

Preventive Care and Screening

Advising Smokers to Quit

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 G-code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Does patient currently smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, current smokeless tobacco user), report G8456 and STOP. If No (ie, tobacco non-user), report G8457 and STOP. If Yes (ie, current tobacco smoker), report G8455 and proceed to Step 3.
Step 3 Does patient meet the measure?			
Tobacco Use Cessation Intervention	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	4000F
Pharmacologic therapy	<input type="checkbox"/>	<input type="checkbox"/>	4001F
			If No is checked for the above, report 4000F-8P (Tobacco use cessation intervention not counseled, reason not otherwise specified.)