▲ Measure #114: Preventive Care and Screening: Inquiry Regarding Tobacco Use

2009 PQRI REPORTING OPTIONS: CLAIMS-BASED, REGISTRY, MEASURES GROUP

DESCRIPTION:
Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for all patients seen during the reporting period. Tobacco use is to be queried at least once within 24 months prior to the date of service. There is no diagnosis associated with this measure. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT service codes, and the appropriate CPT Category II codes **OR** the CPT Category II code **with** the modifier. The reporting modifier allowed for this measure is: 8P- reason not otherwise specified. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported ON THE SAME CLAIM.

NUMERATOR:
Patients who were queried about tobacco use one or more times within 24 months

> ***NUMERATOR NOTE:*** *The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*
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> **Numerator Quality-Data Coding Options for Reporting Satisfactorily:**
> **Tobacco Use Assessed**
> *(Two CPT II codes [1000F & 103xF] are required on the claim form to submit this numerator option)*
> **CPT II 1000F:** Tobacco use assessed
> **AND**
>
> **CPT II 1034F:** Current tobacco smoker
> **OR**
> **CPT II 1035F:** Current smokeless tobacco user
> **OR**
> **CPT II 1036F:** Current tobacco non-user

OR

Tobacco Use not Assessed, Reason not Specified
(One CPT II code [1000F-8P] is required on the claim form to submit this numerator option)
Append a reporting modifier (**8P**) to CPT Category II code **1000F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
1000F *with* 8P: Tobacco use not assessed, reason not otherwise specified

DENOMINATOR:
All patients aged 18 years and older

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period (CPT): 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90862, 96150, 96152, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

RATIONALE:
Tobacco use is one of the leading causes of many preventable diseases, however, not all individuals are screened for tobacco use.

CLINICAL RECOMMENDATION STATEMENTS:
Periodic screening for tobacco use is recommended for all patients. (US Department of Health and Human Services, USPSTF)

Tobacco cessation counseling is recommended for all patients who smoke. (USPSTF)

♦ Measure #115: Preventive Care and Screening: Advising Smokers to Quit

2009 PQRI REPORTING OPTIONS: CLAIMS-BASED, REGISTRY, MEASURES GROUP

DESCRIPTION:
Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for all patients (whether or not they use tobacco) seen during the reporting period. All patients identified as tobacco smokers at any time during the reporting period should be advised to quit. There is no diagnosis associated with this measure. This measure is appropriate for use in all healthcare settings. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II and/or G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT codes, and the appropriate CPT Category II code **AND/OR** G-code **OR** the CPT Category II code **with** the modifier **AND** G-code. The reporting modifier allowed for this measure is: 8P- reasons not otherwise specified. All measure-specific coding should be reported ON THE SAME CLAIM.

NUMERATOR:
Patients who received advice to quit smoking

> ***NUMERATOR NOTE:*** *The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Advising Smoker to Quit
(One G-code and one CPT II code [G8455 & 4000F] are required on the claim form to submit this numerator option)
G8455: Current tobacco smoker
AND

CPT II 4000F: Tobacco use cessation intervention, counseling
OR
CPT II 4001F: Tobacco use cessation intervention, pharmacologic therapy

OR

If patient is not eligible for this measure because patient is a smokeless tobacco user or a non tobacco user, report:
(One G-code [G845x] is required on the claim form to submit this numerator option)
Smokeless Tobacco User
G8456: Current smokeless tobacco user
OR
Tobacco Non-User
G8457: Current tobacco non-user

OR

Tobacco Smoker not Advised to Quit, Reason not Specified
(One CPT II code and one G-code [4000F-8P & G8455] are required on the claim form to submit this numerator option)
Append a reporting modifier (**8P**) to CPT Category II code **4000F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
4000F *with* 8P: Tobacco use cessation intervention not counseled, reason not otherwise specified
AND
G8455: Current tobacco smoker

DENOMINATOR:
All patients aged 18 years and older

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245

RATIONALE:
Interventions to control smoking are strategically important because smoking is the leading preventable cause of death in the United States, clinical interventions are known to be effective in increasing cessation rates, and quitting smoking has been shown to improve health outcomes. (Fiore, 2000)

CLINICAL RECOMMENDATION STATEMENTS:
The Clinical Practice Guidelines: Treating tobacco use and dependence published by USDHHS Public Health Service (Fiore, 2002) provide convincing empirical support for providing advice to and assistance with quitting smoking for patients who smoke. Specifically, these guidelines recommend:

1) repeated advice and support at all or most visits, and
2) delivery of cessation assistance and follow-up at all or most visits.

There have been more than 12 million premature deaths attributable to smoking since the first published Surgeon General's report on smoking and health in 1964. Smoking remains the leading preventable cause of premature death in the United States.

Nearly every organ in the body is affected by smoking (USDHHS, 2004). Smoking causes many diseases and reduces the health of smokers in general. The list of diseases caused by smoking has been expanded to include abdominal aortic aneurysm, acute myeloid leukemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis, and stomach cancer (USDHHS, 2004).

In the US in 2003, 45.4 million adults (21.6 percent) were current smokers—24.1 percent of men and 19.2 percent of women (CDC, 2005a). An estimated 70% of these smokers said they wanted to quit (CDC, 2005a).

An estimated 45.9 million adults were former smokers in 2003, representing 50.3 percent of those who had ever smoked (CDC, 2005a). For the second consecutive year, more adults had quit than were still smoking. A large number of clinical trials have demonstrated the effectiveness of counseling in increasing cessation rates, and the effectiveness of bupropion and NRT has been demonstrated (Fiore, 2000). A meta-analysis of 7 studies found that physician advice to quit is associated with a 30% increase in cessation rates (Fiore, 2000). Counseling and medication are each associated with a doubling of cessation rates (Fiore, 2000).