CMS Measure ID 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (CMS138v10)

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.

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 the 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 tobacco users 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 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.

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
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.

NUMERATOR (SUBMISSION CRITERIA 1): Patients who were screened for tobacco use 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: 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)**

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 during the measurement period who were screened for tobacco use and identified as a tobacco user. 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

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	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 o ▼
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

CPT Codes
Find CPT Procedure codes ⬇

Code	Description	Price ($)

ICD-9 Codes to Convert
Find Diagnosis codes ⬇

#	Code	Description

HCPCS Codes
Find HCPCS Procedure codes ⬇

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

Modifiers:	--- ▼ --- ▼ --- ▼ --- ▼
Quantity/Minutes:	1
Diagnosis Pointers:	1:0:0:0

NDC Codes
Find NDC Codes ⬇

NDC Code	Quantity	Units	Line Item

Custom Codes
Find Custom Procedure codes ⬇

Code	Description	Price ($)

AND

A relevant **CPT** code for at least **two** encounters: 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 with a relevant **CPT** or **HCPCS** code. 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439

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.

NUMERATOR (SUBMISSION CRITERIA 2):

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

Definitions:

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: 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)**

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 on the date of the encounter and older seen for at least two visits or at least one preventive visit during the measurement period.

For patients aged ≥ 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

A relevant **CPT** code for at least **two** encounters: 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 with a relevant **CPT** or **HCPCS** code. 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439

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.

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.

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

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)**.

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)**.

Schedule Appointment

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

Patient SuperBill ▼ | Clinical Note | Billing Details | Other Forms ▼

		HCFA Box 10 - Is patient's condition related to:
❓ Billing Status	[⌄]	Employment [No ⌄]
ICD Version	[ICD-10 ⌄]	Auto Accident [No ⌄]
Patient Payment	$ [0] Copay: $20 [+]	Other Accident [No ⌄]
Pre Authorization Approval	[ ]	
Referral #	[ ]	Onset Date Type [Onset of Current Symptoms o ⌄]
Payment Profile	[Insurance ⌄]	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

CPT Codes
Find CPT Procedure codes ⬇

Code	Description	Price ($)

ICD-9 Codes to Convert
Find Diagnosis codes ⬇

#	Code	Description

HCPCS Codes
Find HCPCS Procedure codes ⬇

Code	Description	Price ($)
1 G0030	Pt scr tob & cess int	0.00 ✖

Modifiers: [--- ⌄] [--- ⌄] [--- ⌄] [--- ⌄]

Quantity/Minutes: [1.00]

Diagnosis Pointers: [1:0:0:0]

NDC Codes
Find NDC Codes ⬇

NDC Code	Quantity	Units	Line Item

Custom Codes
Find Custom Procedure codes ⬇

Code	Description	Price ($)

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)**.

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   ▼]

Patient Payment $ [0   ] Copay: $20 [+]

Pre Authorization Approval [   ]

Referral # [   ]

Payment Profile [Insurance   ▼]

Billing Profile [▼] [+]

Billing Pick List [Choose Codes from Pick List]

Diagnosis Pick List [Choose Codes from Pt Problems]

Credit Card Payment [Process Credit Card]

Employment [No   ▼]

Auto Accident [No   ▼]

Other Accident [No   ▼]

Onset Date Type [Onset of Current Symptoms o ▼]

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 |

CPT Codes   [Find CPT Procedure codes ⬇]

| Code | Description | Price ($) |

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

| # | Code | Description |

HCPCS Codes   [Find HCPCS Procedure codes ⬇]

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

Modifiers: [--- ▼] [--- ▼] [--- ▼] [--- ▼]

Quantity/Minutes: [1   ]

Diagnosis Pointers: [1:0:0:0   ]

NDC Codes   [Find NDC Codes ⬇]

| NDC Code | Quantity | Units | Line Item |

Custom Codes   [Find Custom Procedure codes ⬇]

| Code | Description | Price ($) |