

Measure #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention – National Quality Strategy Domain: Community / Population Health

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received cessation counseling intervention if identified as a tobacco user

INSTRUCTIONS:
This measure is to be reported **once per performance period** for patients seen during the performance period. This measure is intended to reflect the quality of services provided for preventive screening for tobacco use.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by 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 aged 18 years and older

***DENOMINATOR NOTE:** *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years

AND

At least two patient encounters during the **performance period (CPT):** 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 96150, 96151, 96152, , 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT

OR

At least one preventive encounter during the **performance period (CPT or HCPCS):** 92521, 92522, 92523, 92524, 92540, 92557, 96160, 96161, 92625, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99406, 99407, 99411*, 99412*, 99429*, G0438, G0439

WITHOUT

Telehealth Modifier: GQ, GT

NUMERATOR:
Patients who were screened for tobacco use at least once within 24 months **AND** who received tobacco cessation intervention if identified as a tobacco user

Definitions:

Tobacco Use – Includes any type of tobacco

Tobacco Cessation Intervention – Includes brief counseling (3 minutes or less), and/or pharmacotherapy

NUMERATOR NOTE: *In the event that a patient is screened for tobacco use and identified as a user but did not receive tobacco cessation intervention or tobacco status is unknown report 4004F with 8P.*

This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99406 and 99407 satisfy the requirement of tobacco cessation intervention, as these services provide tobacco cessation counseling for 3-10 minutes. If a patient received these types of services, report CPT II 4004F.

Numerator Options:

Performance Met:

Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user **(4004F)**

OR

Performance Met:

Current tobacco non-user **(1036F)**

OR

Denominator Exception:

Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason) **(4004F with 1P)**

OR

Performance Not Met:

Tobacco screening OR tobacco cessation intervention not performed, reason not otherwise specified **(4004F with 8P)**

RATIONALE:

This measure is intended to promote adult tobacco screening and tobacco cessation interventions for those who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. Tobacco users who are able to stop smoking lower their risk for heart disease, lung disease, and stroke.

CLINICAL RECOMMENDATION STATEMENTS:

The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA) –approved pharmacotherapy for cessation to adults who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety (previously stated). (Grade I Statement) (U.S. Preventive Services Task Force, 2015)

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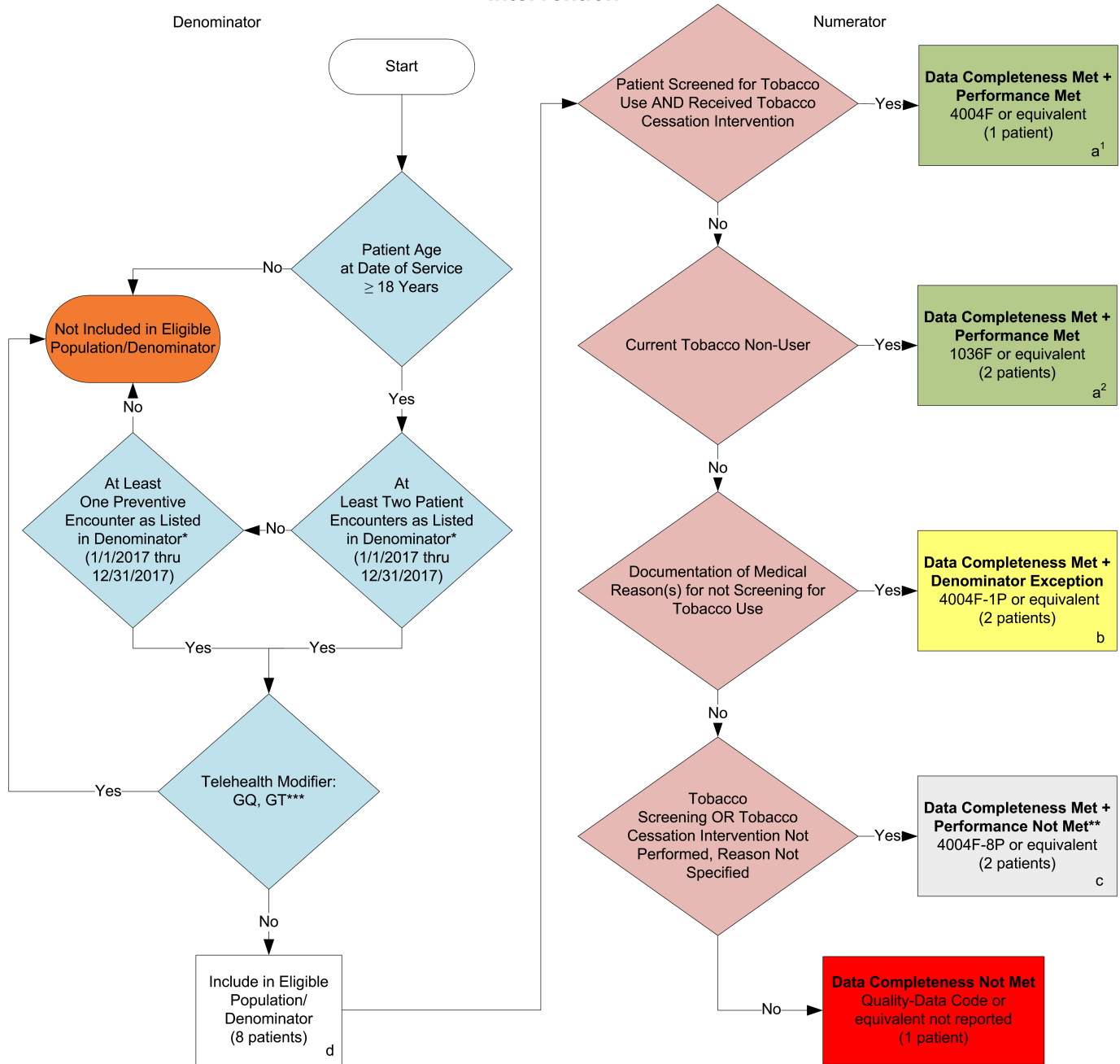
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2017 Registry Individual Measure Flow

#226 NQF #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=3 patients)} + \text{Denominator Exception (b=2 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=3 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b=2 patients)}} = \frac{3 \text{ patients}}{5 \text{ patients}} = 60.00\%$$

* See the posted Measure Specification for specific coding and instructions to report this measure.

** In the event that a patient is screened for tobacco use and identified as a user but did not receive tobacco cessation intervention or tobacco status is unknown report 4004F - 8P

***All encounters should be without the telehealth modifier in order to be denominator eligible.

NOTE: Reporting Frequency: Patient-process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification. v.1

2017 Registry Individual Measure Flow

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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years equals Yes during the measurement period, proceed to check Encounter Performed.
3. Check Encounter Performed:
 - a. If At Least Two Patient Encounters as Listed in the Denominator equals No, proceed to Encounter Performed.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to Telehealth Modifier..
4. Check Encounter Performed:
 - a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to Telehealth Modifier.
5. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in the Eligible population.
6. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
7. Start Numerator
8. Check Patient Screened for Tobacco Use AND Received Tobacco Cessation Intervention:
 - a. If Patient Screened for Tobacco Use AND Received Tobacco Cessation Intervention equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a1 equals 1 patient in Sample Calculation.

- c. If Patient Screened for Tobacco Use AND Received Tobacco Cessation Intervention equals No, proceed to Current Tobacco Non-User.
9. Check Current Tobacco Non-User:
 - a. If Current Tobacco Non-User equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 2 patients in Sample Calculation.
 - c. If Current Tobacco Non-User equals No, proceed to Documentation of Medical Reason(s) for not Screening for Tobacco Use.
 10. Check Documentation of Medical Reason(s) for not Screening for Tobacco Use:
 - a. If Documentation of Medical Reason(s) for not Screening for Tobacco Use equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 2 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for not Screening for Tobacco Use equals No, proceed to Tobacco Screening OR Tobacco Cessation Intervention Not Performed, Reason Not Specified.
 11. Check Tobacco Screening OR Tobacco Cessation Intervention Not Performed, Reason Not Specified:
 - a. If Tobacco Screening OR Tobacco Cessation Intervention Not Performed, Reason Not Specified equals Yes, include in the Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.
 - c. If Tobacco Screening OR Tobacco Cessation Intervention Not Performed, Reason Not Specified equals No, proceed to Data Completeness Not Met .
 12. Check Data Completeness Not Met
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a}^1+\text{a}^2=3 \text{ patients)} + \text{Denominator Exception (b=2 patients)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1+\text{a}^2=3 \text{ patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b=2 patients)}} = \frac{3 \text{ patients}}{5 \text{ patients}} = 60.00\%$$