

Quality ID #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention – National Quality Strategy Domain: Community / Population Health

2018 OPTIONS FOR INDIVIDUAL MEASURES:

REGISTRY ONLY

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received tobacco cessation intervention if identified as a tobacco user

INSTRUCTIONS:

This measure is to be submitted **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. For the purposes of the measure, the most recent denominator eligible encounter should be used to determine if the numerator action for each of the submission criteria was performed within the 24 month look back period from the date of the denominator eligible encounter.

Measure Submission:

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

THERE ARE THREE SUBMISSION CRITERIA FOR THIS MEASURE:

1. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months
2. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention
3. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received tobacco cessation intervention if identified as a tobacco user

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 registry-based measures

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years

AND

At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

OR

At least one preventive encounter during the performance period (CPT or HCPCS): 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96160, 96161, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 1):

Patients who were screened for tobacco use at least once within 24 months

Definitions:

Tobacco Use – Includes any type of tobacco

NUMERATOR NOTE: *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:

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

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 registry-based measures*

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years

AND

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

AND

At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

OR

At least one preventive encounter during the performance period (CPT or HCPCS): 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96160, 96161, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 2):

Patients who received tobacco cessation intervention

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.

NUMERATOR NOTE: *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:

Performance Met:

Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy) (**G9906**)

OR

Denominator Exception:

Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason) (**G9907**)

OR

Performance Not Met:

Patient identified as tobacco user did not receive tobacco cessation intervention (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 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 registry-based measures.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years

AND

At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

OR

At least one preventive encounter during the performance period (CPT or HCPCS): 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96160, 96161, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 3):

Patients who were screened for tobacco use at least once within 24 months **AND** who received tobacco cessation intervention if identified as a tobacco user

Definitions:

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.

NUMERATOR NOTE: In the event that a patient is screened for tobacco use and identified as a user but did not receive tobacco cessation intervention or if tobacco status is unknown, submit 4004F with 8P. 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 CPT II 4004F. Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter for all submission criteria.

Numerator Options:

Performance Met:

Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user **(4004F)**

OR

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) **(4004F with 1P)**

OR

Denominator Exception:

Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason) **(G9909)**

OR

Performance Not Met:

Tobacco screening not performed OR tobacco cessation intervention not provided, reason not otherwise specified **(4004F with 8P)**

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 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 adults who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety (previously stated). (Grade I Statement) (U.S. Preventive Services Task Force, 2015)

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**2018 Registry Flow for Quality ID #226 NQF #0028:
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Submission Criteria One**



SAMPLE CALCULATIONS SUBMISSION CRITERIA ONE:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=70 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=100 patients)}} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=70 patients)}}{\text{Data Completeness Numerator (90 patients) – Denominator Exception (b=10 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

* See the posted Measure Specification for specific coding and instructions to submit this measure.

** In the event that the tobacco status is unknown submit G9905

***All encounters should be without the telehealth modifier in order to be denominator eligible.

NOTE: Submission Frequency: Patient-process

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v2

**2018 Registry Flow for Quality ID #226 NQF #0028:
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Submission Criteria Two**



SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO:

Data Completeness=

$$\frac{\text{Performance Met (a=20 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=50 patients)}} = \frac{40 \text{ patients}}{50 \text{ patients}} = 80.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=20 patients)}}{\text{Data Completeness Numerator (40 patients) – Denominator Exception (b=10 patients)}} = \frac{20 \text{ patients}}{30 \text{ patients}} = 66.67\%$$

* See the posted Measure Specification for specific coding and instructions to submit this measure.

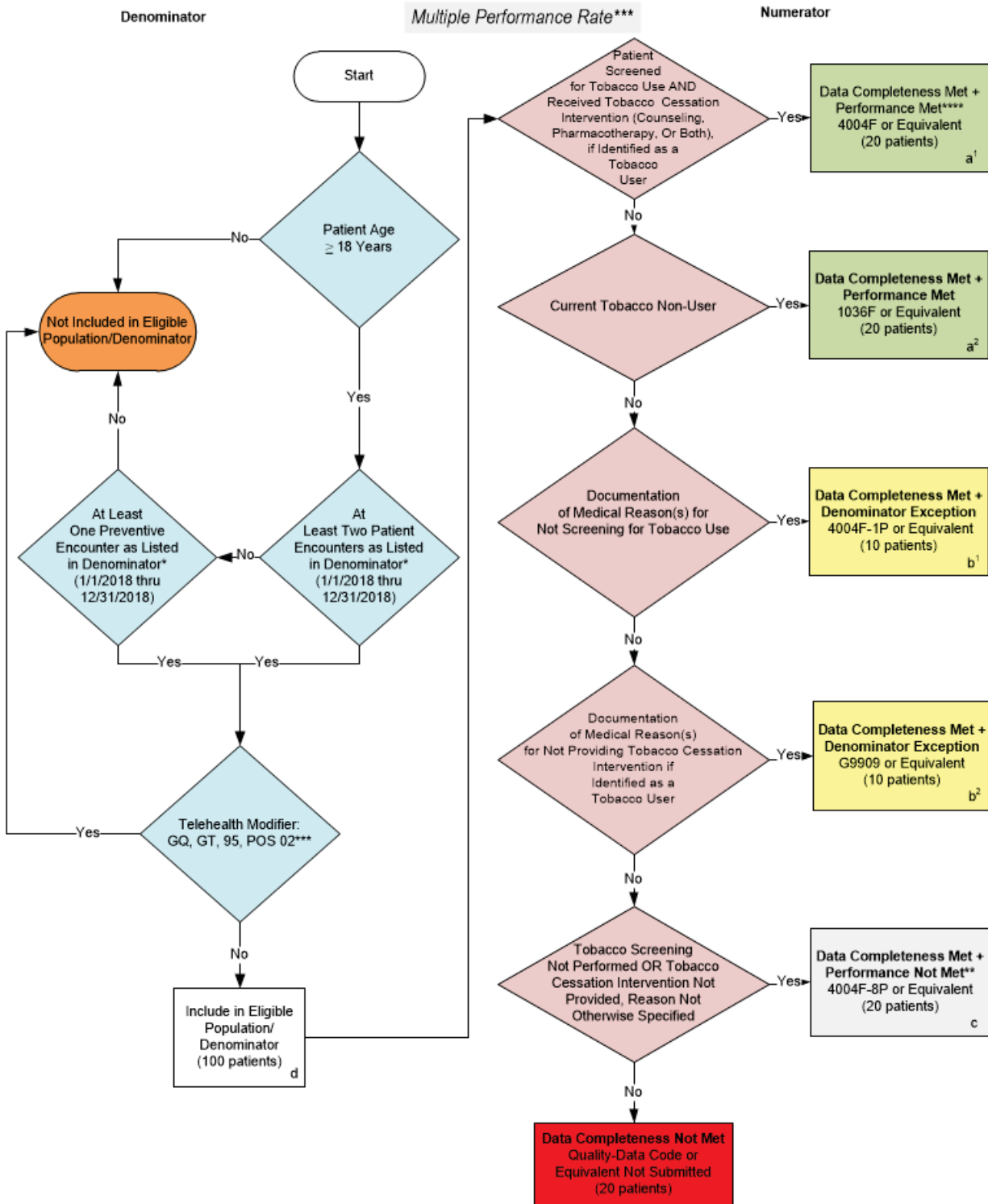
***All encounters should be without the telehealth modifier in order to be denominator eligible.

**** This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99405 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, report submit G-code G9906.

NOTE: Submission Frequency: Patient-process

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**2018 Registry Flow for Quality ID #226 NQF #0028:
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Submission Criteria Three**



**2018 Registry Flow for Quality ID #226 NQF #0028:
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Submission Criteria Three**

SAMPLE CALCULATIONS SUBMISSION CRITERIA THREE:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=40 patients) + Denominator Exception (b}^1\text{+b}^2\text{=20 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=100 patients)}} = \frac{80 \text{ patients}}{100 \text{ patients}} = 80.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=40 patients)}}{\text{Data Completeness Numerator (80 patients) – Denominator Exception (b}^1\text{+b}^2\text{=20 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

* See the posted Measure Specification for specific coding and instructions to submit this measure.

** In the event that a patient is identified as a user but did not receive tobacco cessation intervention submit 4004F-8P

***All encounters should be without the telehealth modifier in order to be denominator eligible.

**** 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 4004F .

NOTE: Submission Frequency: Patient-process

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**2018 Registry Flow for Quality ID #226 NQF #0028:
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

This Measure Has Three Submission Criteria. All Performance Rates Must Be Submitted if Patient Is Identified as a Tobacco User.

*Multiple Performance Rate****

Submission Criteria #1 All Patients Who Were Screened for Tobacco Use

SAMPLE CALCULATIONS SUBMISSION CRITERIA ONE:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=70 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=100 patients)}} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=70 patients)}}{\text{Data Completeness Numerator (90 patients) – Denominator Exception (b=10 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Submission Criteria #2 All Patients Who Were Identified as a Tobacco User Who Received Tobacco Cessation Intervention

SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO:

Data Completeness=

$$\frac{\text{Performance Met (a=20 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=50 patients)}} = \frac{40 \text{ patients}}{50 \text{ patients}} = 80.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=20 patients)}}{\text{Data Completeness Numerator (40 patients) – Denominator Exception (b=10 patients)}} = \frac{20 \text{ patients}}{30 \text{ patients}} = 66.67\%$$

Submission Criteria #3 Patients Screened for Tobacco Use AND Who Received Tobacco Cessation Intervention if Identified as a Tobacco User

SAMPLE CALCULATIONS SUBMISSION CRITERIA THREE:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=40 patients) + Denominator Exception (b}^1\text{+b}^2\text{=20 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=100 patients)}} = \frac{80 \text{ patients}}{100 \text{ patients}} = 80.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=40 patients)}}{\text{Data Completeness Numerator (80 patients) – Denominator Exception (b}^1\text{+b}^2\text{=20 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

**2018 Registry Flow for Quality ID #226 NQF #0028:
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

Submission Criteria #1

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years equals Yes during the measurement period, proceed to check At Least Two Patient Encounters.
3. Check At Least Two Patient Encounters:
 - a. If At Least Two Patient Encounters as Listed in the Denominator equals No, proceed to check At Least One Preventive Encounter.
 - b. If At Least Two Patient Encounters as Listed in the Denominator equals Yes, proceed check to Telehealth Modifier.
4. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, check At Least One Preventive Encounter.
 - b. If Telehealth Modifier equals No, include in the Eligible Population.
5. Check At Least One Preventive Encounter:
 - a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
6. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in the Eligible Population.
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 d equals 100 patients in the Sample Calculation.
8. Start Numerator
9. Check Patient Screened for Tobacco Use At Least Once Within the Last 24 Months.

- a. If Patient Screened for Tobacco Use At Least Once Within the Last 24 Months AND Determined to be a Tobacco User equals Yes, include in Data Completeness Met and Performance Met.
 - b. 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.
 - c. If Patient Screened for Tobacco Use At Least Once Within the Last 24 Months AND Determined to be a Tobacco Non-user equals Yes, include in Data Completeness Met and Performance Met.
 - d. 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 20 patients in the Sample Calculation.
 - e. If Patient Screened for Tobacco Use At Least Once Within the Last 24 Months equals No, proceed to Documentation of Medical Reason(s) for not Screening for Tobacco Use.
10. Check Documentation of Medical Reason(s) for not Screening for Tobacco Use:
- a. If Documentation of Medical Reason(s) for not Screening for Tobacco Use equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for not Screening for Tobacco Use equals No, proceed to Tobacco Screening Not Performed, Reason Not Given:
11. Check Tobacco Screening Not Performed, Reason Not Given:
- a. If Tobacco Screening Not Performed, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.
 - b. 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 c equals 10 patients in the Sample Calculation.
 - c. If Tobacco Screening Not Performed, Reason Not Given equals No, proceed to Data Completeness Not Met.
12. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS SUBMISSION CRITERIA ONE:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=70 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=100 patients)}} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=70 patients)}}{\text{Data Completeness Numerator (90 patients) – Denominator Exception (b=10 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

2018 Registry Flow for Quality ID #226 NQF #0028:

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

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

Submission Criteria #2

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years equals No during the measurement period do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years equals Yes during the measurement period, proceed to check Patient Screened for Tobacco Use AND Identified as a Tobacco User.
3. 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, proceed to check At Least Two Patient Encounters.
 - b. If Patient Screened For Tobacco Use AND Identified as a Tobacco User equals No, do not include in Eligible Patient Population. Stop Processing
4. Check At Least Two Patient Encounters:
 - a. If At Least Two Patient Encounters as Listed in the Denominator equals No, proceed to check At Least One Preventive Encounter.
 - b. If At Least Two Patient Encounters as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
5. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, proceed to check At Least One Preventive Encounter.
 - b. If Telehealth Modifier equals No, include in the Eligible Population.
6. Check At Least One Preventive Encounter:
 - a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
7. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in the Eligible Population.
8. 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 d equals 50 patients in the Sample Calculation.
9. Start Numerator
10. Check Patient Received Tobacco Cessation Intervention (counseling and/or pharmacotherapy):
 - a. If Patient Received Tobacco Cessation Intervention (counseling and/or pharmacotherapy) equals Yes, include in Data Completeness Met and Performance Met.
 - b. 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 a equals 20 patients in the Sample Calculation.
 - c. If Patient Received Tobacco Cessation Intervention counseling and/or pharmacotherapy) equals No, proceed to Documentation of Medical Reason(s) for not providing Tobacco Cessation Intervention.
11. Check Documentation of Medical Reason(s) for not providing Tobacco Cessation Intervention:
 - a. If Documentation of Medical Reason(s) for not providing Tobacco Cessation Intervention equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for not providing Tobacco Cessation Intervention Use equals No, proceed to Tobacco Cessation Intervention Not Performed, Reason Not Given.
12. Check Tobacco Cessation Intervention Not Performed, Reason Not Given:
 - a. If Tobacco Cessation Intervention Not Performed, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.
 - b. 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 c equals 10 patients in the Sample Calculation.
 - c. If Tobacco Cessation Intervention Not Performed, Reason Not Given equals No, proceed to Data Completeness Not Met.
13. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO:

Data Completeness=

$$\frac{\text{Performance Met (a=20 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=50 patients)}} = \frac{40 \text{ patients}}{50 \text{ patients}} = 80.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=20 patients)}}{\text{Data Completeness Numerator (40 patients) - Denominator Exception (b=10 patients)}} = \frac{20 \text{ patients}}{30 \text{ patients}} = 66.67\%$$

2018 Registry Flow for Quality ID #226 NQF #0028:

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

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

Submission Criteria #3

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years equals Yes during the measurement period, proceed to check At Least Two Patient Encounters.
3. Check At Least Two Patient Encounters:
 - a. If At Least Two Patient Encounters as Listed in the Denominator equals No, proceed to check At Least One Preventive Encounter.
 - b. If At Least Two Patient Encounters as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, proceed to check At Least One Preventive Encounter.
 - b. If Telehealth Modifier equals No, include in the Eligible Population.
5. Check At Least One Preventive Encounter:
 - a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
6. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in the Eligible Population.
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 d equals 100 patients in the Sample Calculation.
8. Start Numerator
9. Check Patient Screened for Tobacco Use At Least Once Within the Last 24 Months.

- a. If Patient Screened for Tobacco Use At Least Once Within the Last 24 Months AND Determined to be a Tobacco User equals Yes, proceed to the Received Tobacco Cessation Intervention (counseling and/or pharmacotherapy) if Identified as a Tobacco User.
 - b. If Patient Screened for Tobacco Use At Least Once Within the Last 24 Months AND Determined to be a Tobacco Non-user equals Yes, include in Data Completeness Met and Performance Met.
 - c. 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 20 patients in the Sample Calculation.
 - d. If Patient Screened for Tobacco Use At Least Once Within the Last 24 Months equals No, proceed to Documentation of Medical Reason(s) for not Screening for Tobacco Use.
10. Check Documentation of Medical Reason(s) for not Screening for Tobacco Use:
- a. If Documentation of Medical Reason(s) for not Screening for Tobacco Use equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b¹ equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for not Screening for Tobacco Use equals No, proceed to Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Specified.
11. Check Patient Received Tobacco Cessation Intervention (counseling and/or pharmacotherapy) if Identified as a Tobacco User:
- a. If Patient Received Tobacco Cessation Intervention (counseling and/or pharmacotherapy) if Identified as a Tobacco User equals Yes, include in Data Completeness Met and Performance Met.
 - b. 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 20 patients in the Sample Calculation.
 - c. If Patient Received Tobacco Cessation Intervention (counseling and/or pharmacotherapy) if Identified as a Tobacco User equals No, proceed to Documentation of Medical Reason(s) for not providing Tobacco Cessation Intervention.
12. Check Documentation of Medical Reason(s) for not providing Tobacco Cessation Intervention:
- a. If Documentation of Medical Reason(s) for not providing Tobacco Cessation Intervention equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b² equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for not providing Tobacco Cessation Intervention equals No, proceed to Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Otherwise Specified.

13. Check Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Otherwise Specified:
 - a. If Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Otherwise Specified equals Yes, include in the Data Completeness Met and Performance Not Met.
 - b. 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 c equals 20 patients in the Sample Calculation.
 - c. If Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
14. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 20 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS SUBMISSION CRITERIA THREE:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=40 patients) + Denominator Exception (b}^1\text{+b}^2\text{=20 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=100 patients)}} = \frac{80 \text{ patients}}{100 \text{ patients}} = 80.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=40 patients)}}{\text{Data Completeness Numerator (80 patients) – Denominator Exception (b}^1\text{+b}^2\text{=20 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$