# Tobacco Use (TOB)
## Paper Tool for Discharge Measure Tobacco Treatment Provided or Offered at Discharge (TOB-1, TOB-2/-2a, TOB-3/-3a)
## 01-01-2016 (Q1 2016) through 06-30-2016 (Q2 2016)

*This measure abstraction paper tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of measure data for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting IPFQR Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the measure abstraction paper tool. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcqis.org.*

**Birthdate:** _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

**Patient Identifier:** _____

**Admission Date:** _____/_____/_____
UTD is not an allowable entry.

**Discharge Date:** _____/_____/_____
UTD is not an allowable entry.

**Individual Medical Record Data Collection Tool**

During review of the record, the abstractor will be prompted to enter a 0 or a 1 for both the numerator and denominator for the measure below.

**Patient Level – TOB-1**

_____ Numerator

_____ Denominator

**Patient Level – TOB-2**

_____ Numerator

_____ Denominator

**Patient Level – TOB-2a**

_____ Numerator

_____ Denominator

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**Patient Level – TOB-3**

_____ Numerator

_____ Denominator

**Patient Level – TOB-3a**

_____ Numerator

_____ Denominator

The information from each medical record will be used to determine the numerator and denominator, which will be aggregated for annual entry into the *QualityNet Secure Portal.*

**TOB-1**

1.  **What is the patient's age?** Patient Age (in years) is calculated by *Admission Date* minus *Birthdate.*_____

    - If *Patient Age* is less than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.

    - If *Patient Age* is 18 years of age or greater, proceed to *Length of Stay.*

2.  **What is the *Length of Stay*?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date.*

    - If the *Length of Stay* is less than or equal to 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.

    - If the *Length of Stay* is greater than 3 days, proceed to *Comfort Measures Only.*

3.  **When is the earliest physician, Advanced Practice Nurse (APN), or Physician Assistant (PA) statement documenting comfort measures only?** *(Comfort Measures Only)*

    _____ 1  Day 0 or 1: The earliest day the physician/APN/PA documented *Comfort Measures Only* was the day of arrival (Day 0) or day after arrival (Day 1).

    _____ 2  Day 2 or after: The earliest day the physician/APN/PA documented *Comfort Measures Only* was 2 or more days after arrival day (Day 2+).

_____ 3    Timing unclear: There is physician/APN/PA documentation of *Comfort Measures Only* during this hospital stay, but whether the earliest documentation of *Comfort Measures Only* was on day 0 or 1 OR after day 1 is unclear.

_____ 4    Not Documented/UTD: There is no physician/APN/PA documentation of *Comfort Measures Only*, or unable to determine from medical record documentation.

- If *Comfort Measures Only* equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.

- If *Comfort Measures Only* equals 4, proceed to *Tobacco Use Status.*

4. **What is the patient's *Tobacco Use Status*?** *(Tobacco Use Status)*

_____ 1    The patient has smoked cigarettes daily on average in a volume of five or more cigarettes (≥1/4 pack) per day and/or cigars daily and/or pipes daily during the past 30 days.

_____ 2    The patient has smoked cigarettes daily on average in a volume of four or less cigarettes (<1/4 pack) per day and/or used smokeless tobacco and/or smoked cigarettes but not daily and/or cigars but not daily and/or pipes but not daily during the past 30 days.

_____ 3    The patient has not used any forms of tobacco in the past 30 days.

_____ 4    The patient refused the tobacco use screen.

_____ 5    The patient was not screened for tobacco use during this hospitalization or unable to determine the patient's *Tobacco Use Status* from the medical record documentation.

_____ 6    The patient was not screened for tobacco use during the first 3 days of admission because of cognitive impairment.

- If *Tobacco Use Status* equals 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-1. Add 0 to the numerator and denominator for TOB-1.

- If *Tobacco Use Status* equals 5, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-1. Add 0 to the numerator for TOB-1.

- If *Tobacco Use Status* equals 1, 2, 3, or 4, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-1.

**TOB-2**

1. **What is the patient's age?** Patient Age (in years) is calculated by *Admission Date* minus *Birthdate*: _____

   - If Patient Age is less than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-2. Add 0 to the numerator and denominator for TOB-2.
   - If Patient Age is 18 years of age or greater, proceed to Length of Stay.

2. **What is the Length of Stay?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date*: _____

   - If the *Length of Stay* is less than or equal to 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-2. Add 0 to the numerator and denominator for TOB-2.
   - If the *Length of Stay* is greater than 3 days, proceed to *Comfort Measures Only*.

3. **When is the earliest physician/APN/PA documentation of *Comfort Measures Only*?** *(Comfort Measures Only)* Enter value from TOB-1: _____

   - If *Comfort Measures Only* equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-2. Add 0 to the numerator and denominator for TOB-2.
   - If *Comfort Measures Only* equals 4, proceed to *Tobacco Use Status.*

4. **What is the patient's tobacco use status?** *(Tobacco Use Status)* Enter value from TOB-1: _____

   - If *Tobacco Use Status* equals 3, 4, 5 or 6, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for TOB-2. Add 0 to the numerator and denominator for TOB-2.
   - If *Tobacco Use Status* equals 1 or 2, proceed to *Tobacco Use Treatment Practical Counseling.*

5. **Did the patient receive all of the components of practical counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) during the first 3 days after admission?** *(Tobacco Use Treatment Practical Counseling)*

    \_\_\_\_\_ 1   The patient received all components of practical counseling during the first 3 days after admission.

    \_\_\_\_\_ 2   The patient refused/declined practical counseling during the first 3 days after admission.

    \_\_\_\_\_ 3   Practical counseling was not offered to the patient during the first 3 days after admission or unable to determine if tobacco use treatment was provided from medical record documentation.

    - If *Tobacco Use Treatment Practical Counseling* equals 3, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2. Add 0 to the numerator for TOB-2.

    - If *Tobacco Use Treatment Practical Counseling* equals 1 or 2, proceed to *ICD-10-CM Principal or Other Diagnosis Codes.*

6. **What was the ICD-10-CM code selected as the principal diagnosis for this record?** *(ICD-10-CM Principal Diagnosis Code)* _____

    **Were there *ICD-10-CM other diagnosis codes* selected for this medical record?** *(ICD-10-CM Other Diagnosis Codes)* _____

    - If none of the codes above are on Table 12.3, proceed to recheck *Tobacco Use Status.*

    - If at least one code above is on Table 12.3, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2.

7. **What is the patient's tobacco use status?** *(Tobacco Use Status)* Enter value from TOB-1: _____

    - If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2.

    - If *Tobacco Use Status* equals 1, proceed to *Tobacco Use Treatment FDA-Approved Cessation Medication*.

8. **Did the patient receive one of the FDA-approved tobacco cessation medications during the first 3 days after admission?** *(Tobacco Use Treatment FDA-Approved Cessation Medication)*

   \_\_\_\_\_ 1  The patient received one of the FDA-approved tobacco cessation medications during the first 3 days after admission.

   \_\_\_\_\_ 2  The patient refused the FDA-approved tobacco cessation medications during the first 3 days after admission.

   \_\_\_\_\_ 3  FDA-approved tobacco cessation medications were not offered to the patient during the first 3 days after admission or unable to determine from medical record documentation.

   - If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 1 or 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2. Proceed to TOB-2a.

   - If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 3, proceed to *Reason for No Tobacco Cessation Medication During the Hospital Stay*.

9. **Is there documentation of a reason for not administering one of the FDA-approved tobacco cessation medications during the first 3 days of admission?** *(Reason for No Tobacco Cessation Medication)*

   \_\_\_\_\_ Yes - There is documentation of a reason for not administering an FDA-approved cessation medication during the first 3 days of admission.

   \_\_\_\_\_ No - There is no documentation of a reason for not administering an FDA-approved cessation medication during the first 3 days of admission or unable to determine from medical record documentation.

   - If *Reason for No Tobacco Cessation Medication* equals "No," the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2. Add 0 to the numerator for TOB-2.

   - If *Reason for No Tobacco Cessation Medication* equals "Yes," the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2. Proceed to TOB-2a.

**TOB-2a**

10. **Determine numerator and denominator for TOB-2a**
    - If the case is excluded for TOB-2 (Measure Category Assignment of "B"), it will not be in sub-measure TOB-2a. Stop abstracting. Add 0 to the numerator and denominator for TOB-2a.
    - If the case is included in TOB-2 (Measure Category Assignment of "D" or "E"), recheck *Tobacco Use Treatment Practical Counseling.*

11. **Did the patient receive all of the components of practical counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) during the first 3 days after admission?** *(Tobacco Use Treatment Practical Counseling)* Enter value from TOB-2: _____
    - If *Tobacco Use Treatment Practical Counseling* equals 2 or 3, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.
    - If *Tobacco Use Treatment Practical Counseling* equals 1, recheck *ICD-10-CM Principal or Other Diagnosis Codes*.

12. **What was the ICD-10-CM code selected as the principal diagnosis for this record?** *(ICD-10-CM Principal Diagnosis Code)*:_____

    **Were there ICD-10-CM other diagnosis codes selected for this medical record?** *(ICD-10-CM Other Diagnosis Codes)*:_____
    - If none of the codes above are on Table 12.3, recheck *Tobacco Use Status*.
    - If at least one code above is on Table 12.3, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.

13. **What is the patient's tobacco use status?** *(Tobacco Use Status)* Enter value from TOB-2:_____
    - If *Tobacco Use Status* equals 2, the case is included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.
    - If *Tobacco Use Status* equals 1, proceed to *Tobacco Use Treatment FDA-Approved Cessation Medication*.

14. **Did the patient receive one of the FDA-approved tobacco cessation medications during the first 3 days after admission?** *(Tobacco Use Treatment FDA-Approved Cessation Medication)* Enter value from TOB-2: _____

   - If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 1, the case is included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.

   - If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 2, the case is included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.

   - If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 3, proceed to *Reason for No Tobacco Cessation Medication During Hospital Stay*.

15. **Is there documentation of a reason for not administering one of the FDA-approved tobacco cessation medications during the first 3 days of admission?** *(Reason for No Tobacco Cessation Medication)* Enter value from TOB-2: _____

   - If *Reason for No Tobacco Cessation Medication* equals No, the case is included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.

   - If *Reason for No Tobacco Cessation Medication* equals Yes, the case is included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.

## TOB-3

16. **What is the patient's age?** Patient Age (in years) is calculated by *Admission Date* minus *Birthdate.*

   - If *Patient Age* is less than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.

   - If *Patient Age* is 18 years of age or greater, proceed to *Length of Stay*.

17. **What is the length of stay?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date.*

   - If the *Length of Stay* is less than or equal to 3 days, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.

   - If the *Length of Stay* is greater than three days, proceed to *Comfort Measures Only*.

18. **When is the earliest physician/APN/PA documentation of comfort measures only?** *(Comfort Measures Only)*

    _____ 1   **Day 0 or 1:** The earliest day the physician/APN/PA documented *Comfort Measures Only* was the day of arrival (Day 0) or day after arrival (Day 1).

    _____ 2   **Day 2 or after:** The earliest day the physician/APN/PA documented *Comfort Measures Only* was two or more days after arrival day (Day 2+).

    _____ 3   **Timing unclear:** There is physician/APN/PA documentation of *Comfort Measures Only* during this hospital stay, but whether the earliest documentation of *Comfort Measures Only* was on day 0 or 1 OR after day 1 is unclear.

    _____ 4   **Not Documented/UTD:** There is no physician/APN/PA documentation of *Comfort Measures Only*, or unable to determine from medical record documentation.

    - If *Comfort Measures Only* equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of "B").  Stop abstracting for TOB-3.  The case will not be included in the numerator or denominator count for TOB-3.
    - If *Comfort Measures Only* equals 4, proceed to *Tobacco Use Status.*

19. **What is the patient's tobacco use status?** *(Tobacco Use Status)* Enter value from TOB-1: _____
    - If *Tobacco Use Status* equals 3, 4, 5 or 6, the case will be excluded. *(*Measure Category Assignment of "B").  Stop abstracting for TOB-3.  The case will not be included in the numerator or denominator count for TOB-3.
    - If *Tobacco Use Status* equals 1 or 2, proceed to *Discharge Disposition.*

20. **What was the patient's discharge disposition on the day of discharge**?
    (Discharge Disposition)

    _____ 1   Home

    _____ 2   Hospice - Home

    _____ 3   Hospice – Health Care Facility

    _____ 4   Acute Care Facility

    _____ 5   Other Health Care Facility

    _____ 6   Expired

    _____ 7   Left Against Medical Advice/AMA

    _____ 8   Not Documented or Unable to Determine (UTD)

- If *Discharge Disposition* equals 2, 3, 4, 5, 6, or 7, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.
- If *Discharge Disposition* equals 1 or 8, proceed to *Referral for Outpatient Tobacco Cessation Counseling*.

21. **Did the patient receive a referral for outpatient tobacco cessation counseling?**
    *(Referral for Outpatient Tobacco Cessation Counseling)*

    _____ 1     The *Referral for Outpatient Tobacco Cessation Counseling* treatment was made by the healthcare provider or health care organization at any time prior to discharge.

    _____ 2     Referral information was given to the patient at discharge but the appointment was not made by the provider or health care organization prior to discharge.

    _____ 3     The patient refused the *Referral for Outpatient Tobacco Cessation Counseling* treatment and the referral was not made.

    _____ 4     The patient's residence is not in the USA.

    _____ 5     The *Referral for Outpatient Tobacco Cessation Counseling* treatment was not offered at discharge or unable to determine from the medical record documentation.

- If *Referral for Outpatient Tobacco Cessation Counseling* equals 4, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3
- If *Referral for Outpatient Tobacco Cessation Counseling* equals 1, 2, 3, or 5, proceed to Prescription for Tobacco Cessation Medication.

22. **Was an FDA-approved tobacco cessation medication prescribed at discharge?**
    (*Prescription for Tobacco Cessation Medication*)

    ___ 1     A *Prescription for Tobacco Cessation Medication* was given to the patient at discharge.

    ___ 2     A *Prescription for Tobacco Cessation Medication* was offered at discharge and the patient refused.

    ___ 3     The patient's residence is not in the USA.

    ___ 4     A *Prescription for Tobacco Cessation Medication* was not offered at discharge or unable to determine from medical record documentation.

- If Prescription for Tobacco Cessation Medication equals 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for TOB-3. The case will not be included in the numerator or denominator count for TOB-3.

- If *Prescription for Tobacco Cessation Medication* equals 1, 2, or 4, recheck *Referral for Outpatient Tobacco Cessation Counseling.*

23. **Did the patient receive a referral for outpatient tobacco cessation counseling?** (*Referral for Outpatient Tobacco Cessation Counseling*)

- If *Referral for Outpatient Tobacco Cessation Counseling* equals 2 or 5, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator for TOB-3. Add 0 to the numerator for TOB-3.

- If *Referral for Outpatient Tobacco Cessation Counseling* equals 1 or 3, proceed to ICD-10-CM Principal or Other Diagnosis Codes.

24. **What was the ICD-10-CM code selected as the principal diagnosis for this record?** (*ICD-10-CM Principal Diagnosis Code*) _____

    **Were there ICD-10-CM other diagnosis codes selected for this medical record?** *(ICD-10-CM Other Diagnosis Codes)*: _____

- If none of the codes above are on Table 12.3, recheck Tobacco Use Status.

- If at least one code above is on Table 12.3, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3.

25. **What is the patient's tobacco use status?** (*Tobacco Use Status*) Enter value from TOB-1: _____

- If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3.

- If *Tobacco Use Status* equals 1, recheck *Prescription for Tobacco Cessation Medication.*

26. **Was an FDA-approved tobacco cessation medication prescribed at discharge?** (*Prescription for Tobacco Cessation Medication*)

- If *Prescription for Tobacco Cessation Medication* equals 1 or 2, the case will be included (*Me*asure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3. *Proceed to TOB-3a.*

- If *Prescription for Tobacco Cessation Medication* equals 4, proceed to *Reason for No Tobacco Cessation Medication* at Discharge.

27. **Is there documentation of a reason for not prescribing one of the FDA-approved tobacco cessation medications at discharge?** *(Reason for No Tobacco Cessation Medication at Discharge)*

    _____ Yes   There is documentation of a reason for not prescribing an FDA-approved cessation medication at discharge.

    _____ No    There is no documentation of a reason for not prescribing an FDA-approved cessation medication at discharge or unable to determine from medical record documentation.

    - If *Reason for No Tobacco Cessation Medication at Discharge* equals "No," the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator for TOB-3. Add 0 to the numerator for TOB-3. Proceed to TOB-3a.

    - If *Reason for No Tobacco Cessation Medication at Discharge* equals "Yes," the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3. Proceed to TOB-3a.

28. **Determine numerator and denominator for TOB-3a**

    - If the case is excluded for TOB-3 (Measure Category Assignment of "B"), it will not be in sub-measure TOB-3a. Stop abstracting. Add 0 to the numerator and denominator for TOB-3a.

    - If the case is included in TOB-3 (Measure Category Assignment of "D" or "E"), recheck *Referral for Outpatient Tobacco Cessation Counseling.*

29. **Did the patient receive a *referral for outpatient tobacco cessation counseling*?** (*Referral for Outpatient Tobacco Cessation Counseling*)

    - If *Referral for Outpatient Tobacco Cessation Counseling* equals 2, 3, or 5, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator for TOB-3a. Add 0 to the numerator for TOB-3a, Stop abstracting.

    - If *Referral for Outpatient Tobacco Cessation Counseling* equals 1, proceed to ICD-10-CM Principal Diagnosis or Other Diagnosis Codes.

30. **What was the ICD-10-CM code selected as the Principal Diagnosis for this record?** *(ICD-10-CM Principal Diagnosis Code)*: _____

    **Were there ICD-10-CM other diagnosis codes selected for this medical record?** *(ICD-10-CM Other Diagnosis Codes)*_____

    - If none of the codes above are on Table 12.3, recheck *Tobacco Use Status*.

    - If at least one code above is on Table 12.3, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3a. Stop abstracting.

31. **What is the patient's tobacco use status?**  *(Tobacco Use Status)* Enter value from TOB-1: _____

- If *Tobacco Use Status* equals 2, the case is included (Measure Category Assignment of "E").  Add 1 to BOTH the numerator and denominator count for TOB-3a.  Stop abstracting.

- If *Tobacco Use Status* equals 1, proceed to *Prescription for Tobacco Cessation Medication*.

32. **Was an FDA-approved tobacco cessation medication prescribed at discharge?**  *(Prescription for Tobacco Cessation Medication)*

- If *Prescription for Tobacco Cessation Medication* equals 1, the case is included (Measure Category Assignment of "E").  Add 1 to BOTH the numerator and denominator count for TOB-3a.  Stop abstracting.

- If *Prescription for Tobacco Cessation Medication* equals 2, the case is included (Measure Category Assignment of "D").  Add 1 to the denominator count for TOB-3a.  Add 0 to the numerator count for TOB-3a.  Stop abstracting.

- If *Prescription for Tobacco Cessation Medication* equals 4, proceed to *Reason for No Tobacco Cessation Medication* at Discharge.

33. **Is there documentation of a reason for not prescribing tobacco cessation medications at discharge?**  *(Reason for No Tobacco Cessation Medication at Discharge).*  Enter value from TOB-3: _____

- If *Reason for No Tobacco Cessation Medication* equals "No," the case is included (Measure Category Assignment of "D").  Add 1 to the denominator count for TOB-3a.  Add 0 to the numerator count for TOB-3a.  Stop abstracting.

- If *Reason for No Tobacco Cessation Medication* equals "Yes," the case is included (Measure Category Assignment of "E").  Add 1 to BOTH the numerator and denominator count for TOB-3a.  Stop abstracting.