

Inflammatory Bowel Disease: Postoperative monitoring for recurrence of Crohn's Disease at 6 to 12 months after Surgical Resection in Patients with Crohn's Disease

Based on the American Gastroenterological Association Institute Guideline on the Management of Crohn's Disease After Surgical Resection Nguyen G et al. *Gastroenterology*. 2017; 152: 271-275

DESCRIPTION:

Percentage of patients that received a surgical resection for Crohn's disease that were monitored for recurrence of Crohn's disease by colonoscopy between 6 and 12 months after surgical resection.

INSTRUCTIONS: This measure is to be reported a minimum of **once per reporting period** for **all** patients with a surgical resection for Crohn's disease seen during the reporting period OR the prior year who have at least 12 months of observation after their resection date. This measure is intended to reflect the quality of services provided for patients with Crohn's disease. This measure only applies to patients with a surgical anastomosis within the reach of a colonoscopy. This measure may be reported by physicians or other qualified healthcare professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. Reporting period is defined from January 1 to December 31 of the reporting year.

ICD-10 Procedure Codes:

- **0** Section: Medical and Surgical
- **D** Body System: Gastrointestinal System
- **T** Operation: Resection: Cutting out or off, without replacement, all of a body part
- **Body Part**
 - **B** Ileum
 - C** Ileocecal Valve
 - E** Large Intestine
 - F** Large Intestine, Right
 - G** Large Intestine, Left
 - H** Cecum
 - K** Ascending Colon
 - L** Transverse Colon
 - M** Descending Colon
 - N** Sigmoid ColonAll Approaches, Devices and Qualifiers are allowed

Measure Reporting via Registry:

ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR

All patients with a diagnosis of Crohn's Disease with an intestinal surgical resection for Crohn's disease with an

anastomosis located within the reach of colonoscopy performed within the 6 months prior to the start of the reporting period.

Denominator Criteria (Eligible Cases):

All patients with a diagnosis of Crohn's Disease that had a surgical resection with an anastomosis located within the reach of colonoscopy performed within the 6 months prior to the start of the reporting period.

AND

Diagnosis for Crohn's Disease (ICD-10-CM): K50.00, K50.01, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.1, K50.10, K50.11, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.8, K50.80, K50.81, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.9, K50.90, K50.91, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919

AND

Patient encounter during the reporting period (CPT): 44120, 44121, 44125, 44139, 44145, 44202, 44140, 44145, 44147, 44204, 44205, 44207, , 44213, 44160, , 44381, 44382, 44383, 44393, 44397, 44403, 44404, 44405, 44406, 44407, 44408, , 45349, 45350, 45384, 45386, 44388, 44389, 45390, 44391, 44392, , 44401, , 44403, 44404, 44405, 44406, 44407, 44408, 44407, 44408, , 45378, 45379, , , 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398, 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349. 45350.

NUMERATOR:

Patients with a diagnosis of Crohn's Disease who had monitoring by colonoscopy between 6 months and 12 months after the date of surgical resection.

Denominator Criteria (Eligible Cases): All patients listed in the denominator

AND

Patient encounter during the reporting period (CPT): G0104, G0105,

NUMERATOR INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for **all** patients with a surgical resection for Crohn's disease with an anastomosis located within the reach of colonoscopy seen during the reporting period OR the prior year who have at least 12 months of observation after their resection date. This measure is intended to reflect the quality of services provided for patients with Crohn's disease. This measure only applies to patients with a surgical anastomosis within the reach of a colonoscopy. This measure may be reported by physicians or other qualified healthcare professionals who perform the quality actions described in the measure based on the services provided and the measure-specific numerator coding. Post-Op monitoring is not provider specific.

ICD-10-PCS

- **0** Section: Medical and Surgical
- **D** Body System: Gastrointestinal System
- **J** Operation: Inspection
- **D** Body Part: Lower intestinal tract
- **8** Approach: Via natural or artificial opening, endoscopic

- All Devices and Qualifiers are Allowed

Numerator Options:

Performance Met: All patients with a diagnosis of Crohn's Disease who were monitored by colonoscopy for recurrence between 6 months and 12 months after the date of surgical resection. **(GXXXX)**

OR

Medical Performance Exclusion: Patient was **NOT** monitored for recurrence between 6 and 12 months after the date of surgical resection for medical reasons (e.g. benefits of not monitoring outweigh the risk, the site of surgical anastomosis is not reachable by colonoscopy, , or other medical reasons). **(GXXXX)**

OR

Patient Performance Exclusion: Patient was **NOT** monitored for recurrence between 6 and 12 months after the date of surgical resection for patient reasons (e.g. patient declined, cost of tests, time related to accessing testing equipment or other patient reasons). **(GXXXX)**

OR

Performance Not Met: Patient did **NOT** monitored for recurrence between 6 and 12 months after the date of surgical resection for reasons not specified. **(GXXXX)**

Rationale:

Endoscopic recurrence almost always precedes symptomatic recurrence following surgery for Crohn's disease. The high likelihood of benefit from detection of endoscopic recurrence by colonoscopy, the risk of which is as high as 90% within a year of surgery in those not receiving any prophylaxis, is strongly recommended by society guidelines (AGA, 2016).

CLINICAL RECOMMENDATION STATEMENTS:

Endoscopic monitoring is suggested after surgery and to direct therapy per current guidelines (AGA 2016). Endoscopic monitoring may prompt the initiation or modification of medical therapy if endoscopic recurrence is detected. Endoscopic monitoring can prompt changes in medical management in those who are receiving medications post-operatively. The guidelines include recommendations for medications that have been shown to maintain remission in patients with Crohn's disease, including patients who take the medications post-operatively. Endoscopic monitoring provides an opportunity to monitor disease activity and adjust medications accordingly to prevent clinical recurrence in the presence of endoscopic recurrence. While no studies on patients' values and preferences was available to inform this recommendation, the patient representative on the panel expressed that many patients who are not on any pharmacological prophylaxis may prefer to know if there is endoscopic recurrence, as it may prompt initiation of medical therapy (AGA, 2017).

Although capsule endoscopy, computed tomography enterography, magnetic resonance enterography, fecal calprotectin, small bowel ultrasonography, etc. have been studied for post-operative monitoring for recurrence of Crohn's disease, they are considered as complimentary to, rather than replacement of, colonoscopy in this setting at present.