

## Quality ID #404: Anesthesiology Smoking Abstinence

### 2025 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

### MEASURE TYPE:

Intermediate Outcome – High Priority

### DESCRIPTION:

The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.

### INSTRUCTIONS:

This measure is to be submitted **each time** an elective surgery, diagnostic, or pain procedure is performed under anesthesia during the performance period. There is no diagnosis associated with this measure. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

### Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

### DENOMINATOR:

All patients aged 18 years and older who are evaluated in preparation for elective surgical, diagnostic, or pain procedure requiring anesthesia services and identified as a current smoker prior to the day of the surgery or procedure with instruction from anesthesiologist or proxy to abstain from smoking on the day of surgery or procedure

***DENOMINATOR NOTE:** Preoperative smoking cessation instruction can be performed by an anesthesiologist or proxy, including but not limited to a surgeon, nursing staff, or other preoperative care team member, as part of preoperative evaluation.*

### Denominator Criteria (Eligible Cases):

Patients aged  $\geq 18$  years on date of service

### AND

**Patient procedure during the performance period (CPT):** 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00731, 00732, 00750, 00752, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 00820, 00830, 00832, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390,

01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01916, 01920, 01922, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01937, 01938, 01939, 01940, 01941, 01942, 01951, 01952, 01958, 01960, 01961, 01966, 01991, 01992, 27095, 27096, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64400, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450, 64455, 64461, 64463, 64466, 64467, 64468, 64469, 64473, 64474, 64479, 64483, 64486, 64487, 64488, 64489, 64490, 64493, 64505, 64510, 64517, 64520, 64530

**WITHOUT**

Telehealth Modifier (including but not limited to): GQ, GT, POS 02, POS 10

**AND**

Current smoker (e.g. cigarette, cigar, pipe, e-cigarette or marijuana): G9642

**AND**

Elective surgery: G9643

**AND**

Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery: G9497

**NUMERATOR:**

Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure

**Definition:**

**Abstinence** – Defined by either patient self-report or an exhaled carbon monoxide level of < 10 ppm.

**Numerator Options:**

***Performance Met:***

Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure  
**(G9644)**

**OR**

***Performance Not Met:***

Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure  
**(G9645)**

**RATIONALE:**

Each year, approximately 10 million cigarette smokers require surgery and anesthesia in the U.S. Smoking is a significant independent risk factor for perioperative heart, lung, and wound-related complications. There now is good evidence that perioperative abstinence from smoking reduces the risk of heart, lung, and wound-related perioperative complications, and that the perioperative period represents a “teachable moment” for smoking cessation that improves long-term abstinence rates. While a longer duration of abstinence is associated with a greater benefit for patients, even just abstinence on the morning of surgery is associated with reduced levels of nicotine and carbon monoxide levels and a reduced risk of myocardial ischemia and surgical site infections. Evidence shows that perioperative tobacco cessation interventions can 1) increase perioperative abstinence rates in surgical patients who smoke and 2) decrease the rate of perioperative complications. Recent reviews identified a range of effective interventions, from brief counseling to the use of behavioral therapy and pharmacotherapy, that physicians who care for surgical patients (e.g., anesthesiologists and surgeons) can incorporate into their practices to improve perioperative smoking abstinence. Unfortunately, evidence also suggests that few of these physicians take advantage of the opportunity to intervene, and that many surgical patients still smoke even on the morning of surgery. If more surgical patients get help to quit smoking around the time of surgery, this will both reduce the rate of smoking-related perioperative complications such as wound infection, and lead to long-term improvements in health, as the average smoker gains 6-8 life years if they quit. Thus, this measure on abstinence on the morning of surgery not only directly affects acute surgical risk, but also serves as a marker for the provision of effective preoperative tobacco use interventions.

## **CLINICAL RECOMMENDATION STATEMENTS:**

### **Consensus Statement on Perioperative Smoking Cessation: 2020, Society for Perioperative Assessment and Quality Improvement (SPAQI)**

Interventions should occur as soon as practicable in relation to surgical scheduling. Evidence from observational studies of spontaneous quitting suggests that longer durations of preoperative abstinence are associated with lower rates of respiratory and wound healing complications. Evidence from RCTs supports an effect of preoperative smoking cessation interventions that are 4- to 8-wk long. However, smoking cessation interventions can be performed at any time before or after surgery—without risk of increased complication rates.

Preoperative clinic physicians should counsel patients to quit and refer them to smoking cessation services.

Delivery of smoking cessation interventions by allied health professionals and pharmacists may be a practical way to provide smoking cessation services to surgical patients before and after surgery.

### **Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update, U.S. Department of Health and Human Services Public Health Service**

It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.

Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in this Guideline.

Brief tobacco dependence treatment is effective. Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective in this Guideline.

### **2018 American Society of Anesthesiologists Statement on Smoking Cessation**

Approximately one of every five American adults smoke cigarettes and up to half of these individuals will die prematurely because of their use of tobacco. The majority of these smokers want to quit. Each year, millions of cigarette smokers require surgery and anesthesia in the United States. Smoking has a direct impact on postoperative outcomes such as wound healing, and abstinence from smoking may improve these outcomes. In addition, surgery may represent a teachable moment for promotion of long-term smoking cessation: i.e., smokers may be more receptive to messages urging them to quit. For these reasons, the scheduling of surgery represents an excellent opportunity for cigarette smokers to quit smoking. Patients should abstain from smoking for as long as possible both before and after surgery, and they should obtain help in doing so. Patients can receive help in a variety of ways, including telephone quitlines (1- 800-QUITNOW), which are of proven efficacy and are now readily available to all Americans.

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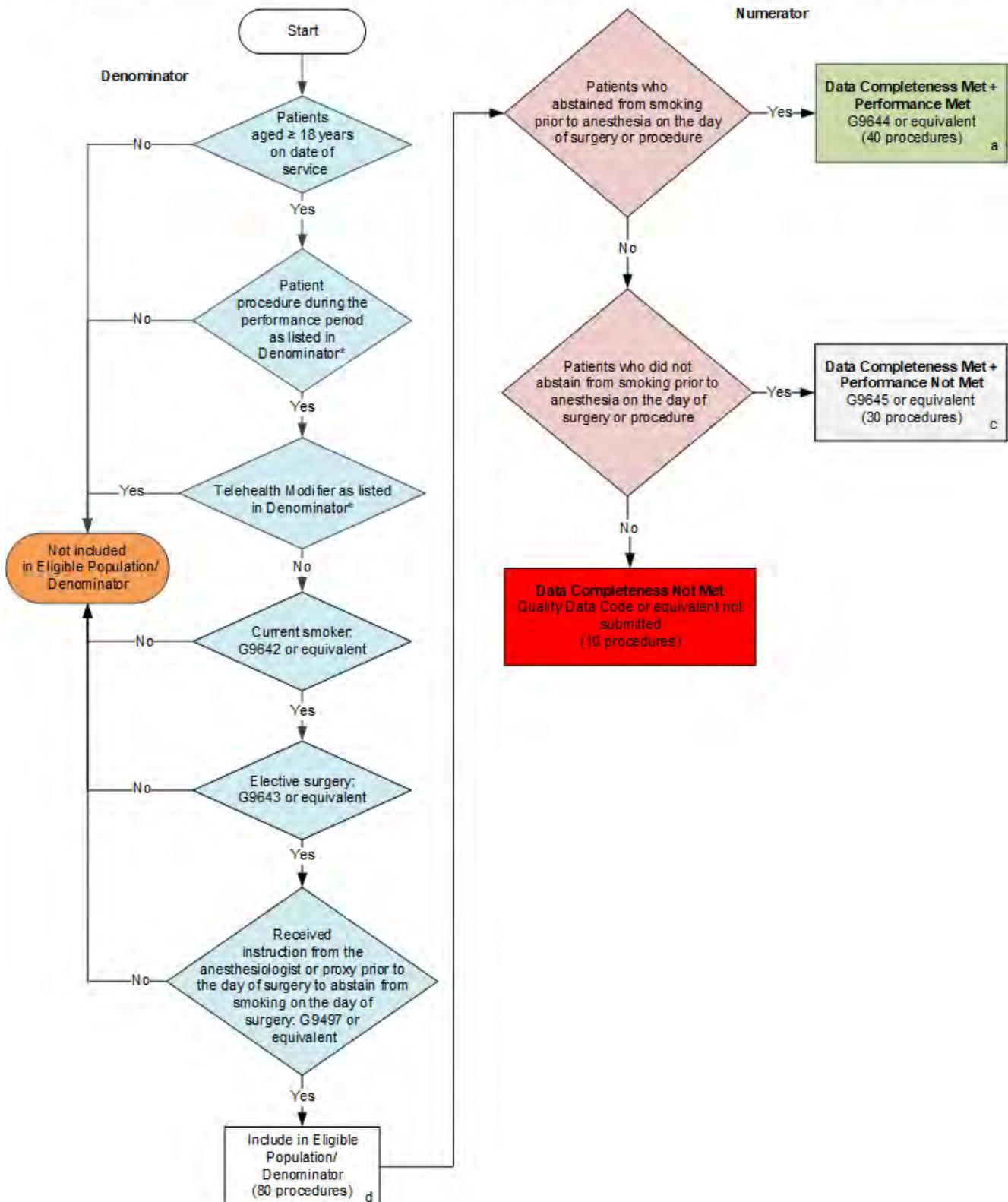
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## 2025 Clinical Quality Measure Flow for Quality ID #404: Anesthesiology Smoking Abstinence

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



### SAMPLE CALCULATIONS

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

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

NOTE: Submission Frequency: Procedure

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## 2025 Clinical Quality Measure Flow Narrative for Quality ID #404: Anesthesiology Smoking Abstinence

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of service*:
  - a. If *Patients aged greater than or equal to 18 years on date of service* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 18 years on date of service* equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator\**.
3. Check *Patient procedure during the performance period as listed in Denominator\**:
  - a. If *Patient procedure during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient procedure during the performance period as listed in Denominator\** equals Yes, proceed to check *Telehealth Modifier*.
4. Check *Telehealth Modifier*:
  - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Telehealth Modifier* equals No, proceed to check *Current smoker*.
5. Check *Current smoker*:
  - a. If *Current smoker* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Current smoker* equals Yes, proceed to check *Elective Surgery*.
6. Check *Elective Surgery*:
  - a. If *Elective Surgery* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Elective Surgery* equals Yes, proceed to *Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery*.
7. Check *Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery*:
  - a. If *Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery* equals Yes, include in *Eligible Population/Denominator*.
8. Denominator Population:
  - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.

9. Start Numerator
10. Check *Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure*:
  - a. If *Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure* 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 equals 40 procedures in the Sample Calculation
  - b. If *Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure* equals No, proceed to check *Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure*.
11. Check *Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure*:
  - a. If *Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure* equals Yes, include in *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 equals 30 procedures in the Sample Calculation.
  - b. If *Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure* equals No, proceed to check *Data Completeness Not Met*.
12. Check *Data Completeness Not Met*:
  - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### Sample Calculations

Data Completeness equals Performance Met (a equals 40 procedures) plus Performance Not Met (c equals 30 procedures) divided by Eligible Population / Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures). All equals 40 procedures divided by 70 procedures. All equals 57.14 percent.

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

NOTE: Submission Frequency: Procedure

NOTE: Telehealth modifiers include **but are not limited to**: GQ, GT, 95, POS 02, POS 10

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