

◆Measure #115: Advising Smokers to Quit

DESCRIPTION:

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

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for all patients (whether or not they use tobacco) seen during the reporting period. There is no diagnosis associated with this measure. This measure is appropriate for use in all healthcare settings. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure is reported using G-codes:

CPT E/M service codes and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure, submit the appropriate denominator code(s) and the appropriate numerator G-code.

NUMERATOR:

Patients who received advice to quit smoking

***NUMERATOR NOTE:** The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

Numerator Coding:

Identify Tobacco Smokers Receiving Cessation Intervention

(Two G-codes [G8455 & G8402] are required on the claim form to submit this category)

G8455: Current tobacco smoker

AND

G8402: Tobacco (smoke) use cessation intervention, counseling

OR

If patient is not eligible for this measure because patient is a smokeless tobacco user or a non tobacco user, report:

(One G-code [G84xx] is required on the claim form to submit this category)

Smokeless Tobacco User

G8456: Current smokeless tobacco user

OR

Tobacco Non-User

G8457: Tobacco non-user

OR

Tobacco Smokers not Advised to Quit, Reason not Specified

(Two G-codes [G8455 & G8403] are required on the claim form to submit this category)

G8455: Current tobacco smoker

AND

G8403: Tobacco (smoke) use cessation intervention not counseled

DENOMINATOR:

All patients aged 18 years and older

Denominator Coding:

A CPT E/M service code is required to identify patients for denominator inclusion.

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245

RATIONALE:

Interventions to control smoking are strategically important because smoking is the leading preventable cause of death in the United States, clinical interventions are known to be effective in increasing cessation rates, and quitting smoking has been shown to improve health outcomes (Fiore, 2000)

CLINICAL RECOMMENDATION STATEMENTS:

The Clinical Practice Guidelines: Treating tobacco use and dependence published by USDHHS Public Health Service (Fiore, 2002) provide convincing empirical support for providing advice to and assistance with quitting smoking for patients who smoke. Specifically, these guidelines recommend:

- 1) repeated advice and support at all or most visits, and
- 2) delivery of cessation assistance and follow-up at all or most visits.

There have been more than 12 million premature deaths attributable to smoking since the first published Surgeon General's report on smoking and health in 1964. Smoking remains the leading preventable cause of premature death in the United States.

Nearly every organ in the body is affected by smoking (USDHHS, 2004). Smoking causes many diseases and reduces the health of smokers in general. The list of diseases caused by smoking has been expanded to include abdominal aortic aneurysm, acute myeloid leukemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis, and stomach cancer (USDHHS, 2004).

In the US in 2003, 45.4 million adults (21.6 percent) were current smokers—24.1 percent of men and 19.2 percent of women (CDC, 2005a). An estimated 70% of these smokers said they wanted to quit (CDC, 2005a).

An estimated 45.9 million adults were former smokers in 2003, representing 50.3 percent of those who had ever smoked (CDC, 2005a). For the second consecutive year, more adults had quit than were still smoking. A large number of clinical trials have demonstrated the effectiveness of counseling in increasing cessation rates, and the effectiveness of bupropion and NRT has been

demonstrated (Fiore, 2000). A meta-analysis of 7 studies found that physician advice to quit is associated with a 30% increase in cessation rates (Fiore, 2000). Counseling and medication are each associated with a doubling of cessation rates (Fiore, 2000).