



Department of Health Care Policy and Financing

Tobacco Cessation

Tool Kit for Primary Care Providers

The Department of Health Care Policy and Financing is committed to improving the health of our clients through improved **screening, diagnosis, treatment, and referral**.

This tool kit is intended to provide guidance on how to document and address issues of tobacco use in Medicaid clients.

For clinical guidelines on tobacco cessation and secondhand smoke exposure, visit:

[Health TeamWorks Tobacco Cessation Guidelines](#)

How you can help:

- ✓ REVIEW clinical guidelines
- ✓ SCREEN at every visit
- ✓ DIAGNOSE, recording specific ICD codes
- ✓ TREAT in the context of an E&M visit
- ✓ REFER to the QuitLine
- ✓ REFER to community resources
- ✓ TRACK health outcomes

SCREENING:

All adults and teens over the age of 13 should be screened for tobacco use at every visit.

The United States Preventive Services Task Force (USPSTF) found reliable evidence that brief smoking cessation interventions, including screening, brief behavioral counseling (less than 3 minutes), and pharmacotherapy delivered in primary care settings, are effective in increasing the proportion of smokers who successfully quit smoking and remain abstinent after 1 year.¹

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|----------------|---|
| ASK | ... every patient at each encounter about tobacco use and document status (codes listed below). |
| ADVISE | ... every tobacco user to quit smoking with a clear, strong and personalized health message ... about the benefits of quitting. |
| ASSESS | ... the willingness to make a quit attempt within the next 30 days. |
| ASSIST | ... the client by referring him/her to the Colorado QuitLine at 1-800-QUIT-NOW. |
| ARRANGE | ...a follow up contact within the first week after the quit date. |

DIAGNOSIS:

The following ICD-9-CM codes are recommended when applicable:

305.1 – tobacco use disorder

649 series – tobacco use complicating pregnancy, childbirth, or puerperium

Please use the codes above when applicable as secondary or tertiary diagnosis codes in association with the standard Evaluation and Management (E&M) codes. This will help us to track prevalence and outcomes in tobacco use.

¹ [US Preventive Services Task Force](#)



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TREATMENT: (Reimbursement Codes)

Within the context of an annual physical or any provider visit, it is appropriate to address issues of tobacco use, and this is compensated as part of the standard Evaluation and Management (E&M) visit. For reimbursement levels, please refer to the [fee schedule](#). **Do not bill E&M codes for the sole purpose of tobacco cessation counseling (Exception: 99406 and 99407 for pregnant/postpartum women (see below)).**

Nicotine Replacement Therapy and Other Medications

The Medicaid benefit package for tobacco cessation medications includes two quit attempts per year. Each quit attempt includes coverage of nicotine replacement therapy (such as NRT gum, patch, lozenge, etc.) or other cessation medications such as Chantix and Zyban (bupropion) for 90 days. For details refer to our [Fact Sheet](#). **To receive NRT or other tobacco cessation medication to help them quit, clients need a prescription from their Medicaid provider and an approved prior authorization request submitted by the pharmacy (see Fax-To-Quit form below for prior authorization form).**

Tobacco Cessation Counseling for Pregnant Women on Medicaid

Effective for dates of service on or after January 1, 2012, tobacco cessation counseling for pregnant women and women in the early postpartum period (up to 60 days postpartum) will be covered with certain limitations. Reimbursement for a limited number of units is available when the counseling is face-to-face and consistent with the counseling practices described in the U.S. Public Health Service publication, *Treating Tobacco Use and Dependence (2008 Update): A Clinical Practice Guideline*.

A maximum of 5 units of 99406+HD will be reimbursed per client per state fiscal year. A maximum of 3 units of 99407+HD (if in a group setting, add the HQ modifier) will be reimbursed per client per state fiscal year. Diagnosis code 649.03 or 649.04 must be included on the claim. Providers must be able to show completion of an approved prenatal tobacco cessation training course. For more details about this benefit including approved training courses, see the [January 2012 Provider Bulletin](#) (page 4).

REFERRALS:

We strongly recommend that clients are referred to the **Colorado QuitLine** for free telephonic counseling and support during each quit attempt. Clients receive help from trained quit coaches which has been shown to increase the success of their quit attempt.

To refer a client to the Colorado QuitLine, please print out the [Fax-To-Quit form](#) and fax it to 1-800-261-6259.

Clients can visit the online program at [Colorado QuitLine](#) or call **1-800-QUIT-NOW (1-800-784-8669)**. **The QuitLine is a free service for Medicaid clients and pregnant women.**

PROVIDER RESOURCES:

- [Health TeamWorks Tobacco Cessation Clinical Guidelines, Video, and Benefit Information](#)
- Department of Public Health and Environment's [Maternal Wellness – Smoking Cessation website](#)
- [Free promotional QuitLine materials](#) targeted toward pregnant women and Medicaid clients





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Appendix A

The Department is committed to improving the health outcomes of our clients. Performance measures used by the Department for tracking tobacco use in Medicaid/ CHP+ clients are outlined in Appendix A. Appropriate coding will give us the information we need to track changes in health outcomes. Our Healthy Living measures are consistent with those associated with Meaningful Use for electronic medical record incentives, the Children's Health Insurance Program Reauthorization Act (CHIPRA), and those associated with the Colorado Accountable Care Collaborative Program.

The data is updated annually, and is available for review at [Healthy Living Performance Measures](#). For more information, please link to the [Healthy Living Initiatives](#).

Performance Measures for tracking tobacco use and cessation in Medicaid/ CHP+:

The Department will document, track, and evaluate the diagnosis and treatment of tobacco use based on the following measures.

Goal: Reduce tobacco use and secondhand smoke exposure for clients on Medicaid and CHP+

Outcome Measures:

- Percent of clients (18-65) who report they use tobacco every day or some days *CAHPS*
- Percent of mothers on Medicaid who report that smoking is not allowed anywhere inside the home *PRAMS*
- Percent of women on Medicaid who smoked during last trimester of pregnancy *PRAMS*

Process Measures:

Of the clients who use tobacco:

- Percent whose doctor always advises them to quit *CAHPS*
- Percent whose doctor always discusses using medication to help them quit *CAHPS*
- Percent whose doctor always discussed tobacco cessation strategies *CAHPS*

CAHPS: Consumer Assessment of Healthcare Providers and Systems, sponsored by the Agency for Healthcare Research and Quality.

PRAMS: Pregnancy Risk Assessment Monitoring System (PRAMS), sponsored by the Colorado Department of Public Health and Environment.

