



## 2024 CMS Web Interface

**PREV-10 (CBE 0028): Preventive Care and Screening:  
Tobacco Use: Screening and Cessation Intervention**

**Measure Steward: NCQA**

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## **INTRODUCTION**

There are a total of 10 individual measures included in the 2024 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The measure documents are being provided to allow organizations an opportunity to better understand each of the 10 individual measures included in the 2024 CMS Web Interface data submission method. Each measure document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

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**CMS WEB INTERFACE SAMPLING INFORMATION**

**BENEFICIARY SAMPLING**

For more information on the sampling process and methodology please refer to the 2024 CMS Web Interface Sampling Document, which will be made available during the performance year at CMS.gov.

**NARRATIVE MEASURE SPECIFICATION**

**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.

Three rates are reported:

- a. Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period
- b. 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
- c. Percentage of patients aged 12 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

**IMPROVEMENT NOTATION:**

Higher score indicates better quality

**INITIAL POPULATION:**

All patients aged 12 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

**DENOMINATOR EXCLUSIONS:**

None

**DENOMINATOR EXCEPTIONS:**

None

**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

**NUMERATOR EXCLUSIONS:**

Not Applicable

**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 2024 CMS Web Interface PREV-10 Coding Document for the numerator. Other concepts such as written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies are not included in the 2024 CMS Web Interface PREV-10 Coding Document and 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).

**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 in Appendix III 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.

In order 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 Medicare Shared Savings 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 age and 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.

## SUBMISSION GUIDANCE

**NOTE:** For this quality measure, the CMS Web Interface displays the measure in a manner that condenses and simplifies data entry for this specification. This specification is provided to clearly delineate the patient population, quality actions, and subsequent performance rates that are calculated from this quality measure.

### PATIENT CONFIRMATION

Establishing patient eligibility for submission requires the following:

- Determine if the patient's medical record can be found.
  - If you can locate the medical record, select "Yes."
- OR**
- If you cannot locate the medical record, select "No - Medical Record Not Found."
- OR**
- Determine if the patient is qualified for the sample.
  - If the patient is deceased, in hospice, moved out of the country, or did not have Fee-for-Service (FFS) Medicare as their primary payer select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible.

### **Guidance** Patient Confirmation

**If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The CMS Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have been sampled.**

**If "Not Qualified for Sample" is selected and the date is unknown, you may enter the last date of the measurement period (i.e., 12/31/2024).**

**The Measurement Period is defined as January 1 – December 31, 2024.**

#### **NOTE:**

- **In Hospice:** Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care).
- **Moved out of Country:** Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period.
- **Deceased:** Select this option if the patient died during the measurement period.
- **Non-FFS Medicare:** Select this option if the patient was enrolled in Non-FFS Medicare at any time during the measurement period (i.e., commercial payers, Medicare Advantage, Non-FFS Medicare, HMOs, etc.) This exclusion is intended to remove beneficiaries for whom Fee-for-Service Medicare is not the primary payer.



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## SUBMISSION GUIDANCE

### DENOMINATOR CONFIRMATION, POPULATION 1

#### Tobacco Screening All

- Determine if the patient is qualified for the measure.
  - If you are able to confirm the patient is qualified for the measure, select "Yes."

#### OR

- If there is an "other" CMS approved reason for patient disqualification from the measure, select "No - Other CMS Approved Reason."

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### **Guidance** Denominator

**Other CMS Approved Reason** is reserved for unique cases that are not covered by any of the above stated skip reasons. To gain CMS approval, submit a skip request by selecting Request Other CMS Approved Reason in the patient qualification question for the measure. Note that skip requests can only be submitted manually through the CMS Web Interface.

To submit a skip request, follow these steps:

1. After confirming the beneficiary for the sample, scroll to the measure you would like to skip.
2. When confirming if the beneficiary is qualified for the measure, select Request Other CMS Approved Reason.
3. In the skip request modal, review the organization you are reporting for and provide the submitter's email address. CMS uses this email to send status updates and/or reach out if further information is needed to resolve the skip request. You also need to provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure. Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the case.

Beneficiaries remain incomplete until CMS resolves the skip request. The CMS Web Interface automatically updates the resolution of a skip request, either approved or denied. Beneficiaries for whom a CMS Approved Reason is approved are marked as Skipped and another beneficiary must be reported in their place, if available.

**By selecting "No – Other CMS Approved Reason",** the patient is only removed from the measure for which the reason was requested, not all CMS Web Interface measures.

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**SUBMISSION GUIDANCE**

**NUMERATOR SUBMISSION, POPULATION 1**

**Tobacco Screening All**

- Determine if the patient was screened for tobacco use at least once during the measurement period.

- If the patient was screened for tobacco use, select “Yes.”

**OR**

- If the patient was not screened for tobacco use, select “No.”

Numerator codes can be found in the 2024 CMS Web Interface PREV-10 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

**Guidance Numerator**

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**NOTE:**

- ***If there is more than 1 patient query regarding tobacco use, use the most recent query during the measurement period to determine tobacco status.***
  - ***Screening for tobacco use must occur during the measurement period and may be completed during a telehealth encounter.***
-

## SUBMISSION GUIDANCE

### DENOMINATOR CONFIRMATION, POPULATION 2

#### Tobacco User Received Tobacco Cessation Intervention

- Determine if the patient is qualified for the measure.
  - If you are able to confirm the patient is qualified for the measure, select “Yes.”

#### OR

- If there is an “other” CMS approved reason for patient disqualification from the measure, select “No - Other CMS Approved Reason.”

#### IF YES

- Determine if the patient was screened for tobacco use at least once during the measurement period.
  - If the patient was screened for tobacco use, select “Yes.”

#### IF YES

- Determine if the patient was identified as a tobacco user during the most recent tobacco use screening.
  - If the patient was identified as a tobacco user, select “Yes.”

#### OR

- If the patient was identified as a tobacco non-user, select “No.”

#### OR

- If the patient was not screened for tobacco use, select “No.”

Denominator codes can be found in the 2024 CMS Web Interface PREV-10 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

### **Guidance** **Denominator**

**Other CMS Approved Reason** is reserved for unique cases that are not covered by any of the above stated skip reasons. To gain CMS approval, submit a skip request by selecting Request Other CMS Approved Reason in the patient qualification question for the measure. Note that skip requests can only be submitted manually through the CMS Web Interface.

To submit a skip request, follow these steps:

1. After confirming the beneficiary for the sample, scroll to the measure you would like to skip.
2. When confirming if the beneficiary is qualified for the measure, select Request Other CMS Approved Reason.
3. In the skip request modal, review the organization you are reporting for and provide the submitter's email address. CMS uses this email to send status updates and/or reach out if further information is needed to resolve the skip request. You also need to provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure. Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the case.

Beneficiaries remain incomplete until CMS resolves the skip request. The CMS Web Interface automatically updates the resolution of a skip request, either approved or denied. Beneficiaries for whom a CMS Approved Reason is approved are marked as Skipped and another beneficiary must be reported in their place, if available

**By selecting “No – Other CMS Approved Reason”,** the patient is only removed from the measure for which the reason was requested, not all CMS Web Interface measures.

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**NOTE:**

- **Patients identified as tobacco non-users** are not eligible for the denominator of Population 2, as the numerator action assessed in this population criteria 2 is pertinent to patients identified as tobacco users only.
  - **If there is more than 1 patient query** regarding tobacco use, use the most recent query during the measurement period to determine tobacco status.
  - **Screening for tobacco use** may be completed during a telehealth encounter.
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**SUBMISSION GUIDANCE****NUMERATOR SUBMISSION, POPULATION 2****Tobacco User Received Tobacco Cessation Intervention**

- Determine if the patient received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period.
  - If the patient received tobacco cessation intervention, select “Yes.”

**OR**

- If the patient did not receive tobacco cessation intervention, select “No.”

Numerator and Numerator Drug codes can be found in the 2024 CMS Web Interface PREV-10 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

**Guidance Numerator**

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**NOTE:**

- **Screening for tobacco use and cessation intervention** do not have to occur on the same encounter. Screening for tobacco use must occur during the measurement period. Patients identified as a tobacco user must receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period.
  - **If there is more than 1 patient query** regarding tobacco use, use the most recent query during the measurement period to determine tobacco status.
  - **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.
  - **Include tobacco cessation intervention** that occurs during the measurement period or in the six months prior to the measurement period.
  - **Tobacco cessation intervention** may be completed during a telehealth encounter.
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## SUBMISSION GUIDANCE

### DENOMINATOR CONFIRMATION, POPULATION 3

#### Tobacco Non-users and Users Who Received Tobacco Cessation Intervention

- Determine if the patient is qualified for the measure.
  - If you are able to confirm the patient is qualified for the measure, select “Yes”.

**OR**

- If there is an "other" CMS approved reason for patient disqualification from the measure, select “No - Other CMS Approved Reason”.

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#### **Guidance** *Denominator*

**Other CMS Approved Reason** is reserved for unique cases that are not covered by any of the above stated skip reasons. To gain CMS approval, submit a skip request by selecting Request Other CMS Approved Reason in the patient qualification question for the measure. Note that skip requests can only be submitted manually through the CMS Web Interface.

To submit a skip request, follow these steps:

1. After confirming the beneficiary for the sample, scroll to the measure you would like to skip.
2. When confirming if the beneficiary is qualified for the measure, select Request Other CMS Approved Reason.
3. In the skip request modal, review the organization you are reporting for and provide the submitter's email address. CMS uses this email to send status updates and/or reach out if further information is needed to resolve the skip request. You also need to provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure. Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the case.

Beneficiaries remain incomplete until CMS resolves the skip request. The CMS Web Interface automatically updates the resolution of a skip request, either approved or denied. Beneficiaries for whom a CMS Approved Reason is approved are marked as Skipped and another beneficiary must be reported in their place, if available.

**By selecting “No – Other CMS Approved Reason”**, the patient is only removed from the measure for which the reason was requested, not all CMS Web Interface measures.

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**SUBMISSION GUIDANCE****NUMERATOR SUBMISSION, POPULATION 3****Tobacco Non-users and Users Who Received Tobacco Cessation Intervention**

- Determine if the patient was screened for tobacco use at least once during the measurement period.
  - If the patient was screened for tobacco use, select “Yes.”

**OR**

- If the patient was not screened for tobacco use, select “No.”

**IF YES**

- Determine if the patient was identified as a tobacco user during the most recent tobacco use screening.
  - If the patient was identified as a tobacco user, select “Yes.”

**IF YES**

- Determine if the patient received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period.
  - If the patient did receive tobacco cessation intervention, select “Yes.”

**OR**

- If the patient did not receive tobacco cessation intervention, select “No.”

**OR**

- If the patient was identified as a tobacco non-user, select “No.”

Numerator and Numerator Drug codes can be found in the 2024 CMS Web Interface PREV-10 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

**Guidance Numerator**

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**NOTE:**

- ***If there is more than 1 patient query*** regarding tobacco use, use the most recent query during the measurement period to determine tobacco status.
  - ***Screening for tobacco use and cessation intervention*** do not have to occur on the same encounter. Screening for tobacco use must occur during the encounter. Patients identified as a tobacco user must receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period from the screening encounter date.
  - ***Screening for tobacco use and cessation intervention*** may be completed during a telehealth encounter.
  - ***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.
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**DOCUMENTATION REQUIREMENTS**

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the CMS Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

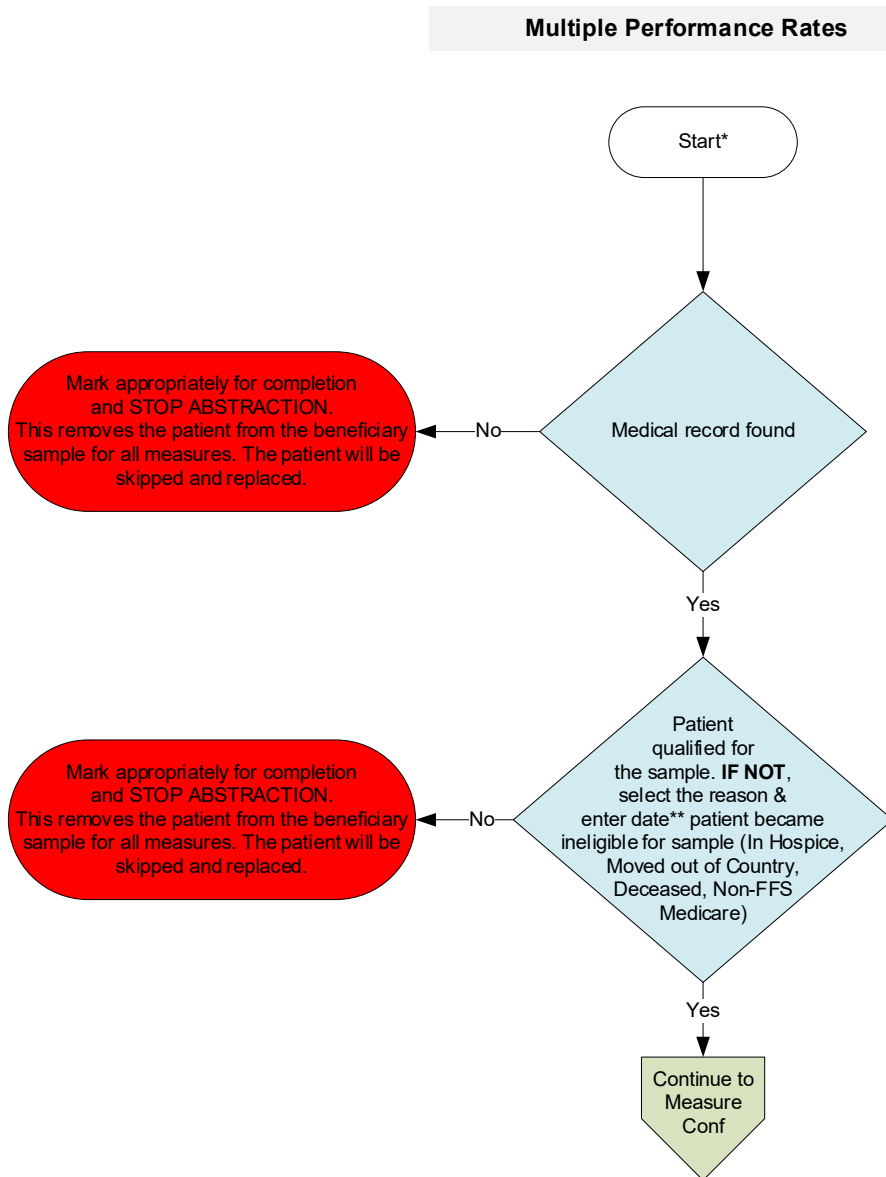


Appendix I: Performance Calculation Flow

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

## Patient Confirmation Flow

Confirmation of the “Medical Record Found”, or indicating the patient is “Not Qualified for Sample” with a reason of “In Hospice”, “Moved out of Country”, “Deceased”, or “Non-FFS Medicare”, will only need to be done **once** per patient.

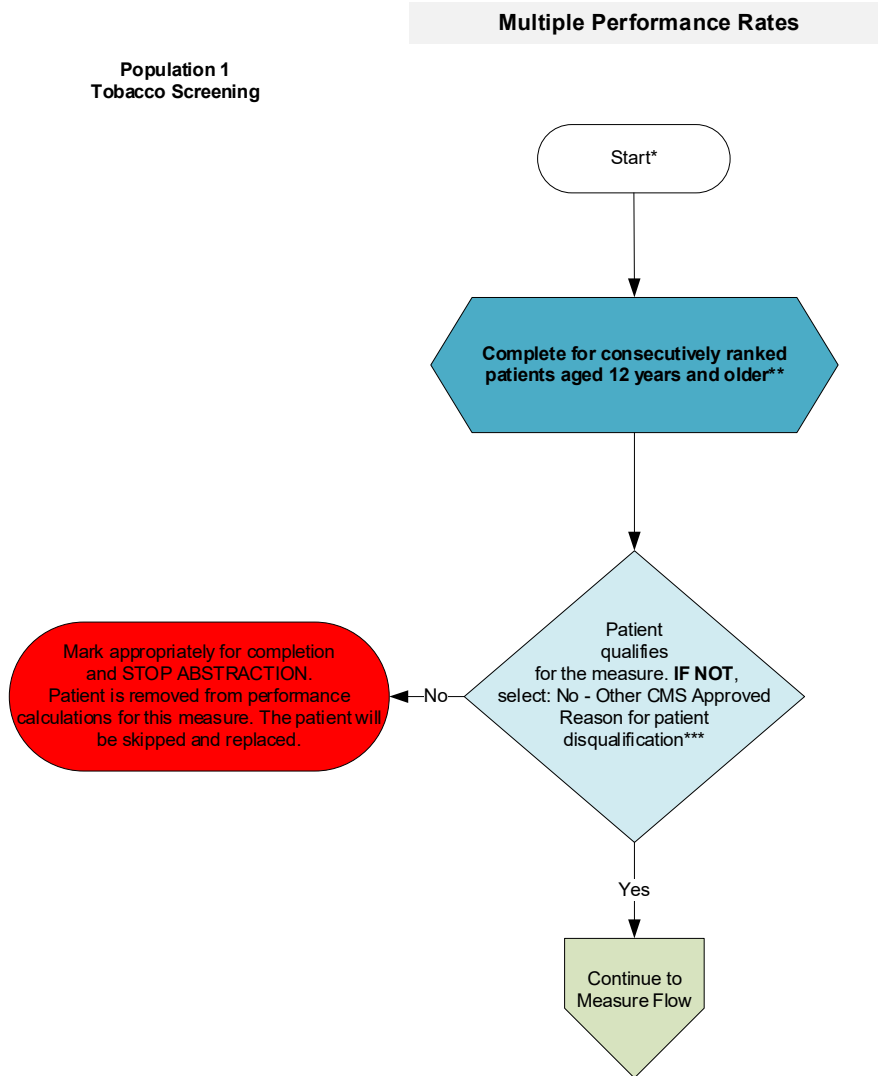


\*See the posted measure submission document for specific coding and instructions to submit this measure.

\*\*If date is unknown, enter 12/31/2024

## Measure Confirmation Flow for PREV-10

Measure specific reasons a patient is “Not Confirmed” or excluded for “Denominator Exclusion” or “Other CMS Approved Reason” should be evaluated for each measure where the patient appears.

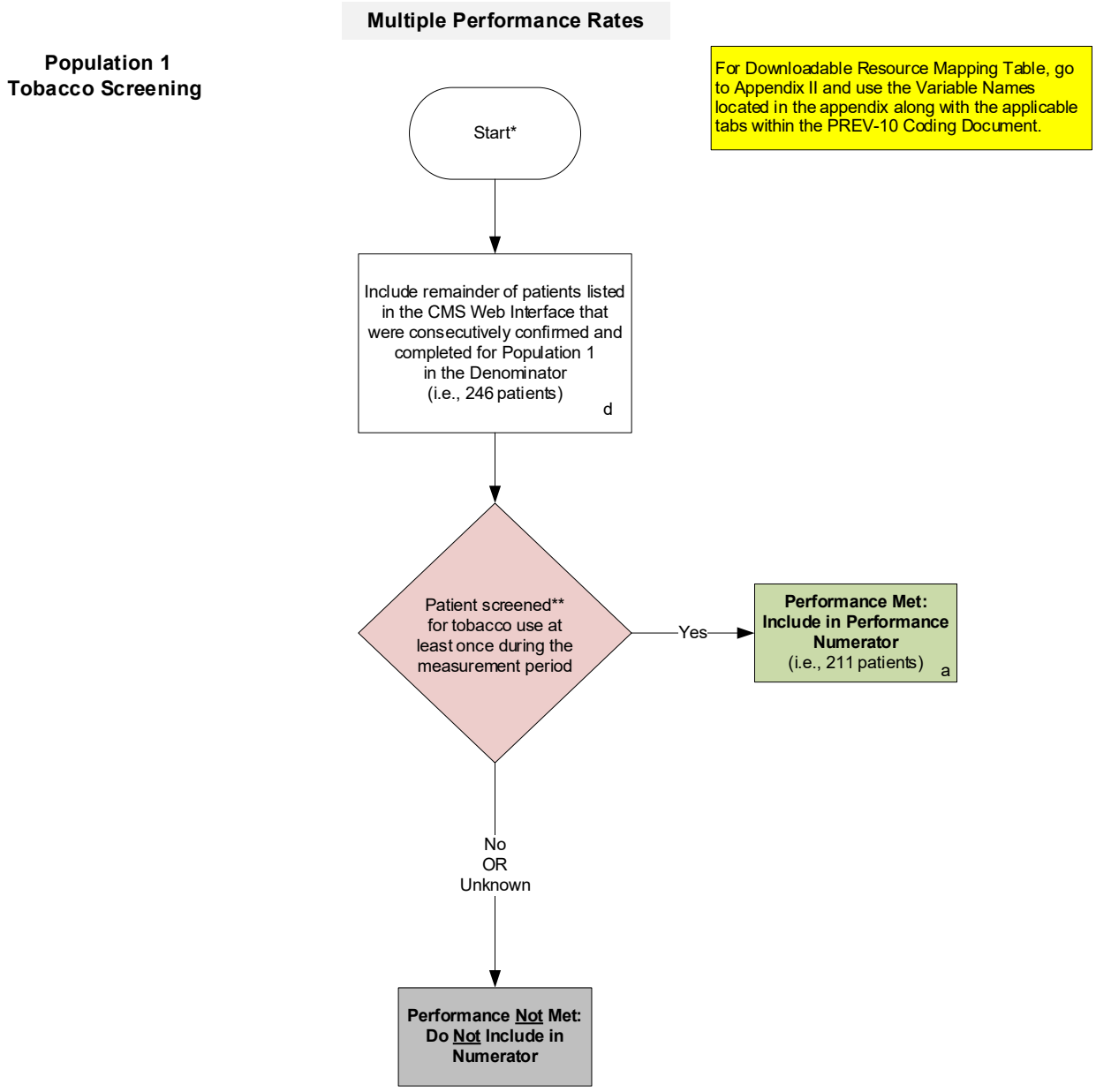


\*See the posted measure submission document for specific coding and instructions to submit this measure.

\*\*Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

\*\*\*“Other CMS Approved Reason” may only be selected if the CMS Web Interface updated the resolution of the skip request to be “Approved”.

# Measure Flow for PREV-10



**SAMPLE CALCULATION:**

**Performance Rate=**

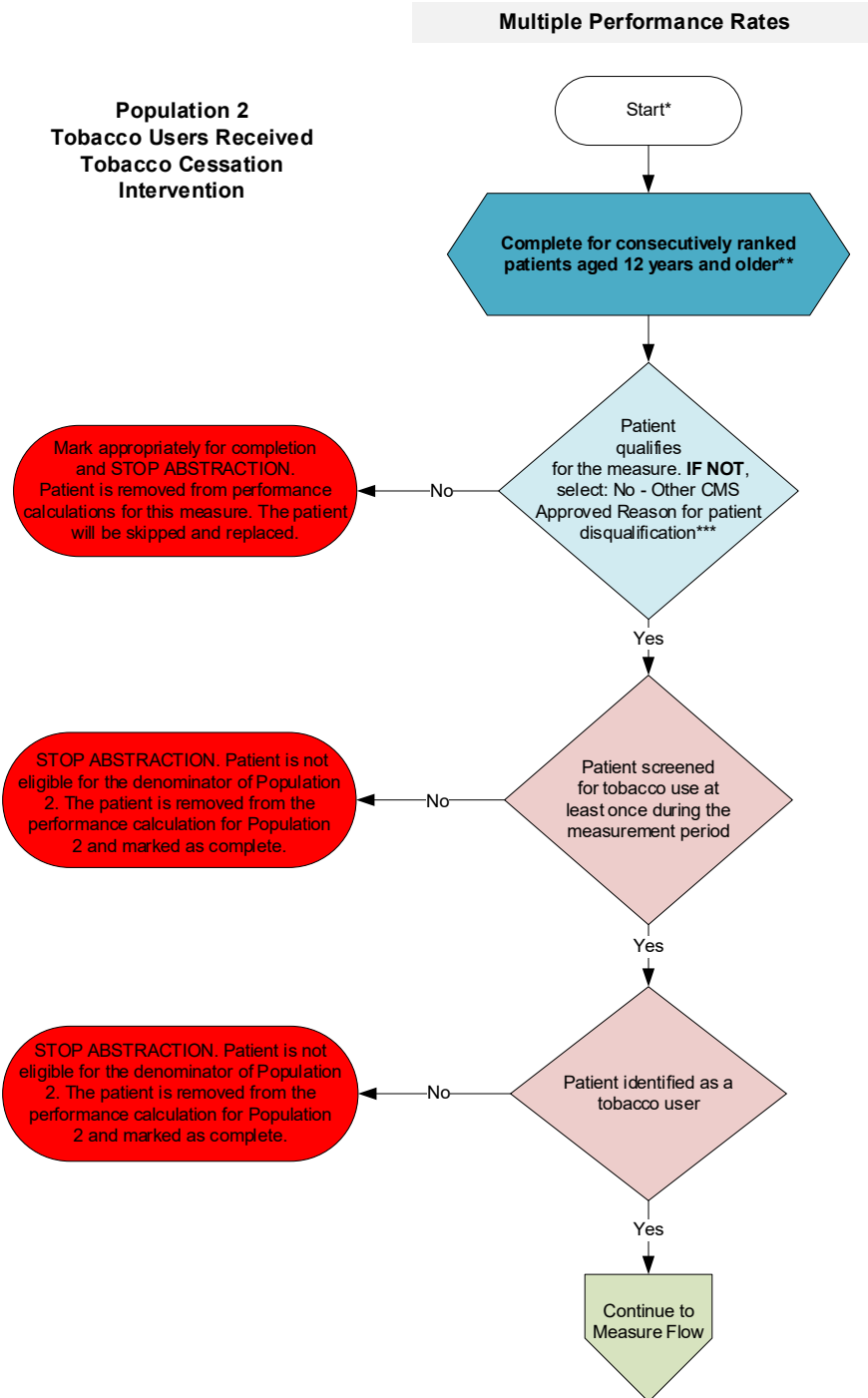
Performance Met (a=211 patients)	=	211 patients	=	85.77%
Denominator (d=246 patients)	=	246 patients		

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

\*See the posted measure submission document for specific coding and instructions to submit this measure.  
 \*\*Tobacco user status is REQUIRED- must be identified as tobacco user OR tobacco non-user.

## Measure Confirmation Flow for PREV-10

Measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" should be evaluated for each measure where the patient appears.



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

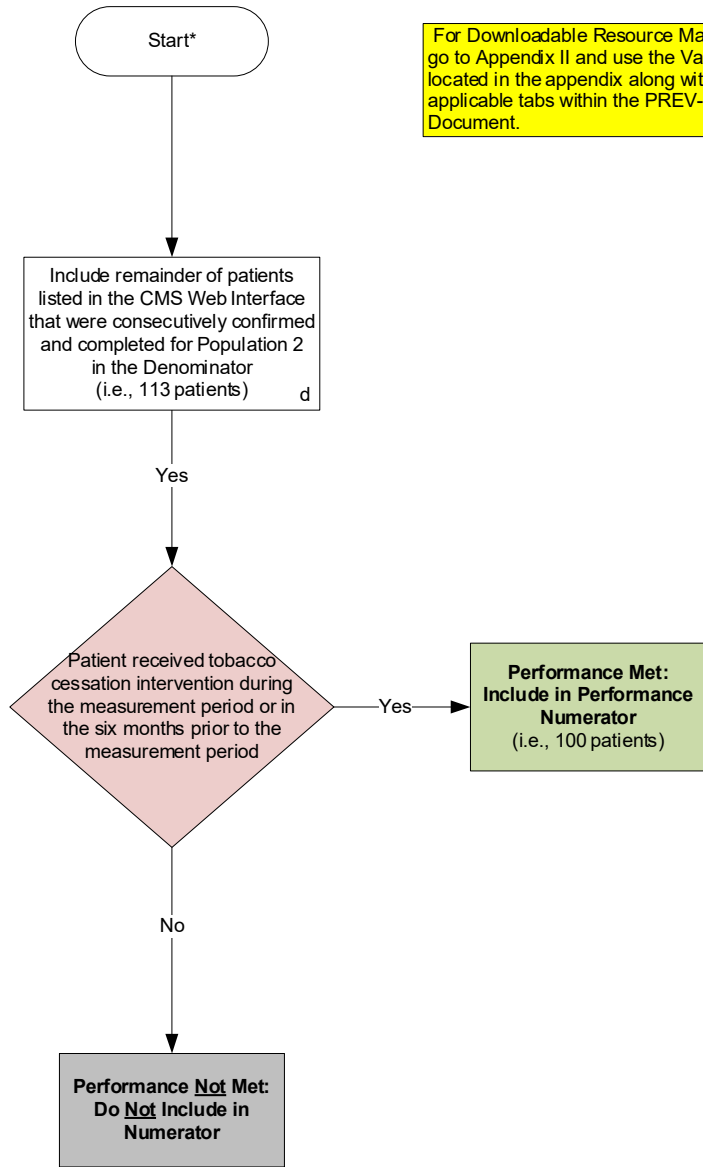
\*\*Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

\*\*\*\*Other CMS Approved Reason" may only be selected if the CMS Web Interface updated the resolution of the skip request to be "Approved".

# Measure Flow for PREV-10

**Population 2  
Tobacco Users Received  
Tobacco Cessation  
Intervention**

**Multiple Performance Rates**



For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV-10 Coding Document.

**SAMPLE CALCULATION:**

**Performance Rate=**

Performance Met (a=100 patients)	=	100 patients	=	88.50%
Denominator (d=113 patients)	=	113 patients	=	

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

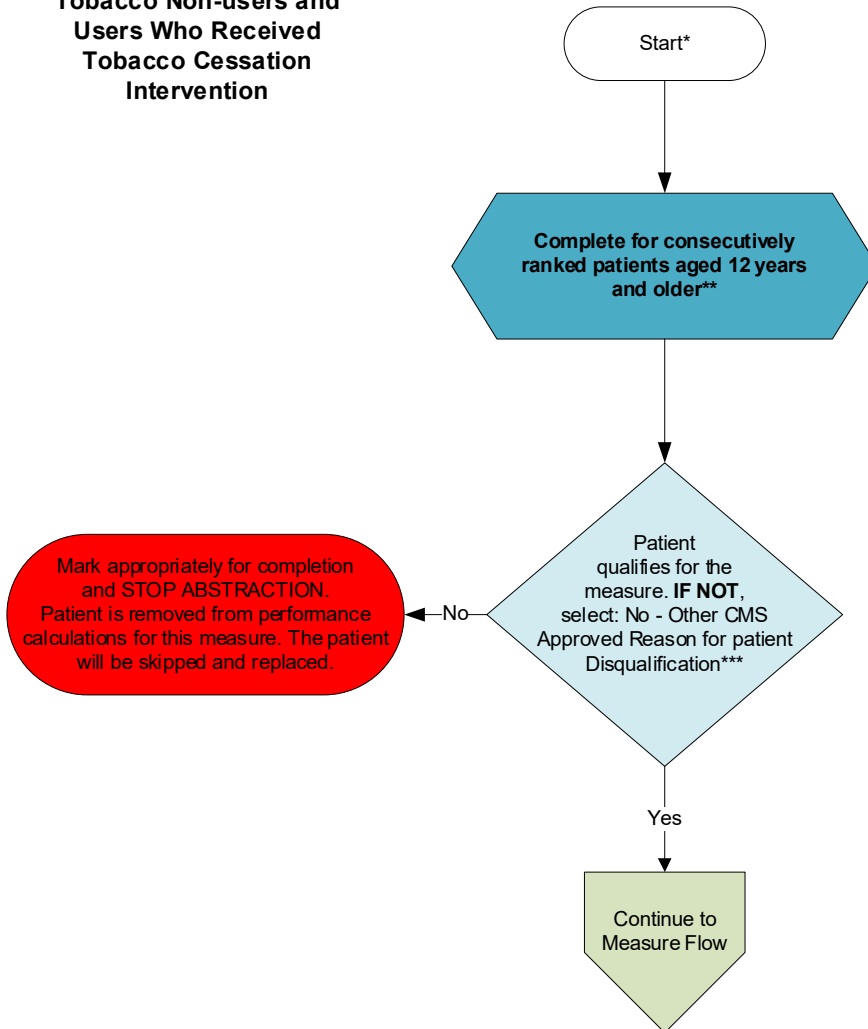
\*See the posted measure submission document for specific coding and instructions to submit this measure.

# Measure Confirmation Flow for PREV-10

Measure specific reasons a patient is “Not Confirmed” or excluded for “Denominator Exclusion” or “Other CMS Approved Reason” should be evaluated for each measure where the patient appears.

## Multiple Performance Rates

**Population 3  
Tobacco Non-users and  
Users Who Received  
Tobacco Cessation  
Intervention**



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

\*\*Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

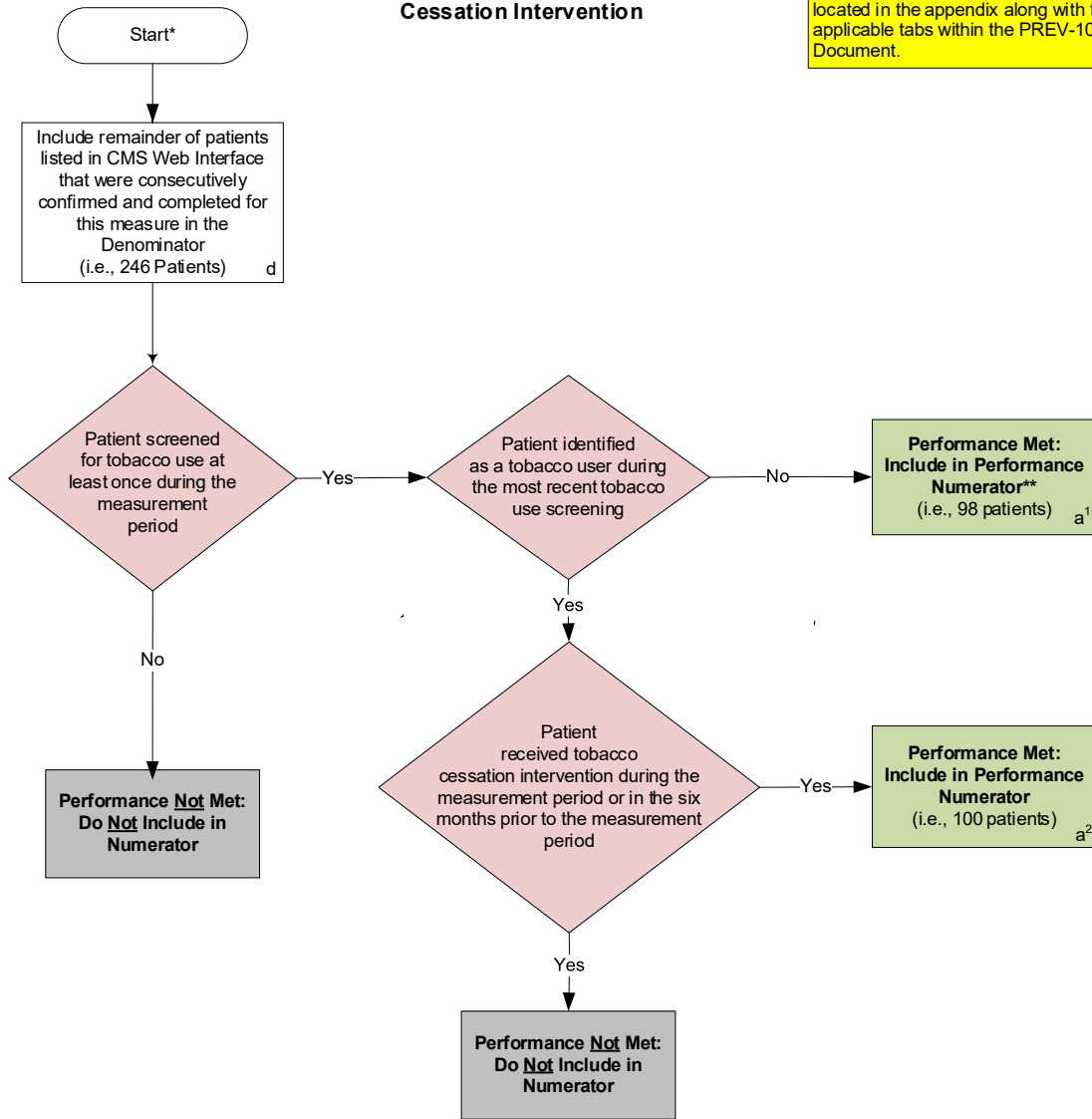
\*\*\*“Other CMS Approved Reason” may only be selected if the CMS Web Interface updated the resolution of the skip request to be “Approved”.

# Measure Flow for PREV-10

## Multiple Performance Rates

### Population 3 Tobacco Non-users and Users Who Received Tobacco Cessation Intervention

For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV-10 Coding Document.



### SAMPLE CALCULATION:

**Performance Rate=**

$$\frac{\text{Performance Met (a}^1 + \text{a}^2 = 198 \text{ patients)}}{\text{Denominator (d} = 246 \text{ Patients)}} = \frac{198 \text{ patients}}{246 \text{ patients}} = 80.49 \%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

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

\*\* This pathway indicates the patient was screened and identified as a tobacco non-user.

### Patient Confirmation Flow

For 2024, confirmation of the “Medical Record Found”, or indicating the patient is “Not Qualified for Sample” with a reason of “In Hospice”, “Moved out of Country”, “Deceased”, or “Non-FFS Medicare”, will only need to be done **once** per patient.

1. Start Patient Confirmation Flow.
2. Check to determine if Medical Record can be found.
  - a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
  - b. If yes, Medical Record found, continue processing.
3. Check to determine if Patient Qualified for the sample.
  - a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2024) the patient became ineligible for sample. For example: In Hospice, Moved out of Country, Deceased, Non-FFS Medicare. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for PREV-10 Population 1.



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### Measure Confirmation Flow for PREV-10

#### Population 1

For 2024, measure specific reasons a patient is “Not Confirmed” or excluded for “Denominator Exclusion” or “Other CMS Approved Reason” will need to be done for each measure where the patient appears.

1. Start Measure Confirmation Flow for PREV-10 Population 1. Complete for consecutively ranked patients aged 12 years and older. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
  - a. If no, the patient does not qualify for the measure, select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. “Other CMS Approved Reason” may only be selected if the CMS Web Interface updated the resolution of the skip request to be “Approved”. Stop processing.
  - b. If yes, the patient does qualify for the measure, continue to the PREV-10 measure flow Population 1.

## Measure Flow for PREV-10

### Population 1

For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV-10 Coding Document.

1. Start processing 2024 PREV-10 (CBE 0028) Flow Population 1 for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-10 Population 1. **Note:** Include remainder of patients listed in CMS Web Interface that were consecutively confirmed and completed for Population 1 in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 246 patients).
2. Check to determine if the patient has been screened for tobacco use at least once during the measurement period. Tobacco user status is REQUIRED – must be identified as tobacco user OR tobacco non-user.
  - a. If no, the patient has not been screened for tobacco use at least once during the measurement period, performance is not met and the patient should not be included in the numerator. Stop processing for Population 1.
  - b. If yes, the patient has been screened for tobacco use at least once within the measurement period, performance is met and the patient will be included in the numerator for Population 1. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 211 patients). Stop processing for Population 1.

### **Sample Calculation:**

Performance Rate equals Performance Met (a equals 211 patients) divided by Denominator (d equals 246 patients). All equals 211 patients divided by 246 patients. All equals 85.77 percent.

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE.

## Measure Confirmation Flow for PREV-10

### Population 2

For 2024, measure specific reasons a patient is “Not Confirmed” or excluded for “Denominator Exclusion” or “Other CMS Approved Reason” will need to be done for each measure where the patient appears.

1. Start Measure Confirmation Flow for PREV-10 Population 2. Complete for consecutively ranked patients aged 12 years and older. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
  - a. If no, the patient does not qualify for the measure, select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. “Other CMS Approved Reason” may only be selected if the CMS Web Interface updated the resolution of the skip request to be “Approved”. Stop processing.
  - b. If yes, the patient does qualify for the measure, continue processing.
3. Check to determine if the patient has been screened for tobacco use at least once during the measurement period.
  - a. If no, the patient has not been screened for tobacco use at least once within the measurement period, stop abstraction. Patient is not eligible for the denominator of Population 2. The patient is removed from the performance calculation for Population 2 and marked as complete. Stop processing for Population 2.
  - b. If yes, the patient has been screened for tobacco use at least once during the measurement period, continue processing.
4. Check to determine if the patient is identified as a tobacco user during the most recent tobacco use screening.
  - a. If no, the patient is not identified as a tobacco user, stop abstraction. Patient is not eligible for the denominator of Population 2. The patient is removed from the performance calculation for Population 2 and marked as complete. Stop processing for Population 2.
  - b. If yes, the patient is identified as a tobacco user, continue to the PREV-10 measure flow Population 2.

## Measure Flow for PREV-10

### Population 2

For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV-10 Coding Document.

1. Start processing 2024 PREV-10 (CBE 0028) Flow Population 2 for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-10 Population 2. **Note:** Include remainder of patients listed in CMS Web Interface that were consecutively confirmed and completed for Population 2 in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 113 patients).
2. Check to determine if the patient received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period.
  - a. If no, the patient has not received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period after being identified as a tobacco user, performance is not met and the patient should not be included in the numerator. Stop processing for Population 2.
  - b. If yes, the patient received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period after being identified as a tobacco user, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 100 patients). Stop processing for Population 2.

### Sample Calculation:

Performance Rate equals Performance Met (a equals 100 patients) divided by Denominator (d equals 113 patients). All equals 100 patients divided by 113 patients. All equals 88.50 percent.

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE.

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### Measure Confirmation Flow for PREV-10

#### Population 3

For 2024, measure specific reasons a patient is “Not Confirmed” or excluded for “Denominator Exclusion” or “Other CMS Approved Reason” will need to be done for each measure where the patient appears.

1. Start Measure Confirmation Flow for PREV-10 Population 3. Complete for consecutively ranked patients aged 12 years and older. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
  - a. If no, the patient does not qualify for the measure, select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. “Other CMS Approved Reason” may only be selected if the CMS Web Interface updated the resolution of the skip request to be “Approved”. Stop processing.
  - b. If yes, the patient does qualify for the measure, continue to the PREV-10 measure flow Population 3.

## Measure Flow for PREV-10

### Population 3

For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV-10 Coding Document.

1. Start processing 2024 PREV-10 (CBE 0028) Flow Population 3 for the patients that qualified for the sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-10 Population 3.  
**Note:** Include remainder of patients listed in CMS Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 246 patients).
2. Check to determine if the patient has been screened for tobacco use at least once during the measurement period.
  - a. If no, the patient has not been screened for tobacco use at least once during the measurement period continue processing.
  - b. If yes, the patient has been screened for tobacco use at least once during the measurement period continue processing.
3. Check to determine if the patient is identified as a tobacco user during the most recent tobacco use screening.
  - a. If no, the patient is not identified as a tobacco user, performance is met and the patient will be included in the numerator. This pathway indicates the patient was screened and identified as a tobacco non-user. For the sample calculation in the flow these patients would fall into the 'a1' category (numerator, i.e. 98 patients). Stop processing for Population 3.
  - b. If yes, the patient is identified as a tobacco user, continue processing.
4. Check to determine if the patient received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period.
  - a. If no, the patient has not received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period, performance is not met and the patient should not be included in the numerator. Stop processing for Population 3.
  - b. If yes, the patient received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a2' category (numerator, i.e. 100 patients). Stop processing for Population 3.

### **Sample Calculation:**

Performance Rate equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 198 patients) divided by Denominator (d equals 246 patients). All equals 198 patients divided by 246 patients. All equals 80.49 percent.

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE.

**Appendix II: Downloadable Resource Mapping Table**

Each data element within this measure’s denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2024 CMS Web Interface PREV-10 Coding Document.

**\*PREV-10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Denominator/Denominator Codes (Population 2)	Tobacco Screen/User	TOBACCO_SCREEN_CODE <u>AND</u> TOBACCO_USER_CODE	LN <u>AND</u> SNM
Numerator/Numerator Codes/Numerator Drug Codes	Tobacco Screen (Population 1)	TOBACCO_SCREEN_CODE	LN
	Cessation Intervention (Population 2)	CESSA_COUNSEL_CODE	C4 SNM
	Cessation Intervention (Population 2)	CESSA_DRUG_CODE	RxNorm (Drug EX=N)
	Cessation Intervention (Population 2)	TOBACCO_ABUSE_COUNSEL_CODE	I10
	Tobacco Screen/Non- User (Population 3)	TOBACCO_SCREEN_CODE <u>AND</u> TOBACCO_NON_USER_CODE	LN <u>AND</u> SNM
	Tobacco Screen/User (Population 3)	TOBACCO_SCREEN_CODE <u>AND</u> TOBACCO_USER_CODE	LN <u>AND</u> SNM
	Cessation Intervention (Population 3)	CESSA_COUNSEL_CODE	C4 SNM
	Cessation Intervention (Population 3)	CESSA_DRUG_CODE	RxNorm (Drug EX=N)
	Cessation Intervention (Population 3)	TOBACCO_ABUSE_COUNSEL_CODE	I10

*\*For EHR mapping, the coding within PREV-10 is considered to be all inclusive.*

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**Appendix III: Measure Rationale and Clinical Recommendation Statements**

**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 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)



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