

Inquiry Regarding Tobacco Use

*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 who were queried about tobacco use one or more times within 24 months

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 you queried the patient regarding tobacco use one or more times within 24 months.

Patients will fall into one of three categories described below:

- Current tobacco smoker
- Current smokeless tobacco user
- Current tobacco non-user

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

Some measures provide an opportunity for the physician or eligible health professional 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

Inquiry Regarding Tobacco Use

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
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet the measure?			
Tobacco Use	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Assessed — Patient is a current tobacco smoker	<input type="checkbox"/>	<input type="checkbox"/>	1000F and 1034F
Assessed — Patient is a current smokeless tobacco user	<input type="checkbox"/>	<input type="checkbox"/>	1000F and 1035F
Assessed — Patient is a current tobacco non-user	<input type="checkbox"/>	<input type="checkbox"/>	1000F and 1036F
			If No is checked for all of the above, report 1000F-8P (Tobacco use not assessed, reason not otherwise specified.)

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Coding Specifications

Codes required to document a visit occurred:

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

All measure-specific coding should be reported ON THE SAME CLAIM.

CPT service codes

- 90801 (psychiatric diagnostic interview examination),
- 90802 (interactive psychiatric diagnostic interview examination),
- 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815 (individual psychotherapy),
- 90845 (psychoanalysis),
- 90862 (pharmacologic management),
- 96150, 96152 (health and behavior assessment and intervention),
- 97003, 97004 (occupational therapy evaluation),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient)

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- **CPT II 1000F:** Tobacco use assessed
- **CPT II 1000F-8P:** Tobacco use not assessed, reason not otherwise specified
- **CPT II 1034F:** Current tobacco smoker
- **CPT II 1035F:** Current smokeless tobacco user
- **CPT II 1036F:** Current tobacco non-user

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