoscopy report	☐	☐	0529F
Not documented for one of the following reasons: • Medical (eg, patients with high risk for colon cancer, last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or last colonoscopy found greater than 10 adenomas)	☐	☐	0529F–1P
• System (eg, unable to locate previous colonoscopy report)	☐	☐	0529F–3P
Document reason here and in medical chart. _____ _____			If **No** is checked for **all** of the above, report 0529F–8P (Interval of less than three years since patient's last colonoscopy, reason not otherwise specified.)

[1]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.