

**PATIENT POPULATION:** Patients 12 years of age and older. All payers.

**NUMERATOR COMPLIANCE:** Percentage of patients 12 years of age and older screened for tobacco use at least once per 24 months, and if identified as a tobacco user, received cessation intervention.

## EXCLUSIONS

- » **Exceptions:** Documentation of medical reason(s) for not screening for tobacco use and/or for not providing tobacco cessation intervention (i.e., limited life expectancy)

## DOCUMENTATION REQUIREMENTS

- » **Tobacco use** includes any type of tobacco
- » **Tobacco Cessation Intervention** includes brief counseling and/or pharmacotherapy (self-directed materials i.e., brochure do not meet measure intent), and cessation must be provided at least once within the 24-month lookback period
- » Clearly identify patient as either a **tobacco user or non-user** (i.e., non-smoker, former smoker, smokes, or uses smokeless tobacco)
- » Tobacco use screening and cessation intervention may be completed during a **telehealth encounter**
- » Tobacco screening and cessation intervention may be provided by anyone your organization considers qualified; these do not need to be provided by the patient's assigned PCP

## COMMON DOCUMENTATION INSUFFICIENCIES

- » Tobacco status option is selected in patient's medical or social history section (i.e., button selected, check mark present), but the office visit note does not confirm whether that information was reviewed on that date with the patient
- » Tobacco use status unclear based on verbiage / documentation
- » No documentation of cessation intervention for tobacco users

## BEST PRACTICES

- 1 If utilized, ensure tobacco screening form contains patient first and last name, date of birth, and encounter date, and is uploaded to the EMR, labeled clearly for easy identification.
- 2 Ensure EMR applies date to review of tobacco status question, or documentation states the status/question was reviewed at the visit.
- 3 Ensure workflows are in place to notify and remind providers of when a patient's next screening is due. Utilize ACN Provider Portal when chart prep-ing. Utilize care gap lists to identify non-compliant patients.
- 4 Our care coordination team can provide patients with individualized support, education and guidance to help them achieve their best health. To refer a patient please contact us: Phone: 602-406-7226 or 855-218-3451; Email: [CareCoordination@azcarenetwork.org](mailto:CareCoordination@azcarenetwork.org)

## CODE SUBMISSIONS TO CLOSE GAPS BY CLAIMS

Relevant codes that a primary care provider is the direct biller are listed below. Submission of these codes will close the quality gap through claims with the payer, especially when medical record review is unavailable.

CODE	DESCRIPTION
99406 (CPT)	Smoking and tobacco use cessation counseling visit greater than three minutes but not more than 10 minutes
99407 (CPT)	Smoking and tobacco use cessation counseling visit is greater than 10 minutes
4004F (CPT II)	Patient screened for tobacco use and received cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user

