



Health First Colorado (Colorado's Medicaid Program) Tobacco Cessation Frequently Asked Questions (FAQ)

August, 2016

1. Are cessation benefits and summaries available online?

You can access the benefits fact sheet and summary below

<https://www.colorado.gov/pacific/hcpf/tobacco-cessation>

<https://www.colorado.gov/cdphe/providers>

2. What procedure codes can be billed for tobacco cessation counseling?

99406 (individual)- Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99407 (individual)- Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

99407+HQ (group)- Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

3. What are the reimbursement rates for tobacco cessation counseling?

99406 (individual) intermediate, greater than 3 minutes up to 10 minutes- \$14.00

99407 (individual) intensive, greater than 10 minutes- \$27.63

99407+HQ (group) intensive, greater than 10 minutes- \$10.04

For most current rates, use the Health First Colorado fee schedule:

<https://www.colorado.gov/hcpf/provider-rates-fee-schedule>

4. Is there any reimbursement for sessions lasting less than 3 minutes?

No. The counseling session must be greater than 3 minutes to be eligible for reimbursement.

5. Can a Patient Health Educator (PHE) provide tobacco cessation counseling under the supervision of a qualified provider?

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Yes, as long as the qualified provider orders and supervises the counseling the PHE can provide the service, and be reimbursed under the qualified provider's identification number. The supervision does not require the supervisor to be in the same room where counseling is being provided. Note that the qualified provider must use the correct ICD-10code(s) (for Tobacco Use Disorder or related disorders), which indicates that he or she "ordered" the counseling.

6. Can a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) bill for this service?

Neither RHCs nor FQHCs can bill for these services outside of the Prospective Payment System (PPS) encounter payment. All covered services are included in the payment. If multiple procedures are done during the visit, including tobacco cessation counseling, there is no separate payment for that counseling. If the only services done during the visit is tobacco cessation, the RHC or FQHC can bill a PPS encounter.

7. Are Certified Tobacco Treatment specialists (CTTS) eligible to enroll in Health First Colorado (Colorado's Medicaid Program) as a provider?

No.

8. Can Certified Tobacco Treatment Specialists working under a qualified provider be reimbursed for tobacco cessation counseling services? How does it get signed off by a provider?

The TTS-C can provide services if the treatment is supervised by an enrolled provider and the enrolled provider is identified as the rendering provider on the claim (see response 5 above).

9. We have doctors that will not allow vascular clients to have NRT. Does the QuitLine require physician approval for clients with vascular disease other than heart disease?

At the Quitline, all callers wanting to receive NRT must go through a medical screening process. Medical consent may also be indicated directly on the fax referral form prior to sending to the Quitline. This eliminates the need to generate a medical consent form after enrollment and expedites the NRT shipment to the caller.

For those participants who identify as having the following co-morbid disease states, the QuitLine will provide an MD consent form to be signed and returned to the QuitLine by the participant's provider: heart disease, recent heart attack or stroke, uncontrolled hypertension, currently pregnant or breast-feeding.

10. Are there any plans to revive COQuitMobile? Our clients are young, pregnant moms and they prefer text support.

COQuitMobile is a product that was offered by CDPHE, not the QuitLine. The QuitLine has a pregnancy and postpartum program that offers a specialized protocol, which includes a dedicated

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female coach, additional coaching calls, incentive cards, text messages and email supports. CDPHE is in the process of identifying and re-instituting a text messaging platform for Colorado; a set timeline has not yet been established.

In the interim, CDPHE encourages the promotion of <http://smokefree.gov/> and its mobile tools, including SmokefreeMOM, a dedicated mobile text messaging program that provides 24/7 tips, advice, and encouragement to help pregnant women quit smoking. The site also features QuitGuide and smokefreeTXT, which have demonstrated effectiveness in supporting cessation and relapse prevention.

11. When using online QuitLine referral form, can it be printed and scanned into client's charts after it gets sent?

The web referral form does not currently support save or print functions. However, a web referral does generate provider fax-backs for HIPAA-covered entities, and these may be scanned into patient charts if the practice workflow supports this.

12. Do you need physician listed on referral form or is only contact name acceptable?

The QuitLine will accept either the physician name or another contact name on the referral form. The name is used by the QuitLine for routing purposes; so the fax-back from them will be addressed to that contact name.

13. Is there a process for a cessation program to become acknowledged as a valid program by Health First Colorado (Colorado's Medicaid Program)?

Health First Colorado does not certify programs for tobacco cessation. Any qualified provider may bill Health First Colorado for tobacco cessation counseling services and receive reimbursement. Qualified providers for tobacco cessation counseling include: certified nurse-midwives, osteopaths, physicians, physician assistants, nurse practitioners, and registered nurses.

14. I know that clients are able to access NRT through the Colorado QuitLine, do they still need to have a prescription in order to get NRT through CO QuitLine?

A client does not need a prescription to get NRT from the QL. Clients participating in coaching who want pharmacotherapy (and are ready to quit in the next 30 days) are medically screened for up to eight weeks of NRT patches, gum, or lozenges. NRT is mailed to eligible clients 4 weeks at a time after completing the first and subsequent coaching calls. Up to two courses annually of 8 weeks of free NRT can be provided.

The QuitLine will work with pregnant or breastfeeding women, and clients with uncontrolled high blood pressure, heart disease, or a recent heart attack or stroke to obtain a medical release to offer NRT.

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15. Do you have any educational materials on the Colorado.gov website for pharmacy technicians on how to navigate the billing process?

Our tobacco cessation provider toolkit is available [here](#), but more detailed pharmacy billing information can be found in the [Health First Colorado Pharmacy billing manual](#), although, it is not tobacco specific.

16. Can Nicotine Replacement Therapy (NRT) still be utilized if an individual is exclusively using e-cigarettes?

FDA has approved NRT products as effective aids for smoking cessation; there are no conclusive studies addressing NRT use to support stopping other products. There isn't yet a clinical cessation recommendation for Electronic Nicotine Delivery System (ENDS) only users, so the general guidance would be to follow standard NRT pharmacology best practices for dosing and duration of use, and client needs and preferences.

Since ENDS use varies across the board, it is important to collaborate with clients to better understand their ENDS use patterns and use dependence level as the best measure of how to recommend pharmacotherapy.

17. Does Health First Colorado (Colorado's Medicaid Program) only cover pharmacotherapy for a person who smokes ten or more cigarettes a day?

Health First Colorado does not monitor how much tobacco a member uses. Tobacco Use Disorder is defined as cases in which tobacco use is to the detriment of a person's health or social functioning, or in which there is tobacco dependence, regardless of the quantity of tobacco consumed. FDA approved pharmaceutical products for cessation are indicated to treat tobacco dependence.

18. If only one form of medication can be prescribed at a time, is there a way to prescribe bupropion with NRT?

Bupropion is not an NRT product, but is FDA approved to treat tobacco-use disorder. It may be prescribed with NRT products and does not require a PAR. Research has found that cessation rates are higher when combination therapy approaches are employed (patch plus lozenge, gum, inhaler or nasal spray or bupropion plus patch or, lozenge or gum). Health First Colorado presently covers coadministration of the NRT patch and gum or lozenge or coadministration of bupropion and NRT.

19. Can a member who is covered by Medicare and Health First Colorado (Colorado's Medicaid Program) receive NRT using their Health First Colorado benefits?

Over-the-counter treatments for smoking cessation (patches, gum, and lozenges) are not covered, because they are excluded from Medicare Part D by law. However, prescription smoking cessation medications are covered under the Medicare Part D benefit. A provider must

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bill Medicare first, and get validation of the denial in order to then bill Health First Colorado.

20. What type of training does the QuitLine staff receive for working with special populations - e.g. LGBTQ, American Indian, behavioral health, etc.?

All QuitLine staff members undergo a 4-week long intensive new-hire training, which is required by CDPHE to include cultural competency sessions addressing working with American Indians, African Americans, Hispanic/Latinos, pregnant women, the Deaf and Hard of Hearing, LGBTQ and those with behavioral health conditions.

In addition, the QuitLine provides ongoing continuing professional development trainings for staff, which cover different topics each month. These sessions often focus on disparately affected priority populations and emerging issues in cessation. The QuitLine also ensures that a clinical director is available to provide technical assistance and oversight during operating hours, as needed.



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