

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

2023 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 during the measurement period or in the six months prior to the measurement period 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.

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 during the measurement period who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period
- 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 during the measurement period or in the six months prior to the measurement period if identified as a tobacco user

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 during the measurement period and who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period

AND

- 3) All patients who were screened for tobacco use and, if identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period, 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 during the measurement period and who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (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, 97802, 97803, 97804, 99024, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271

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

AND NOT

DENOMINATOR EXCLUSION:

Hospice services provided to patient any time during the measurement period: M1159

NUMERATOR (SUBMISSION CRITERIA 1):

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

Definition:

Tobacco Use – use of any tobacco product

The 2021 USPSTF recommendation references the US Food and Drug Administration definition of tobacco which includes “any product made or derived from tobacco intended for human consumption (except products that meet the definition of drugs), including, but not limited to, cigarettes, cigars (including cigarillos and little cigars), dissolvables, hookah tobacco, nicotine gels, pipe tobacco, roll-your-own tobacco, smokeless tobacco products (including dip, snuff, snus, and chewing tobacco), vapes, electronic cigarettes (e-cigarettes), hookah pens, and other electronic nicotine delivery systems.”

The 2021 USPSTF recommendation describes smoking as generally referring to “the inhaling and exhaling of smoke produced by combustible tobacco products such as cigarettes, cigars, and pipes.”

The 2021 USPSTF recommendation describes vaping as “the inhaling and exhaling of aerosols produced by e-cigarettes.” In addition, it states, “vaping products (i.e., e-cigarettes) usually contain nicotine, which is the addictive ingredient in tobacco. Substances other than tobacco can also be used to smoke or vape. While the 2015 USPSTF recommendation statement used the term ‘electronic nicotine delivery systems’ or ‘ENDS,’ the USPSTF recognizes that the field has shifted to using the term ‘e-cigarettes’ (or ‘e-cigs’) and uses the term e-cigarettes in the current recommendation statement. e-Cigarettes can come in many shapes and sizes, but generally they heat a liquid that contains nicotine (the addictive drug in tobacco) to produce an aerosol (or ‘vapor’) that is inhaled (‘vaped’) by users.”

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.

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

Performance Not Met:

Patient not screened for tobacco use (**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 ≥ 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, 97802, 97803, 97804, 99024, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271

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

AND NOT

DENOMINATOR EXCLUSION:

Hospice services provided to patient any time during the measurement period: M1159

NUMERATOR (SUBMISSION CRITERIA 2):

Patients who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period

Definition:

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

Note: Concepts aligned with brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) are included in the numerator. Other concepts such as written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator. Counseling also may be of longer duration or be performed more frequently, as evidence shows that higher-intensity interventions are associated with higher tobacco cessation rates (U.S. Preventive Services Task Force, 2021).

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.

Numerator Options:

Performance Met:

Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy) **(G9906)**

OR

Performance Not Met:

Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy) **(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 ≥ 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, 97802, 97803, 97804, 99024, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271

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

AND NOT

DENOMINATOR EXCLUSION:

Hospice services provided to patient any time during the measurement period: M1159

NUMERATOR (SUBMISSION CRITERIA 3):

Patients who were screened for tobacco use at least once within the measurement period **AND** who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user

Definitions:

Tobacco Use – use of any tobacco product

The 2021 USPSTF recommendation references the US Food and Drug Administration definition of tobacco which includes “any product made or derived from tobacco intended for human consumption (except products that meet the definition of drugs), including, but not limited to, cigarettes, cigars (including cigarillos and little cigars), dissolvables, hookah tobacco, nicotine gels, pipe tobacco, roll-your-own tobacco, smokeless tobacco products (including dip, snuff, snus, and chewing tobacco), vapes, electronic cigarettes (e-cigarettes), hookah pens, and other electronic nicotine delivery systems.”

The 2021 USPSTF recommendation describes smoking as generally referring to “the inhaling and exhaling of smoke produced by combustible tobacco products such as cigarettes, cigars, and pipes.”

The 2021 USPSTF recommendation describes vaping as “the inhaling and exhaling of aerosols produced by e-cigarettes.” In addition, it states, “vaping products (i.e., e-cigarettes) usually contain nicotine, which is the addictive ingredient in tobacco. Substances other than tobacco can also be used to smoke or vape. While the 2015 USPSTF recommendation statement used the term ‘electronic nicotine delivery systems’ or ‘ENDS,’ the USPSTF recognizes that the field has shifted to using the term ‘e-cigarettes’ (or ‘e-cigs’) and uses the term e-cigarettes in the current recommendation statement. e-Cigarettes can come in many shapes and sizes, but generally they heat a liquid that contains nicotine (the addictive drug in tobacco) to produce an aerosol (or ‘vapor’) that is inhaled (‘vaped’) by users.”

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

Note: Concepts aligned with brief counseling (e.g., minimal and intensive advice/counseling interventions

conducted both in person and over the phone) are included in the numerator. Other concepts such as written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator. Counseling also may be of longer duration or be performed more frequently, as evidence shows that higher-intensity interventions are associated with higher tobacco cessation rates (U.S. Preventive Services Task Force, 2021).

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 during the measurement period or in the six months prior to the measurement period 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.

Numerator Options:

Performance Met:

Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user (**G0030**)

OR

Performance Met:

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

OR

Performance Not Met:

Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period (**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 US Preventive Services Task Force (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 nonpregnant adults who use tobacco (Grade A Recommendation) (U.S. Preventive Services Task Force, 2021).

The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop

using tobacco, and provide behavioral interventions for cessation to pregnant persons 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, 2021).

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of electronic cigarettes (e-cigarettes) for tobacco cessation in adults, including pregnant persons. The USPSTF recommends that clinicians direct patients who use tobacco to other tobacco cessation interventions with proven effectiveness and established safety (Grade I Statement) (U.S. Preventive Services Task Force, 2021).

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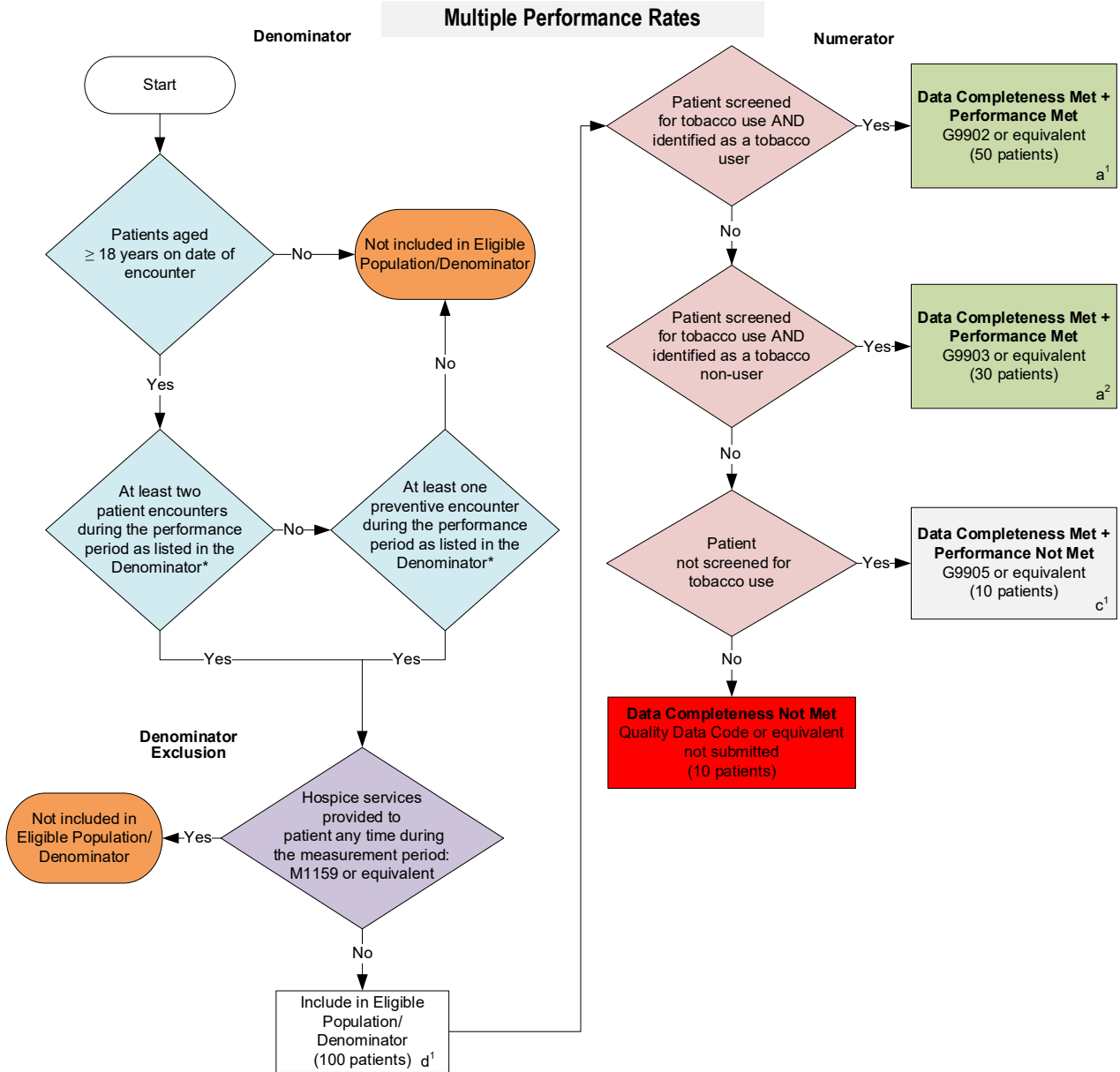
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**2023 Clinical Quality Measure for Quality ID #226 (NQF 0028):
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Submission Criteria One**

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



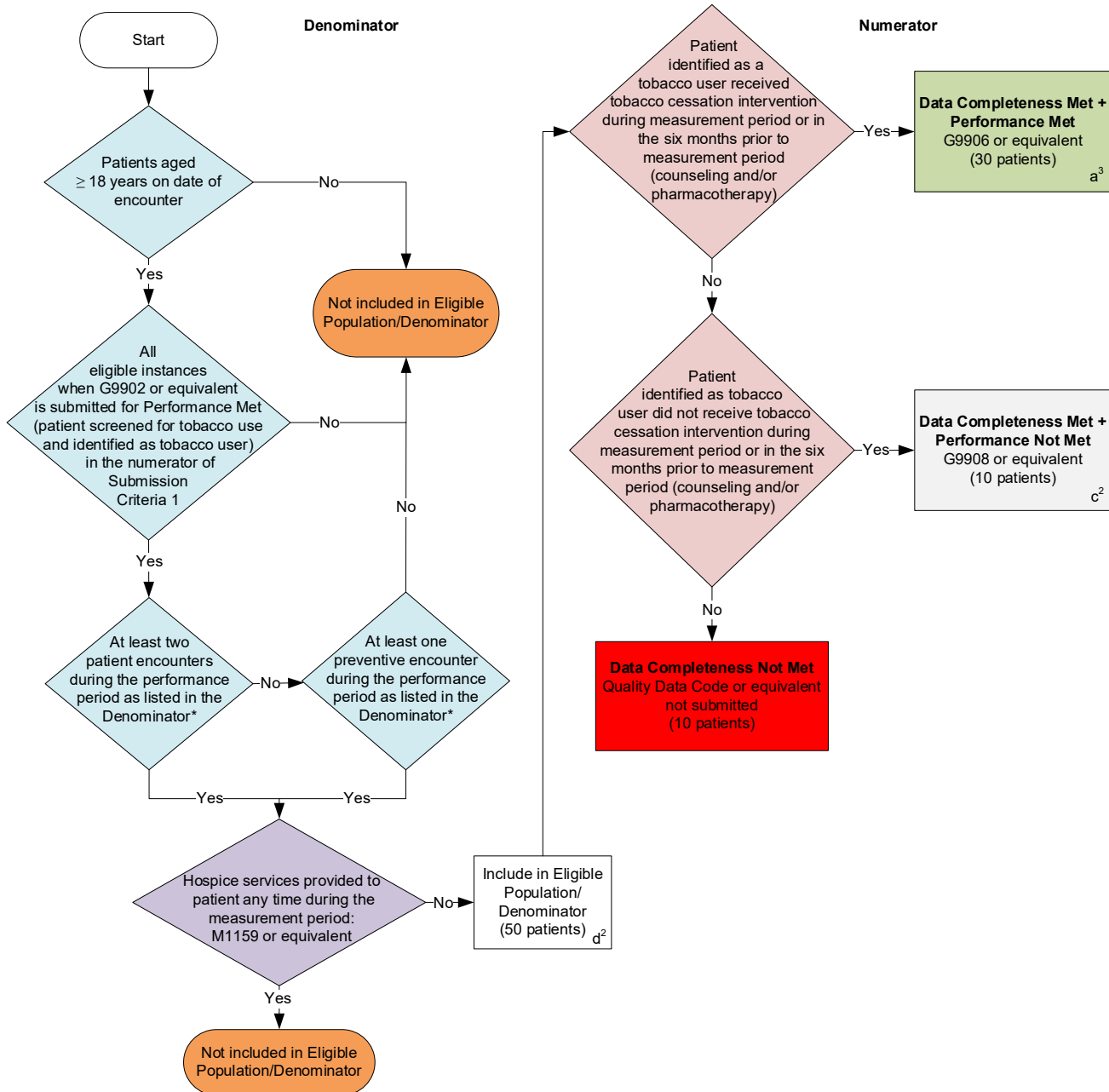
SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE			
Data Completeness=			
Performance Met (a ¹ +a ² =80 patients) + Performance Not Met (c ¹ =10 patients)	=	90 patients	= 90.00%
Eligible Population / Denominator (d ¹ =100 patients)	=	100 patients	
Performance Rate=			
Performance Met (a ¹ +a ² =80 patients)	=	80 patients	= 88.89%
Data Completeness Numerator (90 patients)	=	90 patients	

*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

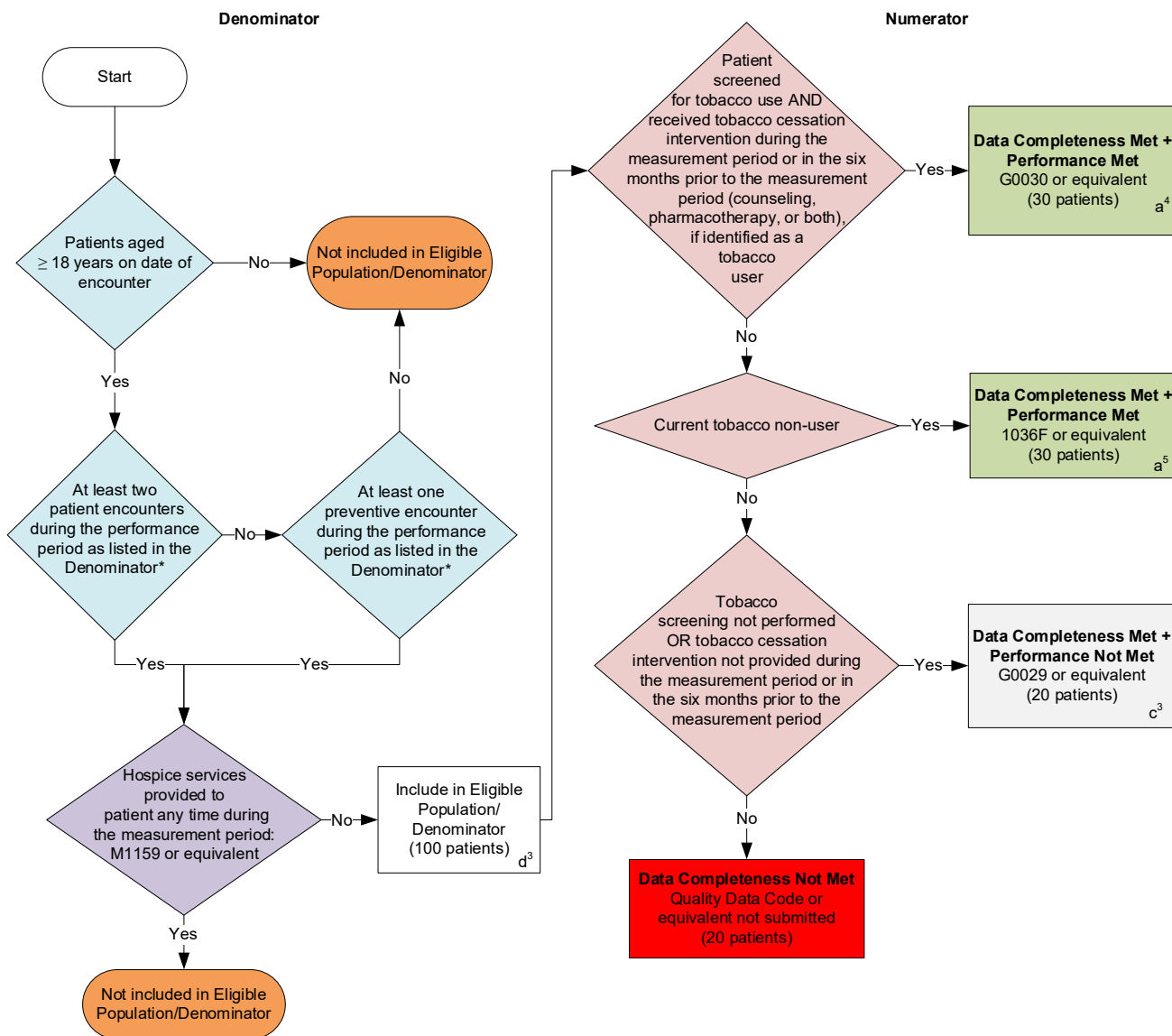
Data Completeness=		
$\frac{\text{Performance Met (a}^3=30 \text{ patients)} + \text{Performance Not Met (c}^2=10 \text{ patients)}}{\text{Eligible Population / Denominator (d}^2=50 \text{ patients)}}$	=	$\frac{40 \text{ patients}}{50 \text{ patients}} = 80.00\%$
Performance Rate=		
$\frac{\text{Performance Met (a}^3=30 \text{ patients)}}{\text{Data Completeness Numerator (40 patients)}}$	=	$\frac{30 \text{ patients}}{40 \text{ patients}} = 75.00\%$

*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=		
Performance Met (a ⁴ +a ⁵ =60 patients) + Performance Not Met (c ³ =20 patients)	=	80 patients = 80.00%
Eligible Population / Denominator (d ³ =100 patients)	=	100 patients
Performance Rate=		
Performance Met (a ⁴ +a ⁵ =60 patients)	=	60 patients = 75.00%
Data Completeness Numerator (80 patients)	=	80 patients

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

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**2023 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 *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 *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, proceed to check *Hospice services provided to patient any time during the measurement period*.
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, proceed to check *Hospice services provided to patient any time during the measurement period*.
5. Check *Hospice services provided to patient any time during the measurement period*:
 - a. If *Hospice services provided to patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*.
 - b. If *Hospice services provided to patient any time during the measurement period* equals No, 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 d¹ equals 100 patients in the Sample Calculation.
7. Start Numerator
8. 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 a¹ 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*.
9. 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 a² equals 30 patients in the Sample Calculation.
- b. If *Patient screened for tobacco use AND identified as a tobacco non-user* equals No, proceed to check *Patient not screened for tobacco use*.
10. Check *Patient not screened for tobacco use*:
- a. If *Patient not screened for tobacco use* 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 c¹ equals 10 patients in the Sample Calculation.
- b. If *Patient not screened for tobacco use* 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 (a¹ plus a² equals 80 patients) plus Performance Not Met (c¹ equals 10 patients) divided by Eligible Population/Denominator (d¹ equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a¹ plus a² equals 80 patients) divided by Data Completeness Numerator (90 patients). All equals 80 patients divided by 90 patients. All equals 88.89 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
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November 2022

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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, proceed to check *Hospice services provided to patient any time during the measurement period*.
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, proceed to check *Hospice services provided to patient any time during the measurement period*.
6. Check *Hospice services provided to patient any time during the measurement period*:
 - a. If *Hospice services provided to patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*.
 - b. If *Hospice services provided to patient any time during the measurement period* equals No, include in *Eligible Population/Denominator*.
7. 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 d² equals 50 patients in the Sample Calculation.
8. Start Numerator
9. Check *Patient identified as a tobacco user received tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)*:

- a. If *Patient identified as a tobacco user received tobacco cessation intervention during measurement period or in the six months prior to measurement period (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 a³ equals 30 patients in the Sample Calculation.
 - b. If *Patient identified as a tobacco user received tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)* equals No, proceed to check *Patient identified as tobacco user did not receive tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)*.
10. Check *Patient identified as tobacco user did not receive tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)*:
- a. If *Patient identified as tobacco user did not receive tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)* 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 c² equals 10 patients in the Sample Calculation.
 - b. If *Patient identified as tobacco user did not receive tobacco cessation intervention during measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)* 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 (a³ equals 30 patients) plus Performance Not Met (c² equals 10 patients) divided by Eligible Population/Denominator (d² equals 50 patients). All equals 40 patients divided by 50 patients. All equals 80.00 percent.

Performance Rate equals Performance Met (a³ equals 30 patients) divided by Data Completeness Numerator (40 patients). All equals 30 patients divided by 40 patients. All equals 75.00 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 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 Denominator**.
 - b. If *At least two patient encounters during the performance period as listed in the Denominator** equals Yes, proceed to check *Hospice services provided to patient any time during the measurement period*.
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, proceed to check *Hospice services provided to patient any time during the measurement period*.
5. Check *Hospice services provided to patient any time during the measurement period*:
 - a. If *Hospice services provided to patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*.
 - b. If *Hospice services provided to patient any time during the measurement period* equals No, 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 d³ equals 100 patients in the Sample Calculation.
7. Start Numerator
8. Check *Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user*:
 - a. If *Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (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 a⁴ equals 30 patients in the Sample Calculation.
 - b. If *Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user* equals No, proceed to check *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*.
 - *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 a⁵ equals 30 patients in the Sample Calculation.
- b. If *Current tobacco non-user* equals No, proceed to check *Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period*.

10. Check *Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period*:

- a. If *Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period* 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 c³ equals 20 patients in the Sample Calculation.
- b. If *Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period* 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. 20 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria Three

Data Completeness equals Performance Met (a⁴ plus a⁵ equals 60 patients) plus Performance Not Met (c³ equals 20 patients) divided by Eligible Population/Denominator (d³ equals 100 patients). All equals 80 patients divided by 100 patients. All equals 80.00 percent.

Performance Rate equals Performance Met (a⁴ plus a⁵ equals 60 patients) divided by Data Completeness Numerator (80 patients). All equals 60 patients divided by 80 patients. All equals 75.00 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.