

THE COLORADO MEDICAID TOBACCO CESSATION BENEFIT

WHAT PROVIDERS NEED TO KNOW

Nicotine addiction is a chronic brain disorder. Extended tobacco use leads to physiologic dependence and a behavioral compulsion to continue using tobacco despite knowing its use is harmful. Nicotine addiction warrants medical attention and intervention.¹

BENEFIT OVERVIEW

The Colorado Medicaid Tobacco Cessation Benefit provides members of Medicaid programs with free to low-cost (co-pay) access to evidence-based tobacco treatment. The comprehensive benefit includes: medications, counseling, Colorado QuitLine services, and enhanced services for pregnant women. Members must be at least 13 years old to participate in counseling; 18 to be prescribed medication.



The **Pharmaceutical Benefit** covers treatment of the physiological effects of nicotine addiction.

MEDICATIONS

Medicaid-enrolled providers can prescribe any of the seven FDA-approved nicotine replacement therapy (NRT) and non-nicotine containing medications for patients who smoke more than 10 cigarettes per day:

- Nicotine patch, nicotine gum, nicotine lozenge, nicotine nasal spray, and nicotine inhaler.
- Bupropion SR tablets (generic of Zyban) and Varenicline Tartrate tablets (generic of Chantix).

TREATMENT PLAN

A maximum of two 90-day courses of treatment are covered each year and can be split into multiple, shorter segments: e.g., three 8-week doses. However, only one tobacco cessation product can be prescribed at any given time, unless the nicotine patch is used in combination with the nicotine gum or lozenge (combination therapy).

PRESCRIPTION

Talk to your patient and decide the best medication treatment option.

- Consider combination therapy.
- Write a prescription, which is required for all covered tobacco cessation medications including over-the-counter (OTC) NRT products.
- Give your patient the prescription to take to a pharmacy.

PRIOR AUTHORIZATION

Prior authorization requires the member to participate in a tobacco cessation counseling program through an approved Medicaid provider (certified nurse-midwives, osteopaths, physicians, physician assistants, nurse practitioners, and registered nurses) or the Colorado QuitLine. For members who are immobile, counseling may be offered over the phone by a qualified substance abuse treatment provider.

The **prior authorization request** (PAR): Medicaid Pharmacy Prior Authorization Form must be faxed or called in to the Help Desk for both OTC and prescription medications. Prior authorization is required, except for the first fill of NRT gum or lozenge:

- **By Fax:** Complete/sign/fax the PAR to the Medicaid Prior Authorization Help Desk 1-888-772-9696. Faxed PAR's are typically processed within 24 hours.
- **By Phone:** Call the Medicaid Prior Authorization Help Desk 1-800-365-4944.
- Phone requests are typically approved or denied immediately.
- While the request is being processed, your patient can obtain a first fill of NRT gum or lozenge right away.

¹ The Past, Present, and Future of Nicotine Addiction Therapy, Judith J. Prochaska and Neal L. Benowitz. *Annu. Rev. Med.* 2016. 67:4.1-4.20, Accessed August 2015

MEDICAID CO-PAYS

- \$0 for Medicaid members who are pregnant, under 18 years of age, or in nursing homes
- \$1 for generic brands
- \$3 for brand name products for all other members

ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)

While there are a variety of ENDS, smokeless, and other tobacco and nicotine products (OTPs) such as e-cigarettes, water vapor sticks, snus, and hookahs, none have been proven by the FDA as an effective means of harm reduction or tobacco cessation. They contain unknown substances, nicotine, and other potentially harmful chemicals, and their long-term health effects are unknown. The Medicaid benefit does not cover ENDS, smokeless, or OTPs.



The **Behavioral Counseling Benefit** addresses tobacco use behaviors.

COUNSELING MAKES A DIFFERENCE

Behavioral counseling offers coping strategies for handling short-term nicotine cravings and living a long-term tobacco-free lifestyle. Provide behavioral counseling or refer your patient to the free coaching services offered by the Colorado QuitLine. Patients may receive benefits from both Medicaid and the QuitLine simultaneously if desired.

PROVIDER COUNSELING

Qualified providers who deliver tobacco cessation counseling to their patients can be reimbursed through Medicaid for both individual and group sessions at the following levels of service:

- **Intermediate:** Up to 5 counseling sessions (units) ranging between 4-10 minutes can be reimbursed per member per state fiscal year.
- **Intensive:** Up to 3 counseling sessions (units) greater than 10 minutes can be reimbursed per member per state fiscal year.

TIPS FOR PROVIDERS

Remember: when your patient decides to quit, you can influence the outcome. Strongly recommend appropriate tobacco cessation medication (for members 18 and older who smoke more than 10 cigarettes per day and who



PREGNANT WOMEN

Because smoking is one of several risk factors for having a low birthweight baby, pregnant women on Medicaid may qualify for the free **Prenatal Plus Program** that includes a case manager, dietitian, and mental health provider who work together to support a healthy pregnancy.

Your patient can call the Medicaid Customer Contact Center 1-800-221-3943 (or State Relay: 711) to be screened for eligibility.

For more information visit www.colorado.gov/pacific/hcpf/prenatal-plus

do not have medical/psychiatric contraindications); give clear instructions on correct use; stress the importance of adherence. Review the *Clinical Guidelines on Treating Tobacco Use and Dependence: 2008 Update* at bit.ly/treating-tobacco-use-clinical-guidelines-2008

3 STEPS, IN 3 MINUTES, AT EVERY VISIT

In fewer than 3 minutes you can identify and direct your tobacco using Medicaid patients toward proven-effective treatment. Here's what to do and say:

1. Ask all patients over the age of 13 about tobacco and nicotine use at every visit.
"Do you use any form of tobacco or nicotine like cigarettes, cigars, hookahs, or dip? Do you use any type of electronic smoking device like an e-cigarette or vape pen?"
2. Advise tobacco users to quit with a clear message, personalized to their health.
"Quitting tobacco is the best thing you can do for your health now and in the future, and here's why..."
3. Prescribe medication and refer for evidence-based tobacco cessation treatment.
"I can prescribe stop smoking medicine to decrease your cravings."
"I can provide quit coaching or refer you for help to learn to live your everyday life without tobacco."

ADDRESS RELAPSE

Tobacco use is addictive and viewed as a chronic, relapsing condition. However, with the right treatment, patients can quit for good. Patients typically make multiple attempts before succeeding at a long-term quit. Providers can offer non-judgmental and consistent encouragement by

- regularly inquiring about tobacco use, quit attempts, and quit status at each patient visit and
- re-offering or referring for treatment if relapse occurs.

PROVIDER TRAINING

Healthcare providers are encouraged to seek continuing education on tobacco cessation.

- A free one-hour webinar, *Tobacco Cessation Guidelines for HealthCare Providers*, addresses medication protocols, clinical guidelines, motivational interviewing, emerging tobacco products, and resources. bit.ly/provider-tobacco-cessation-guidelines-webinar
- *Health Care Providers Treating Tobacco Use* reviews clinical guidelines on tobacco cessation, and secondhand smoke exposure. bit.ly/treating-tobacco-use-dependence-update-2008



The Behavioral Counseling Benefit also covers Colorado QuitLine Services

REFER PATIENTS TO THE QUITLINE

The QuitLine provides telephone-based tobacco treatment by offering free coaching and medication. Patients 18 years and older who participate in coaching and are ready to quit tobacco use in the next 30 days can be screened for NRT.

Providers can refer patients by faxing the Fax to Quit Form to 1-800-261-6259 or completing the online version (colorado.quitlogix.org/eReferral).

The QuitLine does not need the Medicaid Pharmacy Prior Authorization Form.

Providers can also tell their patients to access QuitLine services directly by calling **1-800-QUITNOW** or enrolling through the QuitLine website (coquitline.org). Patients should let the QuitLine know that they have Medicaid health insurance and that they were referred by their provider.

The QuitLine will reach out your patient:

- A quit coach makes 3 attempts to contact your patient by phone to offer services within 24 hours of receipt of provider fax or online referral, or patient online enrollment.

- Once your patient is reached, the coach conducts a brief (< 15 minute) screening and offers five coaching sessions.
- Patients participating in coaching who want pharmacotherapy (and are ready to quit in the next 30 days) are medically screened for up to 8 weeks of NRT patches, gum, or lozenges. NRT is mailed to eligible patients 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 women or patients with uncontrolled high blood pressure, heart disease, or a recent heart attack to get a prescription or provider release to offer NRT.
- Providers receive a disposition and service utilization report back by fax.



The QuitLine provides special services to help **pregnant women** quit smoking during pregnancy and stay smoke-free after the baby is born. They can receive up to nine coaching calls pre- and post-partum and are eligible for texting and incentive programs

Codes for Tobacco Use Documentation and Billing for Treatment

ICD-10 codes for nicotine dependence

- F17.2 Nicotine dependence, unspecified
- F17.21 Nicotine dependence, cigarettes
- F17.22 Nicotine dependence, chewing tobacco
- F17.29 Nicotine dependence, other tobacco product

* *Each of these codes has an additional digit to reflect “in remission” and other dependence statuses*

For women who are pregnant or have newborns

- 099.33 (smoking complicating pregnancy, childbirth, and the puerperium)
- P04.2 (newborn affected by maternal use of tobacco)
- P96.81 (exposure to environmental tobacco smoke in the perinatal period)
- T65.2 (toxic effect of tobacco and nicotine)
- Z57.31 (occupational exposure to environmental tobacco smoke)
- Z71.6 (tobacco use counseling not elsewhere classified)
- Z72 (tobacco use not otherwise specified (NOS))
- Z77.2 (contact with and exposure to environmental tobacco smoke)
- Z87.8 (history of nicotine dependence)

CPT codes for billing tobacco cessation counseling services

Qualified providers (physicians, certified nurse-midwives, osteopaths, physician assistants, nurse practitioners, and registered nurses) can be reimbursed through Medicaid for both individual and group tobacco cessation counseling. Tobacco cessation counseling may be offered and billed on the same day as the initial doctor office visit.

- 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

Modifiers to CPT Codes

- Modifier HQ added to intermediate or intensive CPT codes indicates group counseling visit (e.g., 99407+HQ).
- Modifier HD added to intermediate or intensive CPT codes indicates pregnant/parenting women’s program, and is required for all claims made for pregnant women (e.g., 99406+HD).

HCPCS Codes

- G0436 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
- G0437 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes

For more information about the Colorado Medicaid Tobacco Cessation Benefit:

- Visit colorado.gov/cdphe/providers and colorado.gov/pacific/hcpf/tobacco-cessation
- Call the Medicaid Prior Authorization Help Desk **1-888-772-9696**
- Order materials on-line at cohealthresources.org

