

## Tobacco Use: Intervention — Ambulatory Care Setting

### Physician Quality Reporting System Data Collection Sheet

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

Clinical Information	Billing Information												
<b>Step 1 Is patient eligible for this measure?</b>													
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">Patient is aged 5 through 50 years on date of encounter.</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Patient has a diagnosis of asthma.</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">There is a CPT Code for this visit.</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> </tbody> </table> <p style="font-size: small;">If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code or a G-Code.</p>		Yes	No	Patient is aged 5 through 50 years on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Patient has a diagnosis of asthma.	<input type="checkbox"/>	<input type="checkbox"/>	There is a CPT Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Code Required on Claim Form</b> Verify date of birth on claim form. 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.
	Yes	No											
Patient is aged 5 through 50 years on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>											
Patient has a diagnosis of asthma.	<input type="checkbox"/>	<input type="checkbox"/>											
There is a CPT Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>											
<b>Step 2 Does patient also have the other requirements for this measure?</b>													
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	Yes	No											
Is the patient a current Tobacco Smoker <sup>1</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>											
Is the patient currently exposed to Secondhand Smoke?	<input type="checkbox"/>	<input type="checkbox"/>											
<b>Step 3 Does patient meet the measure?</b>													
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"><b>Tobacco Use Cessation Intervention<sup>2</sup></b></td> <td style="text-align: center; border-bottom: 1px solid black;"></td> <td style="text-align: center; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Counseling</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Pharmacologic Therapy</td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; border-bottom: 1px solid black;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	<b>Tobacco Use Cessation Intervention<sup>2</sup></b>			Counseling	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacologic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b> 4000F 4001F If <b>No</b> is checked for all of the above, report G8693 (Tobacco Use not assessed, reason not specified) OR 4000F-8P (Tobacco use cessation intervention, counseling, not performed, reason is not otherwise specified.) OR 4001F-8P (Tobacco use cessation intervention, pharmacologic therapy, not performed, reason not otherwise specified.)
	Yes	No											
<b>Tobacco Use Cessation Intervention<sup>2</sup></b>													
Counseling	<input type="checkbox"/>	<input type="checkbox"/>											
Pharmacologic Therapy	<input type="checkbox"/>	<input type="checkbox"/>											

<sup>1</sup>For the purposes of this measure “tobacco users” include patients who currently smoke AND patients who do not currently smoke, but are exposed to second hand smoke in their home environment. “Tobacco non-users” refer to non-smokers (including smokeless tobacco users e.g. chew, snuff).

<sup>2</sup>For the purposes of this measure, “tobacco use cessation intervention” may include brief counseling (3 minutes or less) and/or pharmacotherapy.