

Measure #232: Asthma: Tobacco Use Intervention - Ambulatory Care Setting

2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

DESCRIPTION:

Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were identified as tobacco users (patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who received tobacco cessation intervention at least once during the one-year measurement period

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for patients with asthma seen during the reporting period. This measure is intended to reflect the quality of services provided for the primary management of patients with asthma.

Measure Reporting via Claims:

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II and/or G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-9-CM diagnosis codes, CPT codes, and the appropriate G-code OR CPT Category II code OR the CPT Category II code with the modifier. The reporting modifier allowed for this measure is: 8P- reason not otherwise specified. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients aged 5 through 50 years with a diagnosis of asthma identified as tobacco users during the measurement period

Definition:

Tobacco users – Include patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment.

Denominator Criteria (Eligible Cases):

Patients aged 5 through 50 years on date of encounter

AND

Diagnosis for asthma (ICD-9-CM): 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92

Diagnosis for asthma (ICD-10-CM) [REFERENCE ONLY/Not Reportable]: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

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AND

Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

NUMERATOR:

Patients (or their primary caregiver) who received tobacco use cessation intervention

Numerator Instructions: Practitioners providing tobacco cessation interventions to a pediatric patient's primary caregiver are still numerator compliant even if the primary caregiver is not the source of second hand smoke in the home.

Definitions:

Tobacco Users – Tobacco users include patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment.

Tobacco Use Cessation Intervention – May include brief counseling (3 minutes or less) and/or pharmacotherapy.

NUMERATOR NOTE: For the purpose of this measure, "tobacco user" refers to tobacco smokers and "tobacco non-user" refers to non-smokers (including smokeless tobacco users (e.g., chew, snuff)).

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Patients who Received Tobacco Use Cessation Intervention

(Two CPT II codes [400xF & 1032F] are required on the claim form to submit this numerator option)

CPT II 4000F: Tobacco use cessation intervention, counseling

OR

CPT II 4001F: Tobacco use cessation intervention, pharmacologic therapy

AND

Current Tobacco Smoker OR Current Exposure to Second Hand Smoke

CPT II 1032F: Current tobacco smoker OR currently exposed to second hand smoke

OR

If patient is not eligible for this measure because patient is a non-tobacco user AND has no exposure to second hand smoke, report:

(One CPT II code [1033F] is required on the claim form to submit this numerator option)

CPT II 1033F: Current tobacco non-smoker AND not currently exposed to second hand smoke

OR

Tobacco Use, not Assessed, Reason Not Given

(One G-code [G8751] is required on the claim form to submit this numerator option)

G8751: Smoking status and exposure to second hand smoke in the home **not** assessed, reason not given

OR

Tobacco Use Cessation Intervention not Performed, Reason Not Otherwise Specified

Append a reporting modifier (8P) to CPT Category II code 4000F OR 4001F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

(Two CPT II codes [400xF-8P & 1032F] are required on the claim form to submit this numerator option)

4000F **with** 8P: Tobacco use cessation intervention, counseling, **not** performed, reason not otherwise specified

OR

4001F *with* 8P: Tobacco use cessation intervention, pharmacologic therapy, not performed, reason not otherwise specified

AND

Current Tobacco Smoker OR Currently Exposed to Second Hand Smoke

CPT II 1032F: Current tobacco smoker OR currently exposed to second hand smoke

RATIONALE:

There is good evidence that tobacco screening and brief cessation intervention (including counseling and pharmacotherapy) in both the primary care setting and hospital settings is successful in helping tobacco users quit. (Fiore MC May 2008) Patients who are able to stop smoking or their exposure to second hand smoke may experience an increase in quality of life, a decrease in asthma symptoms, and may not use health resources as often. (NHLBI August 2007)

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

The Expert Panel recommends that clinicians advise persons who have asthma not to smoke or be exposed to environmental tobacco smoke (ETS). (Evidence C) (NHLBI August 2007)

Query patients about their smoking status and specifically consider referring to smoking cessation programs adults who smoke and have young children who have asthma in the household. (Evidence B) (NHLBI August 2007)

All *physicians* should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates. (Strength of Evidence = A) (Fiore, Jaen et al. 2008).

Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates. Every tobacco user should be offered at least a minimal intervention whether or not he or she is referred to an intensive intervention. (Strength of Evidence = A) (Fiore MC 2008)

The interventions found to be effective in this Guideline have been shown to be effective in a variety of populations. In addition, many of the studies supporting these interventions comprised diverse samples of tobacco users. Therefore, interventions identified as effective in this Guideline are recommended for all individuals who use tobacco, except when the medication use is contraindicated or with specific populations in which medication has not been shown to be effective (pregnant women, smokeless tobacco users, light smokers, and adolescents). (Strength of Evidence = B) (Fiore MC 2008)