

**Quality ID #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

– National Quality Strategy Domain: Community/Population Health

– Meaningful Measure Area: Prevention and Treatment of Opioid and Substance Use Disorders

**2022 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**

Process

**DESCRIPTION:**

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within the measurement period **AND** who received tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user

**INSTRUCTIONS:**

This measure is to be submitted a minimum of **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. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who provided the measure-specific denominator coding. For implementation of the measure, the denominator eligible encounter should be used to determine if the numerator action for the tobacco cessation intervention was performed within the 12 month look back period from the date of the denominator eligible encounter.

**This measure will be calculated with 3 performance rates:**

- 1) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within the measurement period
- 2) Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention on the date of the encounter or within the previous 12 months
- 3) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within the measurement period **AND** who received tobacco cessation intervention if identified as a tobacco user on the date of the encounter or within the previous 12 months

The denominator of submission criteria 2 is a subset of the resulting numerator for submission criteria 1, as submission criteria 2 is limited to assessing if patients identified as tobacco users received an appropriate tobacco cessation intervention. For all patients, submission criteria 1 and 3 are applicable, but submission criteria 2 will only be applicable for those patients who are identified as tobacco users. Therefore, data for every patient that meets the age and encounter requirements will only be submitted for submission criteria 1 and 3, whereas data submitted for submission criteria 2 will be for a subset of patients who meet the age and encounter requirements, as the denominator has been further limited to those who were identified as tobacco users.

**NOTE:** Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

**Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**THERE ARE THREE SUBMISSION CRITERIA FOR THIS MEASURE:**

- 1) All patients who were screened for tobacco use

**AND**

- 2) All patients who were identified as a tobacco user and who received tobacco cessation intervention on the date of the encounter or within the previous 12 months

**AND**

- 3) All patients who were screened for tobacco use and, if identified as a tobacco user received tobacco cessation intervention on the date of the encounter or within the previous 12 months, or identified as a tobacco non-user

This measure contains three submission criteria which aim to identify patients who were screened for tobacco use (submission criteria 1), patients who were identified as tobacco users and who received tobacco cessation intervention on the date of the encounter or within the previous 12 months (submission criteria 2), and a comprehensive look at the overall performance on tobacco screening and cessation intervention (submission criteria 3). By separating this measure into various submission criteria, the MIPS eligible professional or MIPS eligible clinician will be able to better ascertain where gaps in performance exist, and identify opportunities for improvement. The overall rate (submission criteria 3) can be utilized to compare performance to published versions of this measure prior to the 2018 performance year, when the measure had a single performance rate. For accountability reporting in the CMS MIPS program, the rate for submission criteria 2 is used for performance.

**SUBMISSION CRITERIA 1: ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE**

**DENOMINATOR (SUBMISSION CRITERIA 1):**

All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

***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 MIPS CQMs.

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 18 years on date of encounter

**AND**

**At least two patient encounters during the performance period (CPT):** 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 97168, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

**OR**

**At least one preventive encounter during the performance period (CPT or HCPCS):** 99385\*, 99386\*, 99387\*, 99395\*, 99396\*, 99397\*, 99401\*, 99402\*, 99403\*, 99404\*, 99411\*, 99412\*, 99429\*, G0438, G0439

**NUMERATOR (SUBMISSION CRITERIA 1):**

Patients who were screened for tobacco use at least once within the measurement period

**Definition:**

**Tobacco Use** – Includes any type of tobacco.

***NUMERATOR NOTE:*** To satisfy the intent of this measure, a patient must have at least one tobacco use screening during the measurement period. If a patient has multiple tobacco use screenings during the measurement period, only the most recent screening, which has a documented status of

tobacco user or tobacco non-user, will be used to satisfy the measure requirements.

In the event that a patient is screened for tobacco use and tobacco status is unknown, submit G9905. Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter for all submission criteria.

**Numerator Options:**

**Performance Met:**

Patient screened for tobacco use AND identified as a tobacco user (**G9902**)

**OR**

**Performance Met:**

Patient screened for tobacco use AND identified as a tobacco non-user (**G9903**)

**OR**

**Denominator Exception:**

Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) (**G9904**)

**OR**

**Performance Not Met:**

Patient not screened for tobacco use, reason not given (**G9905**)

**SUBMISSION CRITERIA 2: ALL PATIENTS WHO WERE IDENTIFIED AS A TOBACCO USER AND WHO RECEIVED TOBACCO CESSATION INTERVENTION**

**DENOMINATOR (SUBMISSION CRITERIA 2):**

All patients aged 18 years and older seen for at least two visits or at least one preventive visit who were screened for tobacco use during the measurement period and identified as a tobacco user

**DENOMINATOR NOTE:** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B PFS. These non-covered services should be counted in the denominator population for MIPS CQMs.

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq$  18 years on date of encounter

**AND**

All eligible instances when **G9902** is submitted for Performance Met (patient screened for tobacco use and identified as a tobacco user) in the numerator of Submission Criteria 1

**AND**

**At least two patient encounters during the performance period (CPT):** 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 97168, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

**OR**

**At least one preventive encounter during the performance period (CPT or HCPCS):** 99385\*, 99386\*, 99387\*, 99395\*, 99396\*, 99397\*, 99401\*, 99402\*, 99403\*, 99404\*, 99411\*, 99412\*, 99429\*, G0438, G0439

**NUMERATOR (SUBMISSION CRITERIA 2):**

Patients who received tobacco cessation intervention on the date of the encounter or within the previous 12 months

**Definition:**

**Tobacco Cessation Intervention** – Includes brief counseling (3 minutes or less), and/or pharmacotherapy. Note: For the purpose of this measure, brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) qualifies for the numerator. Written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator. Brief counseling also may be of longer duration or be performed more frequently, as evidence shows there is a dose-response relationship between the intensity of counseling provided (either length or frequency) and tobacco cessation rates (U.S. Preventive Services Task Force, 2015).

**NUMERATOR NOTE:** *If a patient uses any type of tobacco (i.e., smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention: either counseling and/or pharmacotherapy.*

*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, submit G-code G9906.*

*Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter for all submission criteria.*

**Numerator Options:**

**Performance Met:**

Patient identified as a tobacco user received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy) **(G9906)**

**OR**

**Denominator Exception:**

Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months (e.g., limited life expectancy, other medical reason) **(G9907)**

**OR**

**Performance Not Met:**

Patient identified as tobacco user did not receive tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given **(G9908)**

**SUBMISSION CRITERIA 3: ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE AND, IF IDENTIFIED AS A TOBACCO USER RECEIVED TOBACCO CESSATION INTERVENTION, OR IDENTIFIED AS A TOBACCO NON-USER**

**DENOMINATOR (SUBMISSION CRITERIA 3):**

All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

**DENOMINATOR NOTE:** *\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B PFS. These non-covered services should be counted in the denominator population for MIPS CQMs.*

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq$  18 years on date of encounter

**AND**

**At least two patient encounters during the performance period (CPT):** 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 97168, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

**OR**

**At least one preventive encounter during the performance period (CPT or HCPCS):** 99385\*, 99386\*, 99387\*, 99395\*, 99396\*, 99397\*, 99401\*, 99402\*, 99403\*, 99404\*, 99411\*, 99412\*, 99429\*, G0438, G0439

**NUMERATOR (SUBMISSION CRITERIA 3):**

Patients who were screened for tobacco use at least once within the measurement period **AND** who received tobacco cessation intervention if identified as a tobacco user on the date of the encounter or within the previous 12 months

**Definitions:**

**Tobacco Use** – Includes any type of tobacco.

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

Note: For the purpose of this measure, brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) qualifies for the numerator. Written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator. Brief counseling also may be of longer duration or be performed more frequently, as evidence shows there is a dose-response relationship between the intensity of counseling provided (either length or frequency) and tobacco cessation rates (U.S. Preventive Services Task Force, 2015).

**NUMERATOR NOTE:** *To satisfy the intent of this measure, a patient must have at least one tobacco use screening during the measurement period. If a patient has multiple tobacco use screenings during the measurement period, only the most recent screening, which has a documented status of tobacco user or tobacco non-user, will be used to satisfy the measure requirements.*

*In the event that a patient is screened for tobacco use and identified as a user but did not receive tobacco cessation intervention on the date of the encounter or within the previous 12 months or if tobacco status is unknown, submit G0029.*

*If a patient uses any type of tobacco (i.e., smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention: either counseling and/or pharmacotherapy.*

*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, submit G0030.*

*Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter for all submission criteria.*

**Numerator Options:**

**Performance Met:**

Patient screened for tobacco use AND received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user (**G0030**)

**OR**

**Performance Met:**

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

**OR**

***Denominator Exception:***

Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) **(G0028)**

**OR**

***Denominator Exception:***

Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user (e.g., limited life expectancy, other medical reason) **(G9909)**

**OR**

***Performance Not Met:***

Tobacco screening not performed OR tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months, reason not otherwise specified **(G0029)**

**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 using tobacco 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 assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women (Grade I Statement) (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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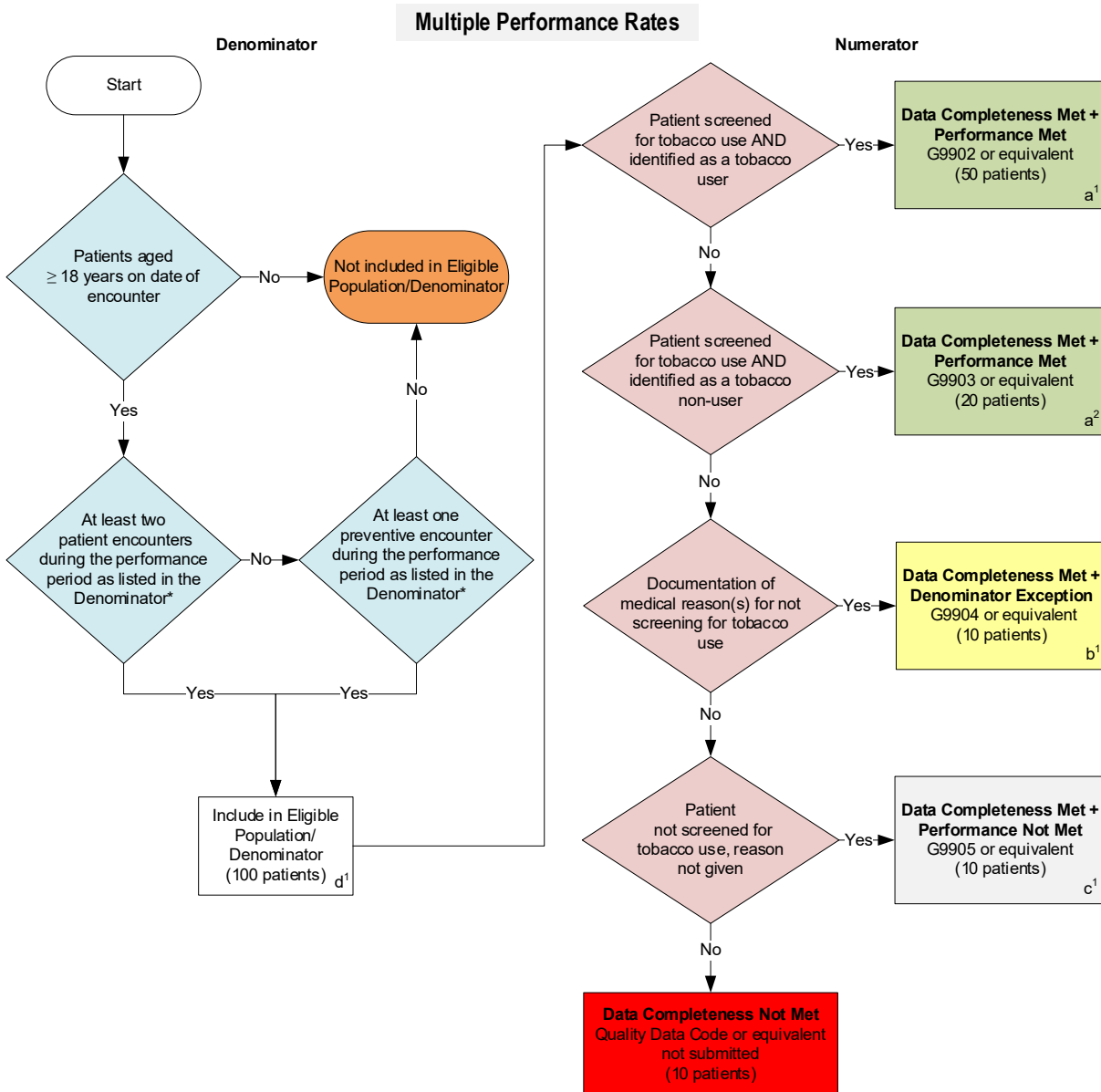
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**2022 Clinical Quality Measure for Quality ID #226 (NQF 0028):  
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  
Submission Criteria One**

*Disclaimer: Refer to the measure specification for the specific coding and instructions to submit this measure.*



**SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE**

**Data Completeness=**  

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=70 patients)} + \text{Denominator Exception (b}^1\text{=10 patients)} + \text{Performance Not Met (c}^1\text{=10 patients)}}{\text{Eligible Population / Denominator (d}^1\text{=100 patients)}} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90.00\%$$

**Performance Rate=**  

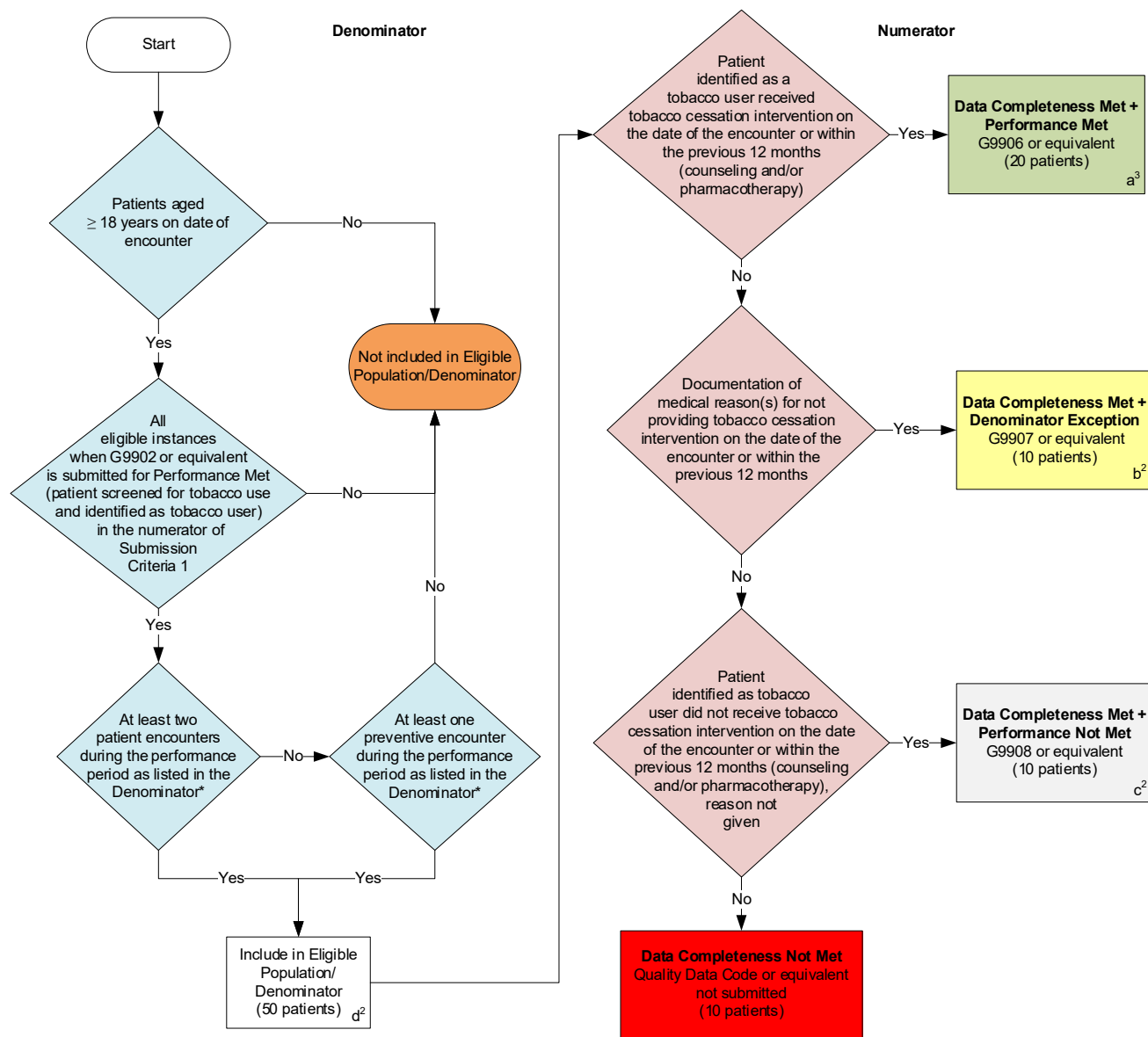
$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=70 patients)}}{\text{Data Completeness Numerator (90 patients) – Denominator Exception (b}^1\text{=10 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.  
 NOTE: Submission Frequency: Patient-Process

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## Submission Criteria Two



**SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO**

**Data Completeness=**  

$$\frac{\text{Performance Met (a}^3\text{=20 patients)} + \text{Denominator Exception (b}^2\text{=10 patients)} + \text{Performance Not Met (c}^2\text{=10 patients)}}{\text{Eligible Population / Denominator (d}^2\text{=50 patients)}} = \frac{40 \text{ patients}}{50 \text{ patients}} = 80.00\%$$

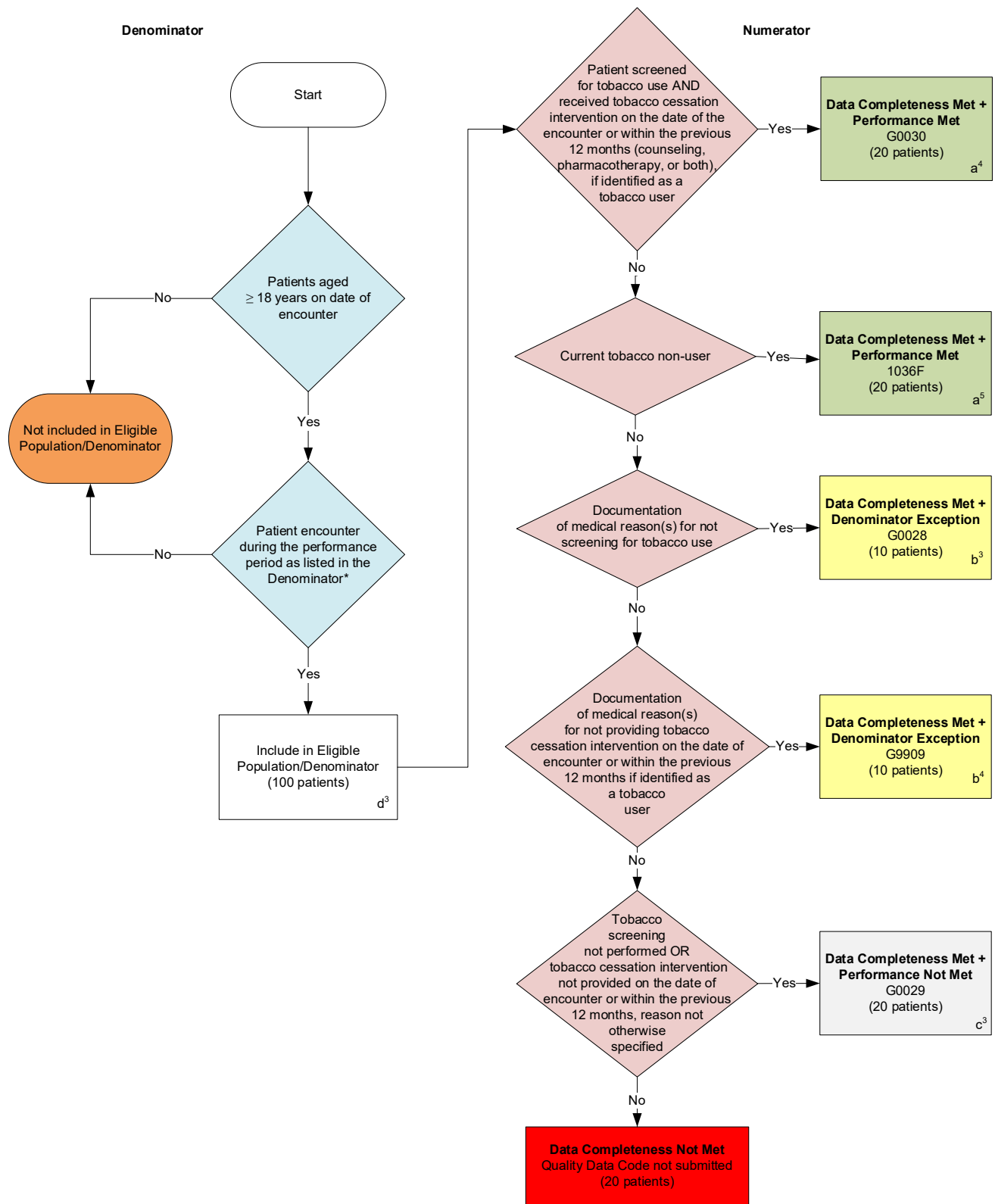
**Performance Rate=**  

$$\frac{\text{Performance Met (a}^3\text{=20 patients)}}{\text{Data Completeness Numerator (40 patients) – Denominator Exception (b}^2\text{=10 patients)}} = \frac{20 \text{ patients}}{30 \text{ patients}} = 66.67\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.  
 NOTE: Submission Frequency: Patient-Process

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### Submission Criteria Three



**SAMPLE CALCULATIONS: SUBMISSION CRITERIA THREE**

**Data Completeness=**

$$\frac{\text{Performance Met (a}^4+\text{a}^5=40 \text{ patients)} + \text{Denominator Exception (b}^3+\text{b}^4=20 \text{ patients)} + \text{Performance Not Met (c}^3=20 \text{ patients)}}{\text{Eligible Population / Denominator (d}^3=100 \text{ patients)}} = \frac{80 \text{ patients}}{100 \text{ patients}} = 80.00\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a}^4+\text{a}^5=40 \text{ patients)}}{\text{Data Completeness Numerator (80 patients) – Denominator Exception (b}^3+\text{b}^4=20 \text{ patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.  
NOTE: Submission Frequency: Patient-Process

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**2022 Clinical Quality Measure Flow Narrative for Quality ID #226 (NQF 0028):  
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*

**Multiple Performance Rates**

**Submission Criteria One:**

1. Start with Denominator
2. Check *Patient aged greater than or equal to 18 years on date of encounter*:
  - a. If *Patient aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in the Denominator\**.
3. Check *At least two patient encounters during the performance period as listed in the Denominator\**:
  - a. If *At least two patient encounters during the performance period as listed in the Denominator\** equals No, proceed to check *At least one preventive encounter during the performance period as listed in the Denominator\**.
  - b. If *At least two patient encounters during the performance period as listed in the Denominator\** equals Yes, include in *Eligible Population/Denominator*.
4. Check *At least one preventive encounter during the performance period as listed in the Denominator\**:
  - a. If *At least one preventive encounter during the performance period as listed in the Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least one preventive encounter during the performance period as listed in the Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. 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<sup>1</sup> equals 100 patients in the Sample Calculation.
6. Start Numerator
7. Check *Patient screened for tobacco use AND identified as a tobacco user*:
  - a. If *Patient screened for tobacco use AND identified as a tobacco user* equals Yes, include in Data Completeness Met and Performance Met.
    - *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 a<sup>1</sup> equals 50 patients in the Sample Calculation.*
  - b. If *Patient screened for tobacco use AND identified as a tobacco user* equals No, proceed to check *Patient screened for tobacco use AND identified as a tobacco non-user*.

8. Check *Patient screened for tobacco use AND identified as a tobacco non-user*:
  - a. If *Patient screened for tobacco use AND identified as a tobacco non-user* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *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  $a^2$  equals 20 patients in the *Sample Calculation*.
  - b. If *Patient screened for tobacco use AND identified as a tobacco non-user* equals No, proceed to check *Documentation of medical reason(s) for not screening for tobacco use*.
9. 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*.
    - *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  $b^1$  equals 10 patients in the *Sample Calculation*.
  - b. If *Documentation of medical reason(s) for not screening for tobacco use* equals No, proceed to check *Patient not screened for tobacco use, reason not given*.
10. Check *Patient not screened for tobacco use, reason not given*:
  - a. If *Patient not screened for tobacco use, reason not given* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
    - *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  $c^1$  equals 10 patients in the *Sample Calculation*.
  - b. If *Patient not screened for tobacco use, reason not given* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
  - a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the *Data Completeness Numerator* in the *Sample Calculation*.

**Sample Calculations: Submission Criteria One**

Data Completeness equals Performance Met ( $a^1$  plus  $a^2$  equals 70 patients) plus Denominator Exception ( $b^1$  equals 10 patients) plus Performance Not Met ( $c^1$  equals 10 patients) divided by Eligible Population/Denominator ( $d^1$  equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met ( $a^1$  plus  $a^2$  equals 70 patients) divided by Data Completeness Numerator (90 patients) minus Denominator Exception ( $b^1$  equals 10 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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.

### **Submission Criteria Two:**

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
  - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *All eligible instances when G9902 or equivalent is submitted for Performance Met (patient screened for tobacco use and identified as tobacco user) in the numerator of Submission Criteria 1*.
3. Check *All eligible instances when G9902 or equivalent is submitted for Performance Met (patient screened for tobacco use and identified as tobacco user) in the numerator of Submission Criteria 1*:
  - a. If *All eligible instances when G9902 or equivalent is submitted for Performance Met (patient screened for tobacco use and identified as tobacco user) in the numerator of Submission Criteria 1* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *All eligible instances when G9902 or equivalent is submitted for Performance Met (patient screened for tobacco use and identified as tobacco user) in the numerator of Submission Criteria 1* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in the Denominator\**.
4. Check *At least two patient encounters during the performance period as listed in the Denominator\**:
  - a. If *At least two patient encounters during the performance period as listed in Denominator\** equals No, proceed to check *At least one preventive encounter during the performance period as listed in the Denominator\**.
  - b. If *At least two patient encounters during the performance period as listed in the Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. Check *At least one preventive encounter during the performance period as listed in the Denominator\**:
  - a. If *At least one preventive encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least one preventive encounter during the performance period as listed in the Denominator\** equals Yes, include in *Eligible Population/Denominator*.
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<sup>2</sup> equals 50 patients in the Sample Calculation.
7. Start Numerator
8. Check *Patient identified as a tobacco user received tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling and/or pharmacotherapy)*:

- a. If *Patient identified as a tobacco user received tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling and/or pharmacotherapy)* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *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 a<sup>3</sup> equals 20 patients in the Sample Calculation.
  - b. If *Patient identified as a tobacco user received tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling and/or pharmacotherapy)* equals No, proceed to check *Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of encounter or within the previous 12 months*.
9. Check *Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of encounter or within the previous 12 months*:
- a. If *Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of encounter or within the previous 12 months* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *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<sup>2</sup> equals 10 patients in the Sample Calculation.
  - b. If *Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of encounter or within the previous 12 months* equals No, proceed to check *Patient identified as tobacco user did not receive tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given*.
10. Check *Patient identified as tobacco user did not receive tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given*:
- a. If *Patient identified as tobacco user did not receive tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
    - *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<sup>2</sup> equals 10 patients in the Sample Calculation.
  - b. If *Patient identified as tobacco user did not receive tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
- a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**Sample Calculations: Submission Criteria Two**

Data Completeness equals Performance Met (a<sup>3</sup> equals 20 patients) plus Denominator Exception (b<sup>2</sup> equals 10 patients) plus Performance Not Met (c<sup>2</sup> equals 10 patients) divided by Eligible Population/Denominator (d<sup>2</sup> equals 50 patients). All equals 40 patients divided by 50 patients. All equals 80.00 percent.

Performance Rate equals Performance Met (a<sup>3</sup> equals 20 patients) divided by Data Completeness Numerator (40 patients) minus Denominator Exception (b<sup>2</sup> equals 10 patients). All equals 20 patients divided by 30 patients. All equals 66.67 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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.

### **Submission Criteria Three:**

1. Start with Denominator
2. Check *Patient aged greater than or equal to 18 years on date of encounter*.
  - a. If *Patient aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in Denominator\**.
3. Check *At least two patient encounters during the performance period as listed in Denominator\**.
  - a. If *At least two patient encounters during the performance period as listed in Denominator\** equals No, proceed to check *At least one preventive encounter during the performance period as listed in Denominator\**.
  - b. If *At least two patient encounters during the performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
4. Check *At least one preventive encounter during the performance period as listed in Denominator\**.
  - a. If *At least one preventive encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least one preventive encounter during the performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. 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<sup>3</sup> equals 100 patients in the Sample Calculation.
6. Start Numerator
7. Check *Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user*.
  - a. If *Patient screened for tobacco use and received tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user* equals Yes, include in *Data Completeness Met and Performance Met*.



- *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 a<sup>4</sup> equals 20 patients in the Sample Calculation.
- b. If *Patient screened for tobacco use and received tobacco cessation intervention on the date of encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user* equals No, proceed to check *Current tobacco non-user*.
8. Check *Current tobacco non-user*:
- a. If *Current tobacco non-user* equals Yes, include in *Data Completeness Met and Performance Met*.
- *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 a<sup>5</sup> equals 20 patients in the Sample Calculation.
- b. If *Current tobacco non-user* equals No, proceed to check *Documentation of medical reason(s) for not screening for tobacco use*.
9. 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*.
- *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<sup>3</sup> equals 10 patients in the Sample Calculation.
- b. If *Documentation of medical reason(s) for not screening for tobacco use* equals No, proceed to check *Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user*.
10. Check *Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user*:
- a. If *Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user* equals Yes, include in *Data Completeness Met and Denominator Exception*.
- *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<sup>4</sup> equals 10 patients in the Sample Calculation.
- b. If *Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user* equals No, proceed to check *Tobacco screening not performed OR tobacco cessation intervention not provided on the date of encounter or within the previous 12 months, reason not otherwise specified*.
11. Check *Tobacco screening not performed OR tobacco cessation intervention not provided on the date of encounter or within the previous 12 months, reason not otherwise specified*:
- a. If *Tobacco screening not performed OR tobacco cessation intervention not provided on the date of encounter or within the previous 12 months, reason not otherwise specified* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
- *Data Completeness Met and Performance Not Met*<sup>\*\*\*</sup> letter is represented in the Data

Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>3</sup> equals 20 patients in the Sample Calculation.

- b. If *Tobacco screening not performed OR tobacco cessation intervention not provided, reason not otherwise specified* No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

- a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 20 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**Sample Calculations: Submission Criteria Three**

Data Completeness equals Performance Met (a<sup>4</sup> plus a<sup>5</sup> equals 40 patients) plus Denominator Exception (b<sup>3</sup> plus b<sup>4</sup> equals 20 patients) plus Performance Not Met (c<sup>3</sup> equals 20 patients) divided by Eligible Population/Denominator (d<sup>3</sup> equals 100 patients). All equals 80 patients divided by 100 patients. All equals 80.00 percent.

Performance Rate equals Performance Met (a<sup>4</sup> plus a<sup>5</sup> equals 40 patients) divided by Data Completeness Numerator (80 patients) minus Denominator Exception (b<sup>3</sup> plus b<sup>4</sup> equals 20 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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.