

CMS Measure ID 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

07/24/2024 12:50 pm EDT



You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data in multiple places. Please see our [article](#) on all the areas in DrChrono where you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

My Measures

Select, review, and change the measures you will be reporting.

Notifications

-  You have met the measure selection requirements
-  You may now proceed with entering patient visits

[Select Measures](#) [Checklist](#)

#226 **Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention** ✕

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.

[View details](#)

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 before 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.

Date of birth information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**.

The screenshot displays a patient profile for Jenny (Jen) Harris. The left sidebar contains a menu with 'Demographics' highlighted. The main content area shows patient details: name, gender (Female), age (43 years old), and date of birth (Feb. 11, 1980). Contact information includes phone (443) 555-5555, email (sample@sample.com), and address (328 Gibraltar Dr, Sunnyvale, CA 94089). It also lists 'Date Added' (Oct. 13, 2021), 'Last Scheduled Appt' (Wed Feb 15, 2023), and 'Next Scheduled Appt'. A 'CDS' link points to 'Adult Immunization Schedule Age: 27-49'. The primary provider is Dr. James Smith. Below this are buttons for 'New Referral', 'Fax Demographics', 'Print Demographics', 'Apple Health App Data', and 'Vitals'. A navigation bar includes 'Important', 'Demographics', 'Insurances', 'Authorizations', 'Smoking Status', 'Flags', 'Balance', and 'onpatient Payments'. A status bar shows 'Sufficient patient demographics to bill insurance.', 'Fall Risk', 'Gestational Diabetes', and 'Likes Cats'. The 'Demographics' section has input fields for 'Patient SSN' (111-11-1111) and 'Patient Date of birth' (02/11/1980), with a note 'e.g. 8/8/1979'.

AND

At least two patient encounters during the performance period (CPT or HCPCS): 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 a patient any time during the measurement period: **M1159**

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.

CPT and HCPCS codes can be added to the billing section of the visit. Below is an example from the appointment window.

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Institutional Claim Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status

ICD Version

Patient Payment \$ 0 Copay: \$20 +

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile +

Billing Pick List

Diagnosis Pick List

Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$145.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description

ICD-9 Codes to Convert

#	Code	Description

NDC Codes

NDC Code	Quantity	Units	Line Item

Custom Codes

Code	Description	Price (\$)

CPT Codes

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	145.00

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

HCPCS Codes

Code	Description	Price (\$)
1 G0438	Ppps initial visit	0.00

Modifiers:

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

DENOMINATOR (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 ecigarettes 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: The following codes can be entered in the **HCPCS** code section for the visit.

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**)

Schedule Appointment

Appointment
Billing
Eligibility
Vitals
Growthcharts
Flags
Log Comm.
Revisions
Custom Data
MU Helper

Patient SuperBill
Clinical Note
Billing Details
Other Forms

Billing Status

ICD Version

Patient Payment \$ Copay: \$20

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile

Billing Pick List

Diagnosis Pick List

Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$0.00 **Adjustment: \$0.00** **Insurer Paid: \$0.00** **Patient Paid: \$0.00**

ICD-10 Codes

#	Code	Description
---	------	-------------

ICD-9 Codes to Convert

#	Code	Description
---	------	-------------

NDC Codes

NDC Code	Quantity	Units	Line Item
----------	----------	-------	-----------

Custom Codes

Code	Description	Price (\$)
------	-------------	------------

CPT Codes

Code	Description	Price (\$)
------	-------------	------------

HCPCS Codes

Code	Description	Price (\$)
1 G9902	Pt scrn tbco and id as user	0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

OR

Performance Not Met:

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

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status [dropdown]
ICD Version ICD-10 [dropdown]
Patient Payment \$ 0 Copay: \$20 [+]
Pre Authorization Approval [text]
Referral # [text]
Payment Profile Cash [dropdown]
Billing Profile [dropdown] [+]
Billing Pick List Choose Codes from Pick List
Diagnosis Pick List Choose Codes from Pt Problems
Credit Card Payment Process Credit Card

HCFA Box 10 - Is patient's condition related to:
Employment No [dropdown]
Auto Accident No [dropdown]
Other Accident No [dropdown]
Onset Date Type Onset of Current Symptoms [dropdown]
Onset Date [text]
Other Date Type - Other Date Type - [dropdown]
Other Date [text]

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes [icon]

#	Code	Description
---	------	-------------

ICD-9 Codes to Convert Find Diagnosis codes [dropdown]

#	Code	Description
---	------	-------------

NDC Codes Find NDC Codes [dropdown]

NDC Code	Quantity	Units	Line Item
----------	----------	-------	-----------

Custom Codes Find Custom Procedure codes [dropdown]

Code	Description	Price (\$)
------	-------------	------------

CPT Codes Find CPT Procedure codes [dropdown]

Code	Description	Price (\$)
------	-------------	------------

HCPCS Codes Find HCPCS Procedure codes [dropdown]

Code	Description	Price (\$)
1 G9905	No pt tbco scrn rng	0

Modifiers: [dropdown] [dropdown] [dropdown] [dropdown]
Quantity/Minutes: 1
Diagnosis Pointers: 1:0:0:0

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. Date of Birth information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**. See Submission Criteria 1 above.

AND

All eligible instances when (G9902) Patient screened for tobacco use AND identified as a tobacco user that are utilized in the submission of Performance Met Patient Screened for Tobacco Use, Identified as a Tobacco User in the numerator for submission Criteria 1.

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status

ICD Version

Patient Payment \$ 0 Copay: \$20 +

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile +

Billing Pick List

Diagnosis Pick List

Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
---	------	-------------

ICD-9 Codes to Convert

#	Code	Description
---	------	-------------

NDC Codes

NDC Code	Quantity	Units	Line Item
----------	----------	-------	-----------

Custom Codes

Code	Description	Price (\$)
------	-------------	------------

CPT Codes

Code	Description	Price (\$)
------	-------------	------------

HCPCS Codes

Code	Description	Price (\$)
1 G9902	Pt scrn tbco and id as user	0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

AND

At least two patient encounters during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 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**

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.

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status **HCFA Box 10 - Is patient's condition related to:**

ICD Version ICD-10 Employment No

Patient Payment \$ 0 Copay: \$20 Auto Accident No

Pre Authorization Approval Other Accident No

Referral # Onset Date Type Onset of Current Symptoms

Payment Profile Cash Onset Date

Billing Profile + Other Date Type - Other Date Type -

Billing Pick List Choose Codes from Pick List Other Date

Diagnosis Pick List Choose Codes from Pt Problems

Credit Card Payment **Process Credit Card**

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes

#	Code	Description
---	------	-------------

ICD-9 Codes to Convert Find Diagnosis codes

#	Code	Description
---	------	-------------

NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
----------	----------	-------	-----------

Custom Codes Find Custom Procedure codes

Code	Description	Price (\$)
------	-------------	------------

CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
1 99386	PREV VISIT NEW AGE 40-64	0

Modifiers: --- --- --- ---

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0:0

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
1 G0438	Ppps initial visit	0

Modifiers: --- --- --- ---

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: The following codes can be entered in the **HCPCS** code section for the visit.

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)

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status **HCFA Box 10 - Is patient's condition related to:**

ICD Version ICD-10 Employment No

Patient Payment \$ 0 Copay: \$20 Auto Accident No

Pre Authorization Approval Other Accident No

Referral # Onset Date Type Onset of Current Symptoms

Payment Profile Cash Onset Date

Billing Profile + Other Date Type - Other Date Type -

Billing Pick List Choose Codes from Pick List Other Date

Diagnosis Pick List Choose Codes from Pt Problems

Credit Card Payment

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
---	------	-------------

ICD-9 Codes to Convert

#	Code	Description
---	------	-------------

NDC Codes

NDC Code	Quantity	Units	Line Item
----------	----------	-------	-----------

Custom Codes

Code	Description	Price (\$)
------	-------------	------------

CPT Codes

Code	Description	Price (\$)
------	-------------	------------

HCPCS Codes

Code	Description	Price (\$)
1 G9906	Pt recv tbco cess interv	0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

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)

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status

ICD Version ICD-10

Patient Payment \$ 0 Copay: \$20 +

Pre Authorization Approval

Referral #

Payment Profile Cash

Billing Profile +

Billing Pick List Choose Codes from Pick List

Diagnosis Pick List Choose Codes from Pt Problems

Credit Card Payment **Process Credit Card**

HCFA Box 10 - Is patient's condition related to:

Employment No

Auto Accident No

Other Accident No

Onset Date Type Onset of Current Symptoms

Onset Date

Other Date Type - Other Date Type -

Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes

#	Code	Description
---	------	-------------

ICD-9 Codes to Convert Find Diagnosis codes

#	Code	Description
---	------	-------------

NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
----------	----------	-------	-----------

Custom Codes Find Custom Procedure codes

Code	Description	Price (\$)
------	-------------	------------

CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
------	-------------	------------

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
1 G9908	No pt tbco cess interv rng	0

Modifiers: --- --- --- ---

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0

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.

For patients aged \geq 18 years on the date of the encounter, this information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**. See Submission Criteria 1 above.

AND

At least two patient encounters during the performance period (CPT or HCPCS): 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**

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.

See above criteria for code entry options.

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 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**.

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**)

Schedule Appointment

- Appointment
- Billing**
- Eligibility
- Vitals
- Growthcharts
- Flags
- Log Comm.
- Revisions
- Custom Data
- MU Helper

Institutional Claim

- Patient SuperBill
- Clinical Note
- Billing Details
- Other Forms

<p>Billing Status <input type="text"/></p> <p>ICD Version <input type="text" value="ICD-10"/></p> <p>Patient Payment \$ <input type="text" value="0"/> <input type="button" value="+"/></p> <p>Pre Authorization Approval <input type="text"/></p> <p>Referral # <input type="text"/></p> <p>Payment Profile <input type="text" value="Insurance"/></p> <p>Billing Profile <input type="text"/> <input type="button" value="+"/></p> <p>Billing Pick List <input type="text" value="Choose Codes from Pick List"/></p> <p>Diagnosis Pick List <input type="text" value="Choose Codes from Pt Problems"/></p> <p>Credit Card Payment <input type="button" value="Process Credit Card"/></p>	<p>HCFA Box 10 - Is patient's condition related to:</p> <p>Employment <input type="text" value="No"/></p> <p>Auto Accident <input type="text" value="No"/></p> <p>Other Accident <input type="text" value="No"/></p> <p>Onset Date Type <input type="text" value="Onset of Current Symptoms c"/></p> <p>Onset Date <input type="text"/></p> <p>Other Date Type <input type="text" value="- Other Date Type -"/></p> <p>Other Date <input type="text"/></p>
---	---

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes			
#	Code		
Description			
Find Diagnosis codes			
ICD-9 Codes to Convert			
#	Code		
Description			
Find Diagnosis codes			
NDC Codes			
NDC Code	Quantity	Units	Line Item
Find NDC Codes			
Custom Codes			
Code	Description	Price (\$)	
Find Custom Procedure codes			

CPT Codes		
Code	Description	Price (\$)
1 1036F	TOBACCO NON-USER	0.00
Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/>		
Quantity/Minutes: <input type="text" value="1.00"/>		
Diagnosis Pointers: <input type="text" value="1:0:0:0"/>		
HCPCS Codes		
Code	Description	Price (\$)
1 G0030	Pt scr tob & cess int	0.00
Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/>		
Quantity/Minutes: <input type="text" value="1.00"/>		
Diagnosis Pointers: <input type="text" value="1:0:0:0"/>		

—OR—

Include note in EDI Billing:

- Delete
- Save & Close
- Save
- Cancel

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).

Schedule Appointment

- Appointment
- Billing**
- Eligibility
- Vitals
- Growthcharts
- Flags
- Log Comm.
- Revisions
- Custom Data
- MU Helper

Institutional Claim

- Patient SuperBill
- Clinical Note
- Billing Details
- Other Forms

<p>Billing Status <input type="text"/></p> <p>ICD Version <input type="text" value="ICD-10"/></p> <p>Patient Payment \$ <input type="text" value="0"/> <input type="button" value="+"/></p> <p>Pre Authorization Approval <input type="text"/></p> <p>Referral # <input type="text"/></p> <p>Payment Profile <input type="text" value="Insurance"/></p> <p>Billing Profile <input type="text"/> <input type="button" value="+"/></p> <p>Billing Pick List <input type="text" value="Choose Codes from Pick List"/></p> <p>Diagnosis Pick List <input type="text" value="Choose Codes from Pt Problems"/></p> <p>Credit Card Payment <input type="button" value="Process Credit Card"/></p>	<p>HCFA Box 10 - Is patient's condition related to:</p> <p>Employment <input type="text" value="No"/></p> <p>Auto Accident <input type="text" value="No"/></p> <p>Other Accident <input type="text" value="No"/></p> <p>Onset Date Type <input type="text" value="Onset of Current Symptoms o"/></p> <p>Onset Date <input type="text"/></p> <p>Other Date Type <input type="text" value="- Other Date Type -"/></p> <p>Other Date <input type="text"/></p>
---	---

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
---	------	-------------

CPT Codes

Code	Description	Price (\$)
------	-------------	------------

ICD-9 Codes to Convert

#	Code	Description
---	------	-------------

HCPCS Codes

Code	Description	Price (\$)
1 G0029	No tob scr/cess int	0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

NDC Codes

NDC Code	Quantity	Units	Line Item
----------	----------	-------	-----------

Custom Codes

Code	Description	Price (\$)
------	-------------	------------

Include note in EDI Billing:

- Delete
- Save & Close
- Save
- Cancel