Screening Colonoscopy Adenoma Detection Rate Measure
Draft for Public Comment
Revised June 29, 2012

Developed by the American College of Gastroenterology, the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy
Adenoma Detection Rate Measure Work Group

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Adenoma Detection Rate Measure

Denominator: Patients age 50-75 undergoing a screening colonoscopy

Numerator: Number of patients age 50-75 with at least one adenoma detected during screening colonoscopy

Exclusions: Incomplete colonoscopy

Measure: The percentage of patients age 50-75 with at least one adenoma detected during screening colonoscopy.

Specifications

Denominator: All patients aged 50-75 receiving screening colonoscopy.

CPT code or G-Code: G0121, 45378
OR
ICD-9-CM diagnosis code: V16.0, V18.51, V76.51,

AND

CPT Codes or G-Codes: 44388, 44389, 44392, 44393, 44394, 45380, 45381, 45383, 45384, 45385,

Numerator: Adenoma(s) detected during screening colonoscopy (CPT Category II code XXXXF to be developed)

Exclusions: Incomplete colonoscopy with a modifier of 52, 53, 73, 74 is not included in the denominator of this measure

Rationale: The removal of adenomatous polyps during a screening colonoscopy is associated with a lower risk of subsequent colorectal cancer incidence and mortality. Higher adenoma
Detection rates (> 20% in a mixed gender population) are associated with significant protection against incident colorectal cancer in the five years following screening colonoscopy.

**Clinical Recommendation Statements**: The Unites States Preventive Services Task Force has recommended screening colonoscopy for adults, beginning at age 50 and continuing until age 75 (Grade A recommendation)(1). The adenoma detection rate is an independent predictor of risk of developing colorectal cancer between screening colonoscopies (2). However, studies have documented wide variation in adenoma detection rates, illustrating the need for measuring and monitoring this metric for endoscopists (2, 3, 4, 5, 6). Some studies have identified variation due to the location of adenomas (lesions in the colon’s right side are more difficult to detect) (7, 8, 9). Procedure length has also been found in some, but not all, studies to correlate with adenoma detection rate (4, 9). The adenoma detection rate varies between genders, with a lower rate demonstrated in women (10).

Multi-specialty and stakeholder guidelines support the importance of measuring the adenoma detection rate in the prevention of colorectal cancer. Guidelines and the supporting literature consistently recommend an adenoma detection rate of at least 15% in women and at least 25% in men. (11)