

	Measure 0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (National Committee for Quality Assurance (NCQA))
Description	<p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user</p> <p>Three rates are reported:</p> <ul style="list-style-type: none"> a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user
Numerator	<p>Population 1: Patients who were screened for tobacco use at least once within 24 months</p> <p>Population 2: Patients who received tobacco cessation intervention</p> <p>Population 3: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user</p>
Numerator Details	<p>Time Period for Data Collection: At least once during the 24-month period</p> <p>Definitions: Tobacco Use - Includes any type of tobacco Tobacco Cessation Intervention - Includes brief counseling (3 minutes or less), and/or pharmacotherapy Note: For the purpose of this measure, brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) qualifies for the numerator. Written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator. Brief counseling also may be of longer duration or be performed more frequently, as evidence shows there is a dose-response relationship between the intensity of counseling provided (either length or frequency) and tobacco cessation rates (U.S. Preventive Services Task Force, 2015).</p> <p>Numerator Note: To satisfy the intent of this measure, a patient must have at least one tobacco use screening during the 24-month period. If a patient has multiple tobacco use screenings during the 24-month 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.</p> <p>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.</p> <p>This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services</p>

	<p>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 (for population criteria 1) and CPT Category II code 4004F (for population criteria 3).</p> <p>Population 1: Report quality data code: G9902: Patient screened for tobacco use AND identified as a tobacco user OR G9903: Patient screened for tobacco use AND identified as a tobacco non-user</p> <p>Population 2: Report quality data code: G9906: Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)</p> <p>Population 3: Report CPT Category II code: 4004F: Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user OR 1036F: Current tobacco non-user</p>
Denominator	<p>Population 1: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period</p> <p>Population 2: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use and identified as a tobacco user</p> <p>Population 3: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period</p>
Denominator Details	<p>Time Period for Data Collection: 12 consecutive months</p> <p>Definitions: Tobacco Use - Includes any type of tobacco</p> <p>Denominator Note: The denominator of submission criteria 2 is a subset of the resulting numerator for submission criteria 1, as submission criteria 2 is limited to assessing if patients identified as tobacco users received an appropriate tobacco cessation intervention. For all patients, submission criteria 1 and 3 are applicable, but submission criteria 2 will only be applicable for those patients who are identified as tobacco users. Therefore, data for every patient that meets the age and encounter requirements will only be submitted for submission criteria 1 and 3, whereas data submitted for submission criteria 2 will be for a subset of patients who meet the age and encounter requirements, as the denominator has been</p>

further limited to those who were identified as tobacco users.

Population 1:

Patients aged ≥ 18 years on date of encounter

AND

At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

OR

At least one preventive encounter during the performance period (CPT or HCPCS):

99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, G0438, G0439

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

Population 2:

Patients aged ≥ 18 years on date of encounter

AND

All eligible instances when (G9902) Patient screened for tobacco use AND identified as a tobacco user that are utilized in submission of Performance Met Patient Screened for Tobacco Use, Identified as a Tobacco User in the numerator for population one

AND

At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

OR

At least one preventive encounter during the performance period (CPT or HCPCS):

99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, G0438, G0439

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

Population 3:

Patients aged ≥ 18 years on date of encounter

AND

At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

	<p>WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 OR At least one preventive encounter during the performance period (CPT or HCPCS): 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02</p>
Exclusions	<p>Denominator Exclusions: not applicable</p> <p>Denominator Exceptions:</p> <p>Population 1: Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)</p> <p>Population 2: Documentation of medical reason(s) for not providing tobacco cessation intervention (eg, limited life expectancy, other medical reason)</p> <p>Population 3: Documentation of medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (eg, limited life expectancy, other medical reason)</p>
Exclusion details	<p>Time Period for Data Collection: At least once during the 24-month period</p> <p>The PCPI distinguishes between denominator exceptions and denominator exclusions.</p> <p>Denominator exclusions arise when the clinical action indicated in the numerator is not appropriate for a particular group of patients who otherwise meet the denominator criteria. These are absolute and would be removed from the denominator of a measure in order to determine the eligible population.</p> <p>Denominator exceptions are used to remove a patient from the denominator when the patient does not receive the action(s) required in the numerator AND that action(s) would not be appropriate due to a patient-specific reason(s). The patient would otherwise meet the denominator criteria. Exceptions are not absolute and are based on provider judgment or individual patient characteristics or preferences. The PCPI methodology includes two categories of exceptions for which a patient may be removed from the denominator of an individual measure: 1) medical OR 2) patient or non-medical reasons. These exception categories are not uniformly relevant across all measures. The denominator exception language may include specific examples of instances that may constitute an exception, which are intended to serve as a guide to providers. Where examples of exceptions are included in the measure language, value sets for these examples are developed and are included in the eCQM.</p> <p>Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that providers document the specific reasons for exception in patients' medical records for purposes of optimal patient management and</p>

	<p>audit-readiness. The PCPI also advocates the systematic review and analysis of each provider's exceptions data to identify practice patterns and opportunities for quality improvement.</p> <p>Additional details: This measure includes denominator exceptions.</p> <p>Population 1: Report quality data code: G9904: Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)</p> <p>Population 2: Report quality data code: G9907: Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)</p> <p>Population 3: Append modifier to CPT Category II code or report quality data code: 4004F-1P: Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) OR G9909: Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason)</p>
Risk Adjustment	No risk adjustment or risk stratification
Stratification	Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF, the PCPI encourages collection of race and ethnicity data as well as the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.
Type	Process
Type of Score	Rate/proportion
Data Source	Claims, Registry Data
Level	Clinician : Group/Practice, Clinician : Individual
Setting	Home Care, Other:Occupational therapy evaluation, speech and hearing evaluation, ophthalmological services visit, Outpatient Services

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	Measure 1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Centers for Medicare & Medicaid Services)
Description	Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescription drug claims for antipsychotic medications and had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).
Numerator	Individuals with schizophrenia or schizoaffective disorder who had at least two prescription drug claims for antipsychotic medications and have a PDC of at least 0.8 for antipsychotic medications.
Numerator Details	<p>The numerator is defined as individuals with a PDC of 0.8 or greater.</p> <p>The PDC is calculated as follows:</p> <p>PDC NUMERATOR The PDC numerator is the sum of the days covered by the days' supply of all prescription drug claims for all antipsychotic medications. The period covered by the PDC starts on the day the first prescription is filled (index date) and lasts through the end of the measurement period, or death, whichever comes first. For prescription drug claims with a days' supply that extends beyond the end of the measurement period, count only the days for which the drug was available to the individual during the measurement period. If there are claims for the same drug (generic name) on the same date of service, keep the claim with the largest days' supply. If claims for the same drug (generic name) overlap, then adjust the prescription start date to be the day after the previous fill has ended.</p> <p>PDC DENOMINATOR The PDC denominator is the number of days from the first prescription drug claim date through the end of the measurement period, or death date, whichever comes first.</p>
Denominator	Individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder and at least two prescription drug claims for antipsychotic medications during the measurement period (12 consecutive months).
Denominator Details	<p>Target population meets the following conditions:</p> <ol style="list-style-type: none"> 1. Continuously enrolled in Medicare Part D with no more than a one-month gap in enrollment during the measurement period; 2. Continuously enrolled in Medicare Part A and Part B with no more than a one-month gap in Part A enrollment and no more than a one-month gap in Part B enrollment during the measurement period; and, 3. No more than one month of HMO (Health Maintenance Organization) enrollment during the measurement period. <p>IDENTIFICATION OF SCHIZOPHRENIA Individuals with schizophrenia or schizoaffective disorder are identified by having a diagnosis of schizophrenia within the inpatient or outpatient claims data. Individuals must have:</p>

At least two encounters with a diagnosis of schizophrenia or schizoaffective disorder with different dates of service in an outpatient setting, emergency department setting, or non-acute inpatient setting during the measurement period;

OR

At least one encounter with a diagnosis of schizophrenia or schizoaffective disorder in an acute inpatient setting during the measurement period.

CODES USED TO IDENTIFY SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER DIAGNOSIS

Codes used to identify schizophrenia or schizoaffective disorder are included in the attached excel worksheet of codes (NQF_1879_Code Tables_2018_Final.xlsx) under the tab NQF_1879_Schizophrenia.

Table 1: Schizophrenia or Schizoaffective Disorder Diagnosis

ICD-9-CM: 295.xx

ICD-10-CM: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

CODES USED TO IDENTIFY ENCOUNTER TYPE:

Codes used to identify encounters are under tab NQF_1879_Encounter_types.

Table 2.1: Outpatient Setting

Current Procedural Terminology (CPT): 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99429, 99510

HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

UB-92 revenue: 0510, 0511, 0513, 0516-0517, 0519-0523, 0526-0529, 0770, 0771, 0779, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 90880, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

WITH

Place of Service (POS): 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

Table 2.2: Emergency Department Setting

CPT: 99281-99285

UB-92 revenue: 0450, 0451, 0452, 0456, 0459, 0981

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99291

WITH

POS: 23

Table 2.3: Non-Acute Inpatient Setting

CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337

HCPCS: H0017-H0019, T2048

UB-92 revenue: 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669, 1000, 1001, 1003-1005

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99291

WITH

POS: 31, 32, 56

Table 2.4: Acute Inpatient Setting

UB-92 revenue: 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0209, 0210-0214, 0219, 0720-0724, 0729, 0987

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

WITH

POS: 21, 51

IDENTIFICATION OF PRESCRIPTION DRUG CLAIMS FOR ANTIPSYCHOTIC MEDICATION:

Individuals with at least two prescription drug claims for any of the following oral antipsychotic medications (Table 3: Oral Antipsychotic Medications) or long-acting injectable antipsychotic medications (see Table 4: Long-acting injectable antipsychotic medications). The National Drug Center (NDC) identifier for medications included in the measure denominator are listed in tab NQF_1879_ Antipsychotics of the attached excel

workbook. Obsolete drug products are excluded from National Drug Codes (NDCs) with an inactive date more than six years prior to the beginning of the measurement period or look-back period.

TABLE 3: ORAL ANTIPSYCHOTIC MEDICATIONS

The following are oral formulations only.

Typical Antipsychotic Medications:

chlorpromazine
fluphenazine
haloperidol
loxapine
molindone
perphenazine
prochlorperazine
thioridazine
thiothixene
trifluoperazine

Atypical Antipsychotic Medications:

aripiprazole
asenapine
brexpiprazole
cariprazine
clozapine
iloperidone
lurasidone
olanzapine
paliperidone
quetiapine
quetiapine fumarate (Seroquel)
risperidone
ziprasidone

Antipsychotic Combinations:

perphenazine-amitriptyline

TABLE 4: LONG-ACTING INJECTABLE ANTIPSYCHOTIC MEDICATIONS

The following are the long-acting (depot) injectable antipsychotic medications by class for the denominator. The route of administration includes all injectable and intramuscular formulations of the medications listed below.

Typical Antipsychotic Medications:

fluphenazine decanoate (J2680)
haloperidol decanoate (J1631)

Atypical Antipsychotic Medications:

	aripiprazole (J0401) aripiprazole lauroxil (Aristada) olanzapine pamoate (J2358) paliperidone palmitate (J2426) risperidone microspheres (J2794) Note: Since the days' supply variable is not reliable for long-acting injections in administrative data, the days' supply is imputed as listed below for the long-acting (depot) injectable antipsychotic medications billed under Medicare Part D and Part B: fluphenazine decanoate (J2680) – 28 days' supply haloperidol decanoate (J1631) – 28 days' supply aripiprazole (J0401) – 28 days' supply aripiprazole lauroxil (Aristada) - 28 days' supply olanzapine pamoate (J2358) – 28 days' supply paliperidone palmitate (J2426) – 28 days' supply risperidone microspheres (J2794) – 14 days' supply
Exclusions	Individuals with any diagnosis of dementia during the measurement period.
Exclusion details	Individuals with any diagnosis of dementia are identified with the diagnosis codes listed below tab NQF_1879_Dementia Table 5: Codes Used to Identify Dementia ICD-9-CM: 290.0, 290.10, 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 290.8, 290.9, 291.2, 292.82, 294.10, 294.11, 294.20, 294.21, 330.1, 331.0, 331.19, 331.82 ICD-10-CM: E75.00, E75.01, E75.02, E75.09, E75.10, E75.11, E75.19, E75.4, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F05, F10.27, F11.122, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.09, G31.83
Risk Adjustment	No risk adjustment or risk stratification
Stratification	Depending on the operational use of the measure, measure results can be stratified by: <ul style="list-style-type: none"> • State • Physician Group* • Age – Divided into six categories: 18-24, 25-44, 45-64, 65-74, 75-84, and 85+ years • Race/Ethnicity • Dual Eligibility *See Calculation Algorithm/Measure Logic S.14 below for physician group attribution methodology used for this measure.
Type	Process
Type of Score	Rate/proportion
Data Source	Claims
Level	Clinician : Group/Practice, Health Plan, Population : Regional and State
Setting	Outpatient Services