

Quality ID #404: Anesthesiology Smoking Abstinence

2026 COLLECTION TYPE:

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

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:

Reporting Frequency:

This measure is to be submitted each time for denominator eligible cases as defined in the denominator criteria.

Intent and Clinical Applicability:

This measure is intended to reflect the quality of services provided for patients who undergo an elective surgery, diagnostic, or pain procedure performed under anesthesia during the performance period. There is no diagnosis associated with this measure. 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 one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period.

Telehealth:

NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from 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.

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

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 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.

2023 American Society of Anesthesiologists Statement on Smoking Cessation

Based on data published in 2021 by the United States Center for Disease Control (CDC), approximately 11.5% of American adults consume traditional cigarettes and up to half of these individuals will die prematurely from this behavior. In addition, approximately 4.5% of American adults use so-called electronic cigarettes (e-cigarettes). More worrisome, 3.3% of middle school students and 14.1% of high school students report e-cigarette use in the preceding 30 days.

Each year, millions of cigarette and e-cigarette consumers (smokers) require surgery and anesthesia in the United States.

Smoking has a direct impact on postoperative outcomes including respiratory complications, cardiac complications, and wound healing. Abstinence from smoking may improve these outcomes. In addition, the perioperative period may represent a teachable moment for promotion of long-term smoking cessation, with smokers potentially being more receptive to messages urging them to quit. For these reasons, the perioperative period represents an excellent opportunity for smokers to quit smoking. Patients should abstain from smoking for as long as possible both before and after surgery and should obtain help in doing so. Patients can receive help in a variety of ways, including telephone quitlines (e.g., the Centers for Disease Control's 1-800-QUITNOW), which are of proven efficacy and are now readily available to all Americans.

REFERENCES:

Wong, J., An, D., Urman, R. D., Warner, D. O., Tønnesen, H., Raveendran, R., Abdullah, H. R., Pfeifer, K., Maa, J., Finegan, B., Li, E., Webb, A., Edwards, A. F., Preston, P., Bentov, N., Richman, D. C., & Chung, F. (2020). Society for Perioperative Assessment and Quality Improvement (SPAQI) consensus statement on perioperative smoking cessation. *Anesthesia & Analgesia*, 131(3), 955–968. [ht2](#)

Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. (2008). A clinical practice guideline for treating tobacco use and dependence: 2008 update. A U.S. Public Health Service report. *American Journal of Preventive Medicine*, 35(2), 158–176. [ht](#)

Task Force on Smoking Cessation. (2023, October 18). *Statement on smoking cessation* (Original approval: October 22, 2008). Committee of Oversight: Respiratory Care. [tps://doi.org/10.1016/j.amepre.2008.04.009](https://doi.org/10.1016/j.amepre.2008.04.009)
[tps://doi.org/10.1213/ANE.0000000000004508](https://doi.org/10.1213/ANE.0000000000004508)

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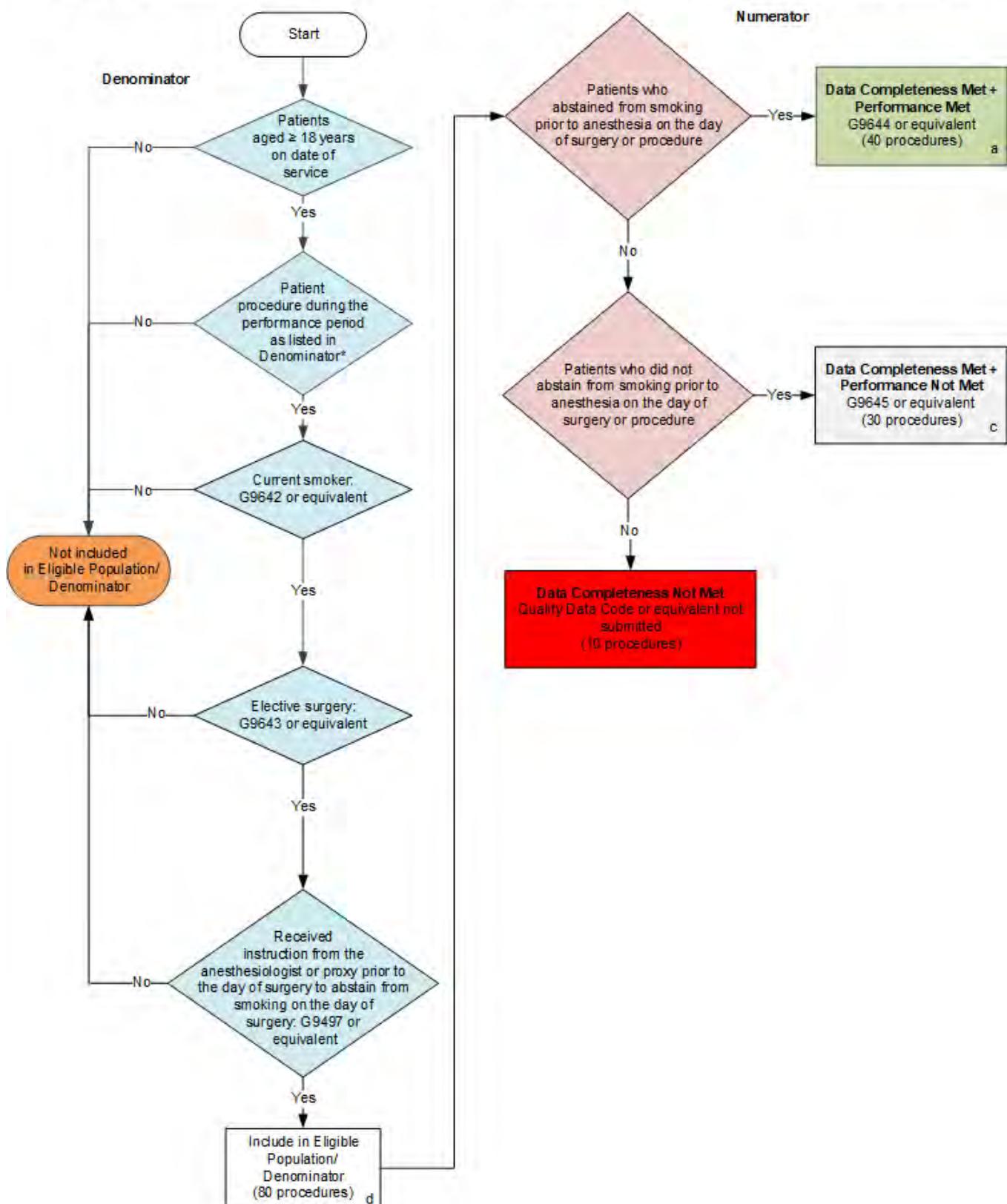
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2026 Clinical Quality Measure Flow for Quality ID #404: Anesthesiology Smoking Abstinence

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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2026 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 *Current smoker*.
4. 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*.
5. 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*.
6. 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*.
7. 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.
8. Start Numerator
9. 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*.

10. 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*.

11. 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

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