

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.	<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 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.)