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

2010 PQRI REPORTING OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

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. The patient should either be queried about tobacco use on the date of service OR there should be documentation that the patient was queried about tobacco use at least once within the 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.

Measure Reporting via Registry:
CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes 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. There are no allowable performance exclusions for this measure.

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.

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 (eg, chew, snuff)
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)