



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

Reporting Options: Claims, Registry, EHR, Cataracts Measures Group, Diabetic Retinopathy Measures Group (Cross-cutting Measure)

Quality Domain: Community / Population Health

Instructions: This measure is to be reported once per reporting period for patients aged 18 years and older seen during the reporting period and were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user. This measure is intended to reflect the quality of services provided for preventive screening for tobacco use.

Tobacco users who are able to stop smoking lower their risk for heart disease, lung disease, and stroke. All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates. Minimal interventions lasting less than three minutes increase overall tobacco abstinence rates. Every tobacco user should be offered at least a minimal intervention whether or not he or she is referred to an intensive intervention.

Definitions:

Tobacco use- Includes any type of tobacco

Cessation counseling intervention- Includes counseling or pharmacotherapy

Category II Codes:

4004F Patient screened for tobacco use and received tobacco cessation counseling, if identified as a tobacco user

or

1036F Patient screened for tobacco use and identified as a non-user of tobacco

or

4004F 1P Tobacco screening not performed for medical reasons

or

4004F 8P Tobacco screening not performed reason not specified

CPT Codes:

90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99406, 99407, G0438, G0439



Diagnosis Codes:

None required for this measure. If your computer system requires a modifier, it is appropriate to append the associated exam diagnosis.

Clinical Recommendation Statements

The following evidence statements are quoted verbatim from the referenced clinical guidelines:

All patients should be asked if they use tobacco and should have their tobacco use status documented on a regular basis. Evidence has shown that clinic screening systems, such as expanding the vital signs to include tobacco use status or the use of other reminder systems such as chart stickers or computer prompts, significantly increase rates of clinician intervention. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008)

All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008)

Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates. Every tobacco user should be offered at least a minimal intervention, whether or not he or she is referred to an intensive intervention. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008)

The combination of counseling and medication is more effective for smoking cessation than either medication or counseling alone. Therefore, whenever feasible and appropriate, both counseling and medication should be provided to patients trying to quit smoking. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008)

Clinicians should encourage all patients attempting to quit to use effective medications for tobacco dependence treatment, except where contraindicated or for specific populations for which there is insufficient evidence of effectiveness (ie, pregnant women, smokeless tobacco users, light smokers, and adolescents). (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008)

The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. (A Recommendation) (U.S. Preventive Services Task Force, 2009)