

## Tobacco Screening & Cessation Advice (CMS138)

The following is for educational purposes only and is not intended to be clinical or legal advice. The information provided in the Measure Details section is based on specification published by CMS at <https://ecqi.healthit.gov/ecqm/ec/2023/cms138v11>

### Measure Details

#### Description \*

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention **during the measurement period or in the six months prior to the measurement period** if identified as a tobacco user

Three rates are reported:

- a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period
- b. Percentage of patients aged 18 years and older who were identified as a tobacco user **during the measurement period** who received tobacco cessation intervention **during the measurement period or in the six months prior to the measurement period**
- c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention **during the measurement period or in the six months prior to the measurement period** if identified as a tobacco user

#### Initial Population

All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

#### Denominator

Population 1: Equals Initial Population

Population 2: Equals Initial Population who were screened for tobacco use **during the measurement period** and identified as a tobacco user

Population 3: Equals Initial Population

#### Numerator

Population 1: Patients who were screened for tobacco use at least once during the measurement period

Population 2: Patients who received tobacco cessation intervention **during the measurement period or in the six months prior to the measurement period**

Population 3: Patients who were screened for tobacco use at least once during the measurement period AND who received tobacco cessation intervention **during the measurement period or in the six months prior to the measurement period** if identified as a tobacco user

#### Denominator Exclusion

~~None~~ **Exclude patients who are in hospice care for any part of the measurement period**

#### Numerator Exclusion

**None**

~~Documentation of medical reason(s)~~

## Overview

What is Documented	When is it Documented	Where in QMER
Qualifying Encounter	During Measurement Period (2023)	Coded SOAP Note
Tobacco Screening	During Measurement Period (2023)	History Module
Tobacco Cessation if Applicable	During Measurement Period (2023)	History Module

Exclusions/Exceptions	Where in QEMR
Patients who are in hospice care for any part of the measurement period	History Module

2022 to 2023 Changes
Tobacco cessation advise documented 6 months prior to the measurement period will now increment the numerator
Patient in hospice during for any part of the measurement period can now be marked as a denominator exclusion
Denominator exclusion for medical reason is no longer accepted

## Set Up

All codification shown is an example for incrementation, for a full list of accepted codes please visit [Value Set Authority Center](#).

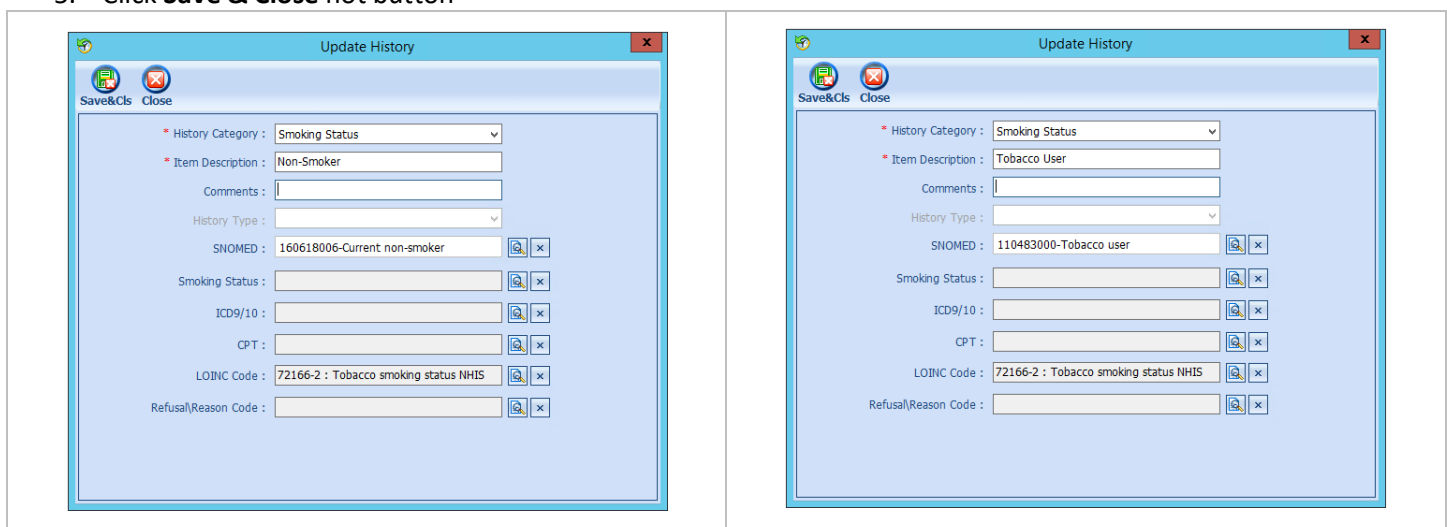
### Qualifying Encounter

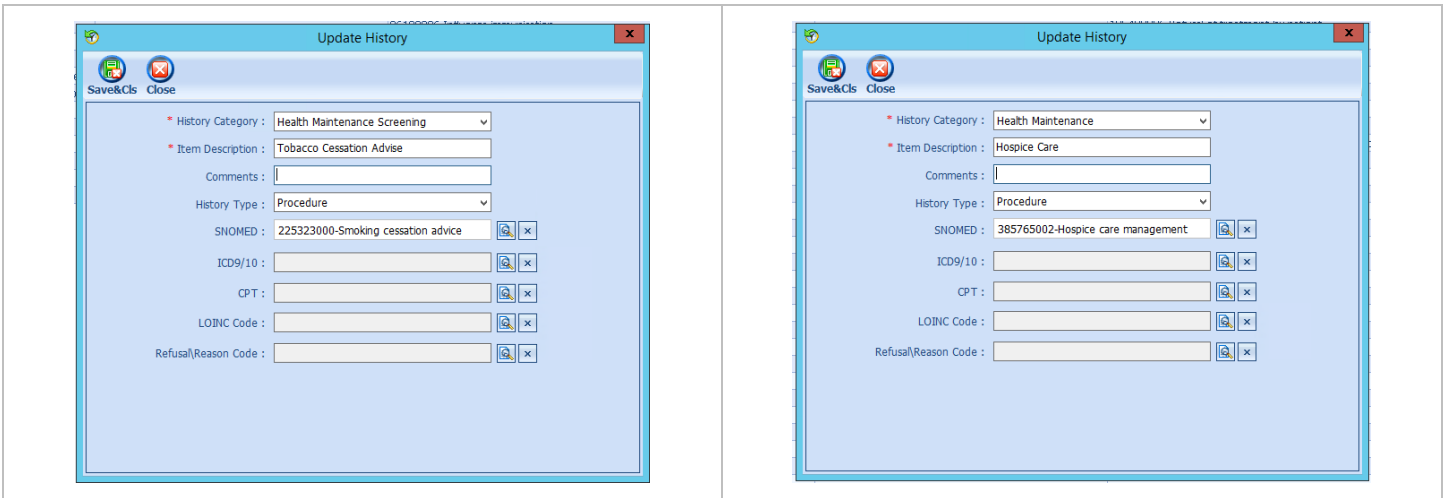
No set up required

### Building History Items

Build the history items below:

1. Log into **QEMR** > Navigate to **Edit > History**
2. Highlight **desired History Category** list on left side bar
3. Click **New** hot button
4. **Complete the Update History** Screen as seen below
5. Click **Save & Close** hot button





## Workflow

### Qualifying Encounter

Following standard office workflow, document patient visit(s) via SOAP notes and code with CPT and diagnosis codes using either DxCPT, SmartDx or Smart CPT modules.

### Document Smoking Status or Exclusion

#### Smoking Status

To document smoking status, follow steps below:

1. Navigate to **History Module** > **Smoking Status** category
  - a. Double-click smoking status
    - i. Non-Smoker OR
    - ii. Tobacco User
  - b. Enter **Occur Date**

Category	Item	Comments	Occur Date	Date Entered	Source
Smoking Status	Non-Smoker		01/12/2022	1/12/2022 11:47 AM	gloEMR

Category	Item	Comments	Occur Date	Date Entered	Source
Smoking Status	Tobacco User		01/12/2022	1/12/2022 11:48 AM	gloEMR

#### Hospice Exclusion

To document exclusion, follow steps below:

1. Navigate to **History Module** > select **Health Maintenance** category
  - a. Hospice
  - b. Enter **Occur Date**

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening	Hospice Care				01/19/2022	1/19/2022 9:21 AM	gloEMR

## Document Tobacco Cessation Advice if Applicable

To document Tobacco Cessation Advice, follow steps below:

1. Click **Health Maintenance** category from left side bar
  - a. Double-click **Tobacco Cessation Advice**
  - b. Enter **Occur Date**

Category	Item	Comments	Occur Date	Date Entered	Source
Health Maintenance Screening	Tobacco Cessation Advice		01/12/2022	1/12/2022 11:49 AM	gloEMR

## Incrementing Details

### Occur Dates

To increment ANY measure using the History Module the Occur Date MUST be documented using appropriate date based upon Measure Description.

### Exam Coding

If exam notes (Past Exams) are not coded with Diagnosis Code and CPT code measures will not increment.

### Measure Specific Codes

The codification shown in this document are examples of qualifying documentation. To see a full list please visit [Value Set Authority Center](#).

## CMS Guidance \*

The requirement of two or more visits is to establish that the [eligible clinician](#) has an existing relationship with the patient for certain types of encounters.

To satisfy the intent of this measure, a patient must have at least one tobacco use screening during the measurement period. If a patient has multiple tobacco use screenings during the measurement period, only the most recent screening, which has a documented status of tobacco user or tobacco non-user, will be used to satisfy the measure requirements.

If a patient uses any type of tobacco (i.e., smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention: either counseling and/or pharmacotherapy.

As noted above in the 2021 USPSTF recommendation statement, the current evidence is insufficient to recommend electronic cigarettes (e-cigarettes) for tobacco cessation. However, as noted above in the Definition section, the 2021 USPSTF recommendation also references the US Food and Drug Administration definition of tobacco, which includes e-cigarettes, hookah pens and other electronic nicotine delivery systems. Therefore, the measure does consider the use of e-cigarettes and other electronic nicotine delivery systems to be tobacco use.

If a patient's tobacco use status is unknown, the patient does not meet the screening requirement and does not meet the numerator for populations 1 or 3. Instances where tobacco use status of "unknown" include: 1) the patient was not screened; or 2) the patient was screened and the patient (or caregiver) was unable to provide a definitive answer.

To promote a team-based approach to patient care, the tobacco cessation intervention can be performed by another healthcare provider; therefore, the tobacco use screening and tobacco cessation intervention do not need to be performed by the same provider or clinician.

This measure contains three reporting rates which aim to identify patients who were screened for tobacco use (rate/population 1), patients who were identified as tobacco users and who received a tobacco cessation intervention (rate/population 2), and a comprehensive look at the overall performance on tobacco screening and cessation intervention (rate/population 3). By separating this measure into various reporting rates, the eligible clinician will be able to better ascertain where gaps in performance exist and identify opportunities for improvement. The overall rate (rate/population 3) can be utilized to compare performance to published versions of this measure prior to the 2018 performance year, when the measure had a single performance rate. For accountability reporting in the CMS MIPS program, the rate for population 2 is used for performance.

The denominator of population criteria 2 is a subset of the resulting numerator for population criteria 1, as population criteria 2 is limited to assessing if patients identified as tobacco users received an appropriate tobacco cessation intervention. For all patients, population criteria 1 and 3 are applicable, but population criteria 2 will only be applicable for those patients who are identified as tobacco users. Therefore, data for every patient that meets the initial population criteria will only be submitted for population 1 and 3, whereas data submitted for population 2 will be for a subset of patients who meet the initial population criteria, as the denominator has been further limited to those who were identified as tobacco users.