

**Quality ID #226 (CBE 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

**2026 COLLECTION TYPE:**

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

**MEASURE TYPE:**

Process

**DESCRIPTION:**

Percentage of patients aged 12 years and older who were screened for tobacco use one or more times within 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.

**INSTRUCTIONS:**

**Reporting Frequency:**

This measure is to be submitted a minimum of **once per performance period** for denominator eligible cases as defined in the denominator criteria.

**Intent and Clinician Applicability:**

This measure is intended to reflect the quality of services provided for patients who were screened for tobacco use. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

**Measure Strata and Performance Rates:**

This measure contains three strata defined by three submission criteria.

This measure produces three performance rates.

**There are 3 Submission Criteria for this measure:**

- 1) All patients who were screened for tobacco use
- AND**
- 2) All patients who were identified as a tobacco user during the measurement period and who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period
- AND**
- 3) All patients who were screened for tobacco use and, if identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period, or identified as a tobacco non-user

This measure contains three submission criteria which aim to identify patients who were screened for tobacco use (Submission Criteria 1), patients who were identified as tobacco users during the measurement period and who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (Submission Criteria 2), and a comprehensive look at the overall performance on tobacco screening and cessation intervention (Submission Criteria 3). By separating this measure into various submission criteria, the MIPS eligible professional or MIPS eligible clinician will be able to better ascertain where gaps in performance exist, and identify opportunities for improvement.

**This measure will be calculated with 3 performance rates:**

- 1) Percentage of patients aged 12 years and older who were screened for tobacco use one or more times within the measurement period
- 2) Percentage of patients aged 12 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

- 3) Percentage of patients aged 12 years and older who were screened for tobacco use one or more times within 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

The overall rate (Submission Criteria 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 Submission Criteria 2 is used for performance. For the purposes of submitting this measure, use the data completeness determined in Submission Criteria 1.

#### **Implementation Considerations:**

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code (QDC) will be used if the measure is submitted more than once.

#### **Telehealth:**

**TELEHEALTH ELIGIBLE:** This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

#### **Measure Submission:**

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

#### **SUBMISSION CRITERIA 1: ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE**

##### **DENOMINATOR (CRITERIA 1):**

All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period.

##### **DENOMINATOR NOTE:**

*\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

##### **Denominator Criteria (Eligible Cases):**

Patients aged  $\geq 12$  years on date of encounter

##### **AND**

**At least two patient encounters during the performance period (CPT or HCPCS):** 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92622, 92625, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98979, 98980, 99024, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347,

99348, 99349, 99350, 99421, 99422, 99423, 99457, 99470, G0270, G0271, G2250, G2251, G2252

**OR**

At least one preventive encounter during the performance period (CPT or HCPCS): 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, 99401\*, 99402\*, 99403\*, 99404\*, 99411\*, 99412\*, 99429\*, G0402, G0438, G0439

**AND NOT**

**DENOMINATOR EXCLUSION:**

Hospice services provided to patient any time during the measurement period: M1159

**NUMERATOR ( CRITERIA 1):**

Patients who were screened for tobacco use at least once within the measurement period.

**Definition:**

**Tobacco Use** – use of any tobacco product

The 2021 USPSTF recommendation references the US Food and Drug Administration definition of tobacco which includes “any product made or derived from tobacco intended for human consumption (except products that meet the definition of drugs), including, but not limited to, cigarettes, cigars (including cigarillos and little cigars), dissolvables, hookah tobacco, nicotine gels, pipe tobacco, roll-your-own tobacco, smokeless tobacco products (including dip, snuff, snus, and chewing tobacco), vapes, electronic cigarettes (e-cigarettes), hookah pens, and other electronic nicotine delivery systems.”

The 2021 USPSTF recommendation describes smoking as generally referring to “the inhaling and exhaling of smoke produced by combustible tobacco products such as cigarettes, cigars, and pipes.”

The 2021 USPSTF recommendation describes vaping as “the inhaling and exhaling of aerosols produced by e-cigarettes.” In addition, it states, “vaping products (i.e., e-cigarettes) usually contain nicotine, which is the addictive ingredient in tobacco. Substances other than tobacco can also be used to smoke or vape.”

While the 2015 USPSTF recommendation statement used the term ‘electronic nicotine delivery systems’ or ‘ENDS,’ the USPSTF recognizes that the field has shifted to using the term ‘e-cigarettes’ (or ‘e-cigs’) and uses the term e-cigarettes in the current recommendation statement. e-Cigarettes can come in many shapes and sizes, but generally they heat a liquid that contains nicotine (the addictive drug in tobacco) to produce an aerosol (or ‘vapor’) that is inhaled (‘vaped’) by users.”

**NUMERATOR NOTE:**

*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.*

*In the event that a patient is screened for tobacco use and tobacco status is unknown, submit G9905.*

**Numerator Options:**

**Performance Met:**

Patient screened for tobacco use AND identified as a tobacco user (G9902)

**OR**

**Performance Met:**

Patient screened for tobacco use AND identified as a tobacco non-user (G9903)

**OR**

**Performance Not Met:**

Patient not screened for tobacco use (G9905)

AND

**SUBMISSION CRITERIA 2: ALL PATIENTS WHO WERE IDENTIFIED AS A TOBACCO USER AND WHO RECEIVED TOBACCO CESSATION INTERVENTION**

**DENOMINATOR (CRITERIA 2):**

All patients aged 12 years and older seen for at least two visits or at least one preventive visit who were screened for tobacco use during the measurement period and identified as a tobacco user.

**DENOMINATOR NOTE:**

*\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B PFS. These non-covered services should be counted in the denominator population for MIPS CQMs.*

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 12 years on date of encounter

**AND**

All eligible instances when **G9902** is submitted for Performance Met (patient screened for tobacco use and identified as a tobacco user) in the numerator of Submission Criteria 1

**AND**

At least two patient encounters during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92622, 92625, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98979, 98980, 99024, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99421, 99422, 99423, 99457, 99470, G0270, G0271, G2250, G2251, G2252

**OR**

At least one preventive encounter during the performance period (CPT or HCPCS): 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, 99401\*, 99402\*, 99403\*, 99404\*, 99411\*, 99412\*, 99429\*, G0402, G0438, G0439

**AND NOT**

**DENOMINATOR EXCLUSION:**

Hospice services provided to patient any time during the measurement period: M1159

**NUMERATOR (CRITERIA 2):**

Patients who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period.

**Definition:**

**Tobacco Cessation Intervention** – Includes brief counseling (3 minutes or less), and/or pharmacotherapy.

Note: Concepts aligned with brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) are included in the numerator. Other concepts such as written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator. Counseling also may be of longer duration or be performed more frequently, as evidence shows that higher-intensity interventions are associated with higher tobacco cessation rates (U.S. Preventive Services Task Force, 2021).

**NUMERATOR NOTE:**

*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.*

*This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99406 and 99407 satisfy the requirement of tobacco cessation intervention, as these services*

provide tobacco cessation counseling for 3-10 minutes. If a patient received these types of services, submit G-code G9906.

**Numerator Options:**

**Performance Met:**

Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy) (G9906)

**OR**

**Performance Not Met:**

Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy) (G9908)

**AND**

**SUBMISSION CRITERIA 3: ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE AND, IF IDENTIFIED AS A TOBACCO USER RECEIVED TOBACCO CESSATION INTERVENTION, OR IDENTIFIED AS A TOBACCO NON-USER**

**DENOMINATOR (CRITERIA 3):**

All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period.

**DENOMINATOR NOTE:**

*\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B PFS. These non-covered services should be counted in the denominator population for MIPS CQMs.*

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 12 years on date of encounter

**AND**

At least two patient encounters during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92622, 92625, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98979, 98980, 99024, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99421, 99422, 99423, 99457, 99470, G0270, G0271, G2250, G2251, G2252

**OR**

At least one preventive encounter during the performance period (CPT or HCPCS): 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, 99401\*, 99402\*, 99403\*, 99404\*, 99411\*, 99412\*, 99429\*, G0402, G0438, G0439

**AND NOT**

**DENOMINATOR EXCLUSION:**

Hospice services provided to patient any time during the measurement period: M1159

**NUMERATOR (CRITERIA 3):**

Patients who were screened for tobacco use at least once within 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.

**Definitions:**

Tobacco Use – use of any tobacco product.

The 2021 USPSTF recommendation references the US Food and Drug Administration definition of tobacco which includes “any product made or derived from tobacco intended for human consumption (except products that meet the definition of drugs), including, but not limited to, cigarettes, cigars (including cigarillos and little cigars), dissolvables, hookah tobacco, nicotine gels, pipe tobacco, roll-your-own tobacco, smokeless tobacco products (including dip, snuff, snus, and chewing tobacco), vapes, electronic cigarettes (e-cigarettes), hookah pens, and other electronic nicotine delivery systems.”

The 2021 USPSTF recommendation describes smoking as generally referring to “the inhaling and exhaling of smoke produced by combustible tobacco products such as cigarettes, cigars, and pipes.”

The 2021 USPSTF recommendation describes vaping as “the inhaling and exhaling of aerosols produced by e-cigarettes.” In addition, it states, “vaping products (i.e., e-cigarettes) usually contain nicotine, which is the addictive ingredient in tobacco. Substances other than tobacco can also be used to smoke or vape.”

While the 2015 USPSTF recommendation statement used the term ‘electronic nicotine delivery systems’ or ‘ENDS,’ the USPSTF recognizes that the field has shifted to using the term ‘e-cigarettes’ (or ‘e-cigs’) and uses the term e-cigarettes in the current recommendation statement. e-Cigarettes can come in many shapes and sizes, but generally they heat a liquid that contains nicotine (the addictive drug in tobacco) to produce an aerosol (or ‘vapor’) that is inhaled (‘vaped’) by users.”

**Tobacco Cessation Intervention** – Includes brief counseling (3 minutes or less), and/or pharmacotherapy.

Note: Concepts aligned with brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) are included in the numerator. Other concepts such as written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator. Counseling also may be of longer duration or be performed more frequently, as evidence shows that higher-intensity interventions are associated with higher tobacco cessation rates (U.S. Preventive Services Task Force, 2021).

**NUMERATOR NOTE:**

*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.*

*In the event that a patient is screened for tobacco use and identified as a user but did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period or if tobacco status is unknown, submit G0029.*

*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.*

*This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99406 and 99407 satisfy the requirement of tobacco cessation intervention, as these services provide tobacco cessation counseling for 3-10 minutes. If a patient received these types of services, submit G0030.*

**Numerator Options:**

***Performance Met:***

Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user (G0030)

**OR**

***Performance Met:***

Current tobacco non-user (1036F)

**OR**

***Performance Not Met:***

Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period (G0029)

**RATIONALE:**

This measure is intended to promote adult tobacco screening and tobacco cessation interventions for those who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. Tobacco users who are able to stop using tobacco lower their risk for heart disease, lung disease, and stroke.

**CLINICAL RECOMMENDATION STATEMENTS:**

The US Preventive Services Task Force (USPSTF) recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to nonpregnant adults who use tobacco (Grade A Recommendation) (U.S. Preventive Services Task Force, 2021).

The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco (Grade A Recommendation) (U.S. Preventive Services Task Force, 2021).

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women (Grade I Statement) (U.S. Preventive Services Task Force, 2021).

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of electronic cigarettes (e-cigarettes) for tobacco cessation in adults, including pregnant persons. The USPSTF recommends that clinicians direct patients who use tobacco to other tobacco cessation interventions with proven effectiveness and established safety (Grade I Statement) (U.S. Preventive Services Task Force, 2021).

The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents (Grade B Statement) (U.S. Preventive Services Task Force, 2020).

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care--feasible interventions for the cessation of tobacco use among school-aged children and adolescents (Grade I Statement) (U.S. Preventive Services Task Force, 2020).

All patients should be asked if they use tobacco and should have their tobacco use status documented on a regular basis. Evidence has shown that clinic screening systems, such as expanding the vital signs to include tobacco use status or the use of other reminder systems such as chart stickers or computer prompts, significantly increase rates of clinician intervention. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008)

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) (U.S. Department of Health and Human

Services. Public Health Service, 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) (U.S. Department of Health and Human Services. Public Health Service, 2008)

The combination of counseling and medication is more effective for smoking cessation than either medication or counseling alone. Therefore, whenever feasible and appropriate, both counseling and medication should be provided to patients trying to quit smoking. (Strength of Evidence = A) (U.S. Department of Health and Human Services. Public Health Service, 2008)

#### **REFERENCES:**

US Preventive Services Task Force. (2021). Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons. US Preventive Services Task Force Recommendation Statement. JAMA, 325(3), 265-279. doi:10.1001/jama.2020.25019

US Preventive Services Task Force. (2020). Primary Care Interventions for Prevention and Cessation of Tobacco Use in Children and Adolescents. US Preventive Services Task Force Recommendation Statement. JAMA, 2020;323(16):1590-1598. doi:10.1001/jama.2020.4679

US Department of Health and Human Services. (2008). 6, Evidence and Recommendations. Treating Tobacco Use and Dependence: 2008 Update. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK63943/>

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**2026 Clinical Quality Measure for Quality ID #226 (CBE 0028):  
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  
Multiple Performance Rates**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

**ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS**

Overall Data Completeness (Submission Criteria 1)\*=  

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=80 patients)} + \text{Performance Not Met (c}^1\text{=10 patients)}}{\text{Eligible Population / Denominator (d}^1\text{=100 patients)}} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90.00\%$$

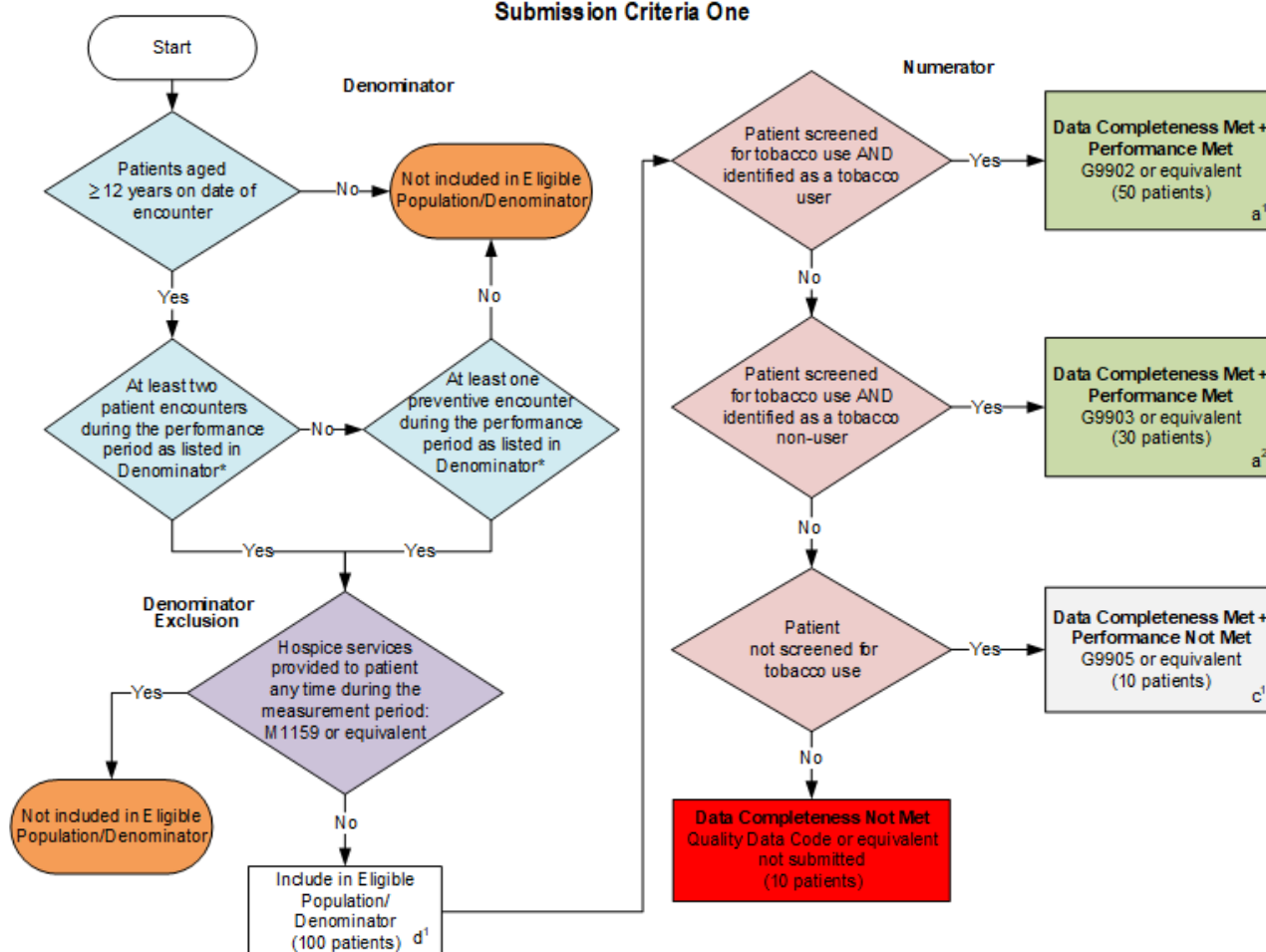
Overall Performance Rate (Submission Criteria 2)\*=  

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=80 patients)}}{\text{Data Completeness Numerator (40 patients)}} = \frac{80 \text{ patients}}{40 \text{ patients}} = 75.00\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE : Submission Frequency: Patient-Process

**Submission Criteria One**



**SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE**

Data Completeness=  

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=80 patients)} + \text{Performance Not Met (c}^1\text{=10 patients)}}{\text{Eligible Population / Denominator (d}^1\text{=100 patients)}} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90.00\%$$

Performance Rate=  

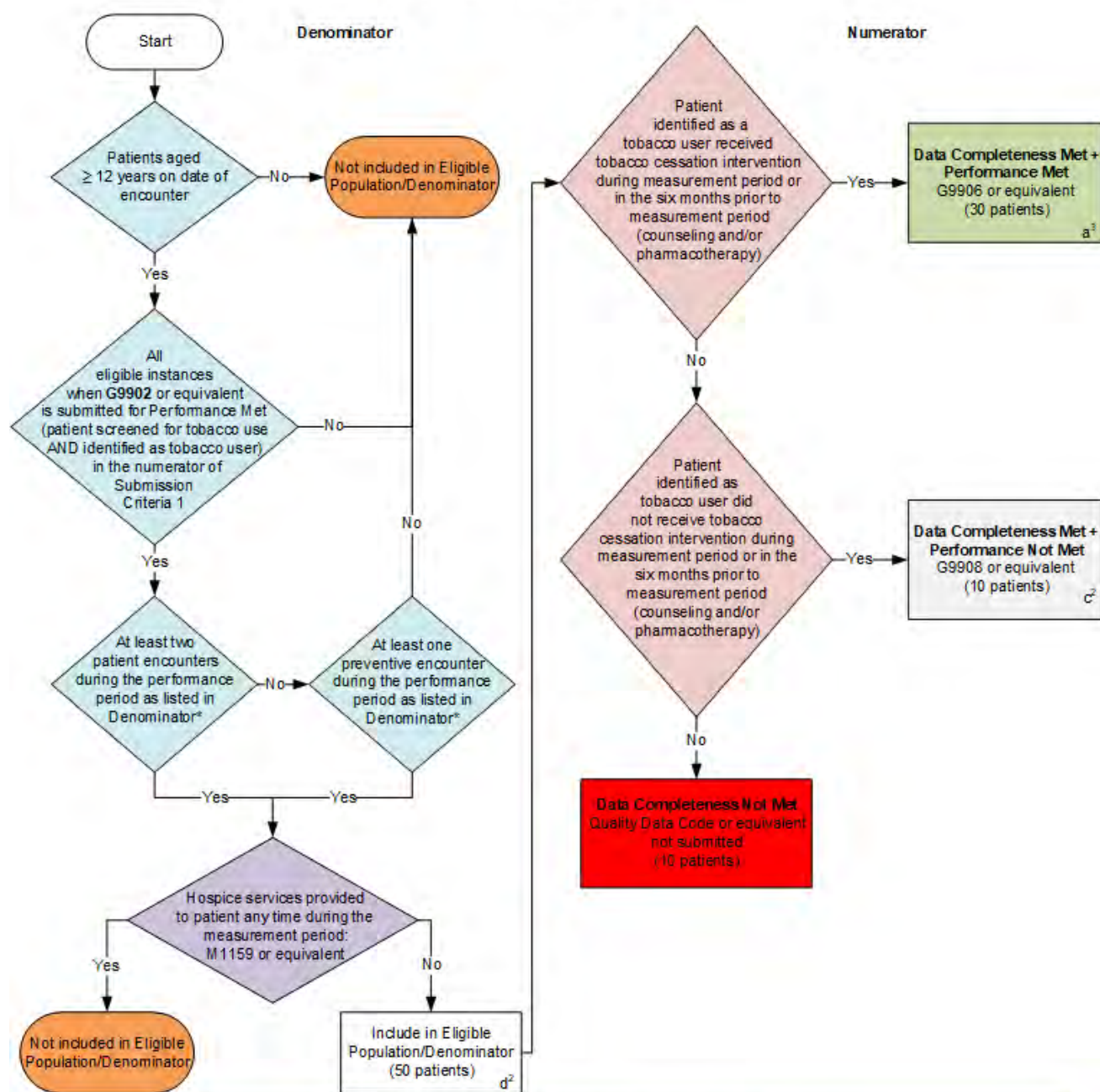
$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=80 patients)}}{\text{Data Completeness Numerator (90 patients)}} = \frac{80 \text{ patients}}{90 \text{ patients}} = 88.89\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE : Submission Frequency: Patient-Process

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## Submission Criteria Two



### SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

**Data Completeness=**  

$$\frac{\text{Performance Met (a}^1\text{=30 patients)} + \text{Performance Not Met (c}^2\text{=10 patients)}}{\text{Eligible Population / Denominator (d}^2\text{=50 patients)}} = \frac{40 \text{ patients}}{50 \text{ patients}} = 80.00\%$$

**Performance Rate=**  

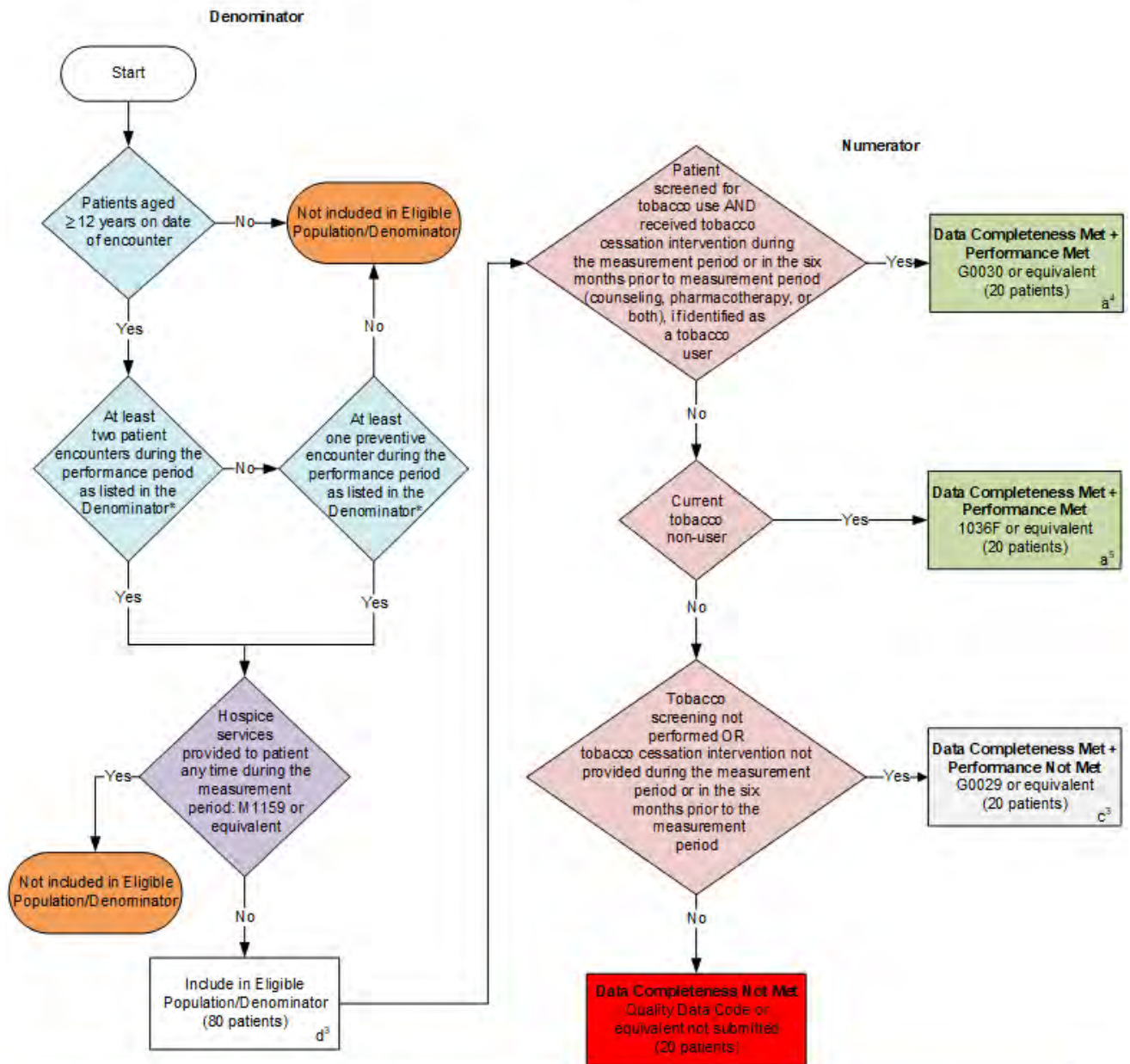
$$\frac{\text{Performance Met (a}^1\text{=30 patients)}}{\text{Data Completeness Numerator (40 patients)}} = \frac{30 \text{ patients}}{40 \text{ patients}} = 75.00\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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## Submission Criteria Three



### SAMPLE CALCULATIONS: SUBMISSION CRITERIA THREE

**Data Completeness=**  

$$\frac{\text{Performance Met (a⁴+a⁵=40 patients)} + \text{Performance Not Met (c³=20 patients)}}{\text{Eligible Population / Denominator (d³=80 patients)}} = \frac{60 \text{ patients}}{80 \text{ patients}} = 75.00\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a⁴+a⁵=40 patients)}}{\text{Data Completeness Numerator (60 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE : Submission Frequency: Patient-Process

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #226 (CBE 0028):  
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*

**Multiple Performance Rates**

**Accountability Reporting in the CMS MIPS Program: Sample Calculations**

Overall Data Completeness (Submission Criteria 1)\* equals Performance Met ( $a^1$  plus  $a^2$  equals 80 patients) plus Performance Not Met ( $c^1$  equals 10 patients) divided by Eligible/Denominator Population ( $d^1$  equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Overall Performance Rate (Submission Criteria 2)\* equals Performance Met ( $a^3$  equals 30 patients) divided by Data Completeness Numerator (40 patients). All equals 30 patients divided by 40 patients. All equals 75.00 percent

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

**Submission Criteria One:**

1. Start with Denominator
2. Check *Patients aged greater than or equal to 12 years on date of encounter*:
  - a. If *Patients aged greater than or equal to 12 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 12 years on date of encounter* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in the Denominator\**.
3. Check *At least two patient encounters during the performance period as listed in the Denominator\**:
  - a. If *At least two patient encounters during the performance period as listed in the Denominator\** equals No, proceed to check *At least one preventive encounter during the performance period as listed in the Denominator\**.
  - b. If *At least two patient encounters during the performance period as listed in the Denominator\** equals Yes, proceed to check *Hospice services provided to patient any time during the measurement period*.
4. Check *At least one preventive encounter during the performance period as listed in the Denominator\**:
  - a. If *At least one preventive encounter during the performance period as listed in the Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least one preventive encounter during the performance period as listed in the Denominator\** equals Yes, proceed to check *Hospice services provided to patient any time during the measurement period*.
5. Check *Hospice services provided to patient any time during the measurement period*:
  - a. If *Hospice services provided to patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*.
  - b. If *Hospice services provided to patient any time during the measurement period* equals No, include in *Eligible*

*Population/Denominator.*

6. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d<sup>1</sup> equals 100 patients in the Sample Calculation.
7. Start Numerator
8. Check *Patient screened for tobacco use AND identified as a tobacco user*.
  - a. If *Patient screened for tobacco use AND identified as a tobacco user* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met letter* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>1</sup> equals 50 patients in the Sample Calculation.
  - b. If *Patient screened for tobacco use AND identified as a tobacco user* equals No, proceed to check *Patient screened for tobacco use AND identified as a tobacco non-user*.
9. Check *Patient screened for tobacco use AND identified as a tobacco non-user*.
  - a. If *Patient screened for tobacco use AND identified as a tobacco non-user* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met letter* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>2</sup> equals 30 patients in the Sample Calculation.
  - b. If *Patient screened for tobacco use AND identified as a tobacco non-user* equals No, proceed to check *Patient not screened for tobacco use*.
10. Check *Patient not screened for tobacco use*.
  - a. If *Patient not screened for tobacco use* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met letter* is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>1</sup> equals 10 patients in the Sample Calculation.
  - b. If *Patient not screened for tobacco use* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*.
  - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**Sample Calculations: Submission Criteria One**

Data Completeness equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 80 patients) plus Performance Not Met (c<sup>1</sup> equals 10 patients) divided by Eligible Population/Denominator (d<sup>1</sup> equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 80 patients) divided by Data Completeness Numerator (90 patients). All equals 80 patients divided by 90 patients. All equals 88.89 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

### **Submission Criteria Two:**

1. Start with Denominator
2. Check *Patients aged greater than or equal to 12 years on date of encounter*:
  - a. If *Patients aged greater than or equal to 12 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 12 years on date of encounter* equals Yes, proceed to check *All eligible instances when G9902 or equivalent is submitted for Performance Met (patient screened for tobacco use and identified as tobacco user) in the numerator of Submission Criteria 1*.
3. Check *All eligible instances when G9902 or equivalent is submitted for Performance Met (patient screened for tobacco use and identified as tobacco user) in the numerator of Submission Criteria 1*:
  - a. If *All eligible instances when G9902 or equivalent is submitted for Performance Met (patient screened for tobacco use and identified as tobacco user) in the numerator of Submission Criteria 1* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *All eligible instances when G9902 or equivalent is submitted for Performance Met (patient screened for tobacco use and identified as tobacco user) in the numerator of Submission Criteria 1* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in the Denominator\**.
4. Check *At least two patient encounters during the performance period as listed in the Denominator\**:
  - a. If *At least two patient encounters during the performance period as listed in Denominator\** equals No, proceed to check *At least one preventive encounter during the performance period as listed in the Denominator\**.
  - b. If *At least two patient encounters during the performance period as listed in the Denominator\** equals Yes, proceed to check *Hospice services provided to patient any time during the measurement period*.
5. Check *At least one preventive encounter during the performance period as listed in the Denominator\**:
  - a. If *At least one preventive encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least one preventive encounter during the performance period as listed in the Denominator\** equals Yes, proceed to check *Hospice services provided to patient any time during the measurement period*.
6. Check *Hospice services provided to patient any time during the measurement period*:
  - a. If *Hospice services provided to patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*.

- b. If *Hospice services provided to patient any time during the measurement period* equals No, include in *Eligible Population/Denominator*.

7. Denominator Population:

- a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d2 equals 50 patients in the Sample Calculation.

8. Start Numerator

9. Check *Patient identified as a tobacco user received tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)*:

- a. If *Patient identified as a tobacco user received tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)* equals Yes, include in *Data Completeness Met and Performance Met*.

- *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>3</sup> equals 30 patients in the Sample Calculation.

- b. If *Patient identified as a tobacco user received tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)* equals No, proceed to check *Patient identified as tobacco user did not receive tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)*.

10. Check *Patient identified as tobacco user did not receive tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)*:

- a. If *Patient identified as tobacco user did not receive tobacco cessation intervention during measurement period or in the six months prior to measurement period (counseling and/or pharmacotherapy)* equals Yes, include in the *Data Completeness Met and Performance Not Met*.

- *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>2</sup> equals 10 patients in the Sample Calculation.

- b. If *Patient identified as tobacco user did not receive tobacco cessation intervention during measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)* equals No, proceed to check *Data Completeness Not Met*.

11. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**Sample Calculations: Submission Criteria Two**

Data Completeness equals Performance Met (a<sup>3</sup> equals 30 patients) plus Performance Not Met (c<sup>2</sup> equals 10 patients) divided by Eligible Population/Denominator (d<sup>2</sup> equals 50 patients). All equals 40 patients divided by 50 patients. All equals 80.00 percent.

Performance Rate equals Performance Met (a<sup>3</sup> equals 30 patients) divided by Data Completeness Numerator (40



patients). All equals 30 patients divided by 40 patients. All equals 75.00 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

### **Submission Criteria Three:**

1. Start with Denominator
2. Check *Patient aged greater than or equal to 12 years on date of encounter*:
  - a. If *Patient aged greater than or equal to 12 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient aged greater than or equal to 12 years on date of encounter* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in the Denominator\**.
3. Check *At least two patient encounters during the performance period as listed in the Denominator\**:
  - a. If *At least two patient encounters during the performance period as listed in the Denominator\** equals No, proceed to check *At least one preventive encounter during the performance period as listed in Denominator\**.
  - b. If *At least two patient encounters during the performance period as listed in the Denominator\** equals Yes, proceed to check *Hospice services provided to patient any time during the measurement period*.
4. Check *At least one preventive encounter during the performance period as listed in Denominator\**:
  - a. If *At least one preventive encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least one preventive encounter during the performance period as listed in Denominator\** equals Yes, proceed to check *Hospice services provided to patient any time during the measurement period*.
5. Check *Hospice services provided to patient any time during the measurement period*:
  - a. If *Hospice services provided to patient any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*.
  - b. If *Hospice services provided to patient any time during the measurement period* equals No, include in *Eligible Population/Denominator*.
6. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d3 equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check *Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user*:

- a. If *Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>4</sup> equals 20 patients in the Sample Calculation.
  - b. If *Patient screened for tobacco use AND received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user* equals No, proceed to check *Current tobacco non-user*.
9. Check *Current tobacco non-user*:
- a. If *Current tobacco non-user* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>5</sup> equals 20 patients in the Sample Calculation.
  - b. If *Current tobacco non-user* equals No, proceed to check *Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period*.
10. Check *Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period*:
- a. If *Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>3</sup> equals 20 patients in the Sample Calculation.
  - b. If *Tobacco screening not performed OR tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
- a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 20 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations: Submission Criteria Three**

Data Completeness equals Performance Met (a<sup>4</sup> plus a<sup>5</sup> equals 40 patients) plus Performance Not Met (c<sup>3</sup> equals 20 patients) divided by Eligible Population/Denominator (d<sup>3</sup> equals 80 patients). All equals 60 patients divided by 80 patients. All equals 75.00 percent.

Performance Rate equals Performance Met (a<sup>4</sup> plus a<sup>5</sup> equals 40 patients) divided by Data Completeness Numerator (60 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.