

### Advising Smokers to Quit

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*This measure is to be reported for all patients aged 18 years and older seen by the clinician — a minimum of **once** per reporting period.*

#### Measure description

Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking

#### What will you need to report for each patient aged 18 years and older for this measure?

If you select this measure for reporting, you will report:

- Whether or not the patient smokes

If the patient smokes, you will then need to report:

- Whether or not you advised them to quit smoking

#### What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

# Preventive Care and Screening

## Advising Smokers to Quit

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
If <b>No</b> is checked for any of the above, STOP. Do not report a G-code.			
<b>Step 2 Does patient also have the other requirements for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</b>
Does patient currently smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> (ie, current smokeless tobacco user), report G8456 and STOP.
			If <b>No</b> (ie, tobacco non-user), report G8457 and STOP.
			If <b>Yes</b> (ie, current tobacco smoker), report G8455 and proceed to Step 3.
<b>Step 3 Does patient meet the measure?</b>			
<b>Advice to Quit Smoking</b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Received	<input type="checkbox"/>	<input type="checkbox"/>	G8402
			If <b>No</b> is checked for the above, report G8403 (Tobacco [smoke] use cessation intervention, not counseled, reason not otherwise specified.)

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### Coding Specifications

Codes required to document a visit occurred:

A CPT E/M service code is required to identify patients to be included in this measure.

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99211, 99212, 99213, 99214, 99215 (office — established patient),
- 99217 (hospital observation discharge services),
- 99218, 99219, 99220 (initial observation care),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

Quality codes for this measure (one of the following for every eligible patient):

#### G-code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **G8455:** Current tobacco smoker
- **G8456:** Current smokeless tobacco user
- **G8457:** Tobacco non-user
- **G8402:** Tobacco (smoke) use cessation intervention, counseling
- **G8403:** Tobacco (smoke) use cessation intervention not counseled

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