Tobacco Cessation Toolkit

A Guide for Behavioral Health Services Programs

May 2021

OC health CARE AGENCY
COUNTY OF ORANGE CALIFORNIA

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Introduction

Overview

Tobacco use remains one of the leading, preventable causes of death among Americans. It also disproportionately impacts individuals with a mental health or substance use disorders. The purpose of this toolkit is to provide guidance for Behavioral Health Services programs to implement cessation service referrals as part of treatment plans in its facilities.

This toolkit contains key resources and practical tools to help BHS programs improve how they address tobacco use including:

- Motivational interviewing techniques for asking about tobacco use
- Free resources to refer clients to
- Information on how to bill Medi-cal for screening and referral.

Why are BHS staff so integral in helping clients quit?

- BHS staff work with their clients on other behavior change which makes them capable of helping with quitting
- Many BHS staff have long-term, positive working relationships with their clients making them a trusted source of information
- Many BHS clients have expressed that the most common way to get information is from doctors, psychiatrists, or counselors.

01. The connection between tobacco use & behavioral health

This section contains information about the different connections between tobacco use and behavioral health including statistics of tobacco use among adults with mental health and/or substance use disorders, the effects of tobacco on mental and physical health, and how the tobacco industry has disproportionately targeted this population. This section also highlights the role of behavioral health service providers in assisting clients with tobacco use.

Behavioral Health & Smoking

1 in 3 adults with a mental illness smoke cigarettes, compared with 1 in 5 adults without a mental illness.

Individuals with behavioral health disorders are also:

- 2-3 times more nicotine dependent
- Smoke more cigarettes daily
- Smoke them down to the filter

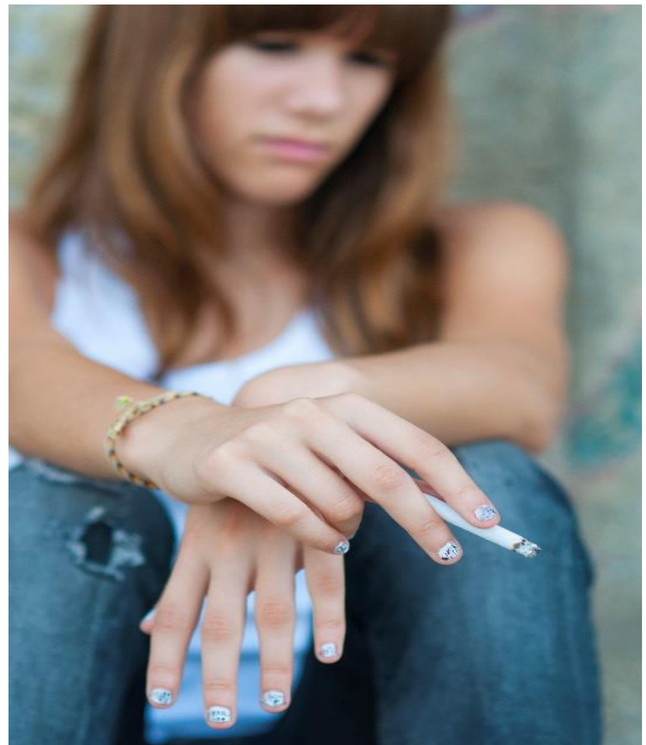
4 of every 10 cigarettes smoked by adults are smoked by this population.

Within this population, disparities exist by diagnosis. Some of the highest rates of smoking occur among individuals with:

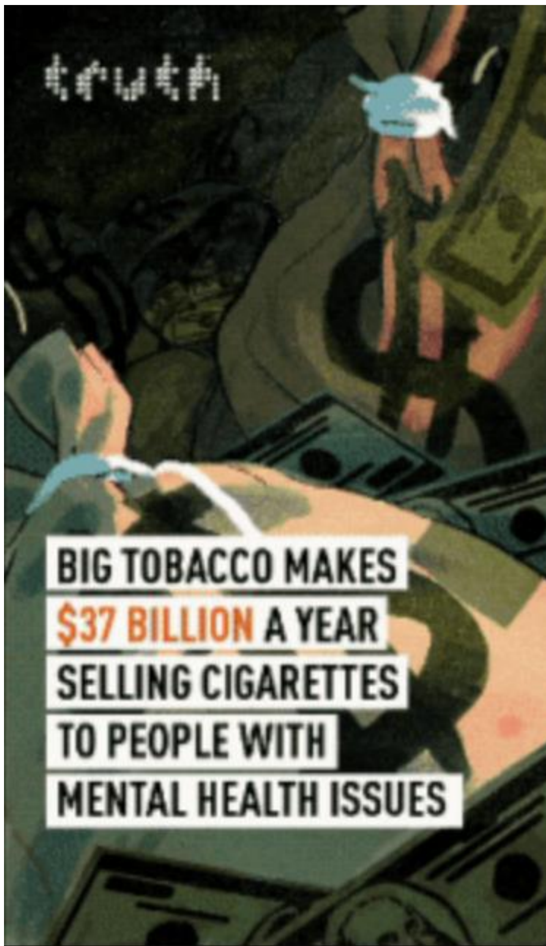
- Drug abuse (49-98%)
- Alcohol abuse and (34-93%)
- Schizophrenia (62-90%)

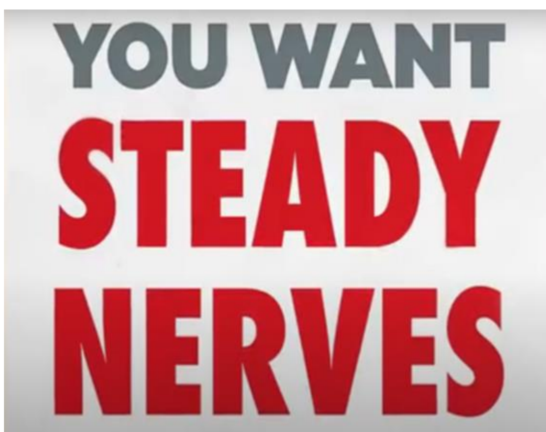
Generally, the more severe the mental illness and the more behavioral health co-morbidities a person has, the higher the smoking prevalence.

3 of every 5 adults with 3 or more mental health disorders smoke.



Tobacco Industry Targeting





By 1977, smokers were becoming a "downscale market." RJ Reynolds noted that less educated, lower income, minority populations were more impressionable/susceptible to marketing and advertising. Tobacco companies began targeting these populations.

Free cigarettes were distributed to homeless shelters, mental hospitals and homeless service organizations.

Cigarettes were purchased for persons with mental illness and homeless so that these individuals would smoke "clean" cigarettes, not dirty cigarettes butts.

The tobacco industry has also targeted psychiatric hospitals for sales promotions and giveaways. They have made financial contributions to homeless veteran organizations.

For information on emerging products used to attract new users, visit truth initiative at https://truthinitiative.org/research-resources/topic/emerging-tobacco-products

Benefits of Quitting

Although smoking rates are high among individuals with behavioral health concerns, the good news is that these individuals are just as interested in quitting as anyone else that smokes.

7 out of 10 individuals with a mental health disorder who smoke are interested in quitting.

Studies have shown that among individuals with MI/SUD:

- levels of motivation to quit are similar to that of the general population
- their readiness to quit is unrelated to psychiatric diagnosis, severity of symptoms, or the coexistence of substance use

Most importantly, research has found that they benefit from evidence-based smoking cessation treatments.

Individuals who quit smoking experience improvements in both their physical and mental health. Quitting smoking …

does not interfere with treatment for MH/SUD

decreases depression, anxiety, and stress while improving quality of life

increases abstinence of other drugs and improves long term treatment outcomes

causes the need for lower doses of many psychiatric and non-psychiatric medications

Quitting smoking does not interfere with recovery from mental illness/substance use, but smoking can lead to more hospitalizations.

Smoking is associated with an increased risk for suicidal ideation and attempts

Smoking cessation has been associated with reduced depression, anxiety, and stress as well as improved mood and quality of life

Individuals who treat their addiction to tobacco and other substances at the same time are 25% more likely to sustain their recovery,

Quitting smoking can also have a positive impact on psychiatric and non-psychiatric medications including Cymbalta, Xanax, and Insulin. Tobacco smoke affects the medication's:

- Absorption
- Distribution
- Metabolism and/or
- Elimination

Clients who smoke typically need higher doses of these medications in order to receive their full therapeutic benefit.

The good thing is that many of these medications require lower doses once the person quits.

Individuals who quit can save on average $900-$1800 annually, depending on how much they smoke.

Smoking & COVID-19

Smoking/vaping increase the risk of being infected and developing COVID-19.

COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and lead to pneumonia and acute respiratory disease.

Individuals who quit can save on average $900-$1800 annually, depending on how much they smoke.

Smoking also makes COVID-19 worse if you get it.

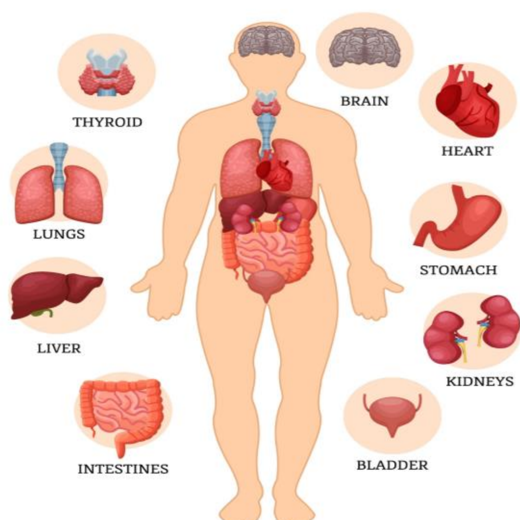
Long-term smokers and people who vape (many who are former smokers) are at increased risk of developing chronic lung conditions. People with lung disease or moderate to severe asthma are at a high risk for severe illness from COVID-19.

Smoking weakens the immune system, which can lead to debilitating health conditions, especially in elderly smokers. Older adults and people who live in a nursing home or long-term care facility are at a high risk for severe illness from COVID-19.

Health Risks of Tobacco Use

Smoking causes more deaths annually than the following COMBINED:

- Human Immunodeficiency Virus (HIV)
- Illegal drug use
- Alcohol use
- Motor vehicle injuries
- Firearm-related incidents



Smoking can cause cancer almost anywhere in the body

1) Lung
2) Mouth/throat
3) Voice box
4) Liver
5) Kidney
6) Pancreas
7) Stomach
8) Colon
9) Blood
10) Bladder

Tobacco use also increases the risk for the following conditions:

- **Heart Disease**
- **COPD**
- **Birth Defects** *pregnant women & men's sperm*
- **Cataracts**
- **Arthritis/Osteoporosis**
- **Dental problems** *Tooth loss, gum disease*

Benefits of Clinician Intervention

Engaging clients around tobacco use has several benefits for the client and your agency.

- ✓ Clients expect it
- ✓ Increases satisfaction with care
- ✓ Improves clinical outcomes
- ✓ Can help meet certain quality measures (i.e. meaningful use)
- ✓ Reimbursable service
- ✓ Covered as a preventive service for clients
- ✓ Cost effective

DOUBLE the odds that a client will successfully quit by asking, advising, and referring to services

Smoking & Opioids

Smoking is a risk factor for opioid abuse.

As you may know, the strongest predictor of higher risk for prescription opioid misuse is a history of substance abuse, particularly polysubstance abuse. But, an important single substance that has been identified is current tobacco smoking. Smoking is a risk factor for nonmedical use of prescription opioids.
Individuals who are daily or intermittent smokers are 3 times more likely to report nonmedical prescription opioid use. Based on focus groups we conducted among BHS clients, many of them are daily smokers.

Nicotine may enhance the rewarding properties of opioids.

Nicotine has been shown to act as a prime for the use of other drugs, especially among adolescents. This is supported by the Incentive Sensitization Theory, where repeated drug administration may leave the neural system hypersensitive to the effects of that drug, but also create cross-sensitization to other substances. There may even be a bidirectional effect with the opioid system. Studies are showing this may be due to nicotine enhancing the rewarding properties of opioid medications.

Assessing clients' tobacco use status and referral to cessation services can contribute to maintained abstinence.

Assessing clients for their tobacco use status can serve as another method to contribute to the assessment of prescription opioid misuse. And by referring clients to evidence-based cessation treatment, they will be more likely to maintain abstinence.

02. How to support clients who use tobacco with quitting

This section contains information to help behavioral health service providers ask, advise, and refer their clients to tobacco cessation resources. It also contains information about how to employ motivational interviewing and trauma-informed care when working with clients who use tobacco. There are also resources to help make referrals simpler and how to assist clients with securing Nicotine Replacement Therapy (NRT).

Myths & Facts About Smoking & Behavioral Health

MYTH: Quitting smoking worsens your mental health and increases anxiety

FACT: Quitting smoking has actually been shown to decrease feelings of depression, anxiety, and stress, while increasing feelings of positivity

MYTH: Quitting smoking interferes with treatment of other substances (i.e. alcohol, cocaine, etc.)

FACT: Research shows that individuals receiving treatment for their addiction to tobacco and other substances at the same time, are 25% more likely to sustain their recovery, compared to individuals who do not.

MYTH: Using vapes is a healthy way to quit tobacco.

FACT: Vapes contain nicotine, the addictive chemical in other tobacco products, along with other harmful chemicals.

MYTH: Smoking provides stress relief.

FACT: Smoking increases heart rate and blood pressure. It seems relaxing, but smoking only relieves the tension caused by the need for nicotine.

MYTH: Quitting smoking is a low priority problem; patients and medical providers have more important things to worry about.

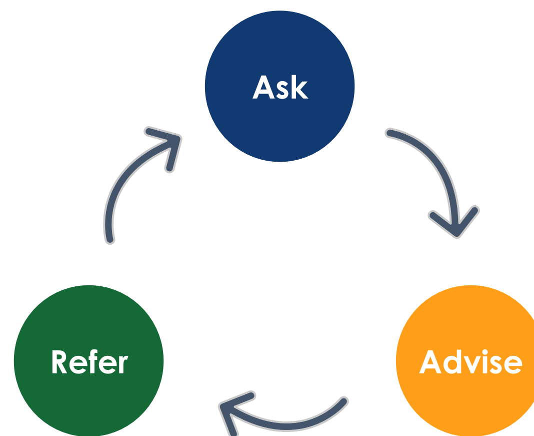
FACT: Smoking is the leading cause of death and disability in behavioral health populations. Tobacco use and its effects limit employment, housing and economic opportunities for clients.

Evidence-Based Approach: Ask, Advise, Refer (AAR)

When engaging clients around tobacco use, you can follow the evidence-based practice of Ask, Advise, Refer.

Because clients' motivation and readiness to quit can change, this process may be repeated many times until they are able to quit completely.

Ask *about current tobacco use (i.e. cigarettes, e-cigarettes/vapes)*



Refer *clients interested in quitting to free resources*

Advise *all who use tobacco to quit*

new lung

BRIEF INTERVENTIONS
Ask, Advise, Refer for Tobacco Cessation

Help your clients improve their health by advising them to quit smoking!
Quitting smoking can help reduce anxiety, depression and stress.
Follow these steps to get them on their way to better health:

ASK — **Ask clients about tobacco use at every visit:**
- Do you currently use tobacco?
- How often do you use tobacco?
  - Every day?
  - Some days?

ADVISE — **Advise clients who use tobacco to quit:**
Give a clear, strong, and personalized message to encourage every client to quit.
- Quitting smoking can help you reduce your anxiety.
- Quitting tobacco and other substances at the same time can help you sustain your recovery.

REFER — **Refer clients who use tobacco to Orange County's 1-866-NEW-LUNG line or the California Smoker's Helpline:**
- You can call 1-866-NEW-LUNG (866-639-5864) for free help to quit smoking or vaping.
- Here's a pamphlet to learn more about the different services for quitting smoking.

After signing up for cessation services, NEW LUNG will:
- Assess the participant's willingness to quit.
- Assist the participant with a quit-plan.
- Arrange a follow-up contact at 30, 90 and 180 days after the participant receives services.
- Provide the participant with a free quit-kit.
- Provide participants 18 years and older with a free supply of nicotine patches.

Treating Tobacco Use and Dependence: 2008 Update. June 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html

To request free materials contact Alicia Carranza at ACarranza@ochca.com or (714) 834-2521.

1-866-NEW-LUNG
For more information visit: www.ochealthinfo.com/TUPP

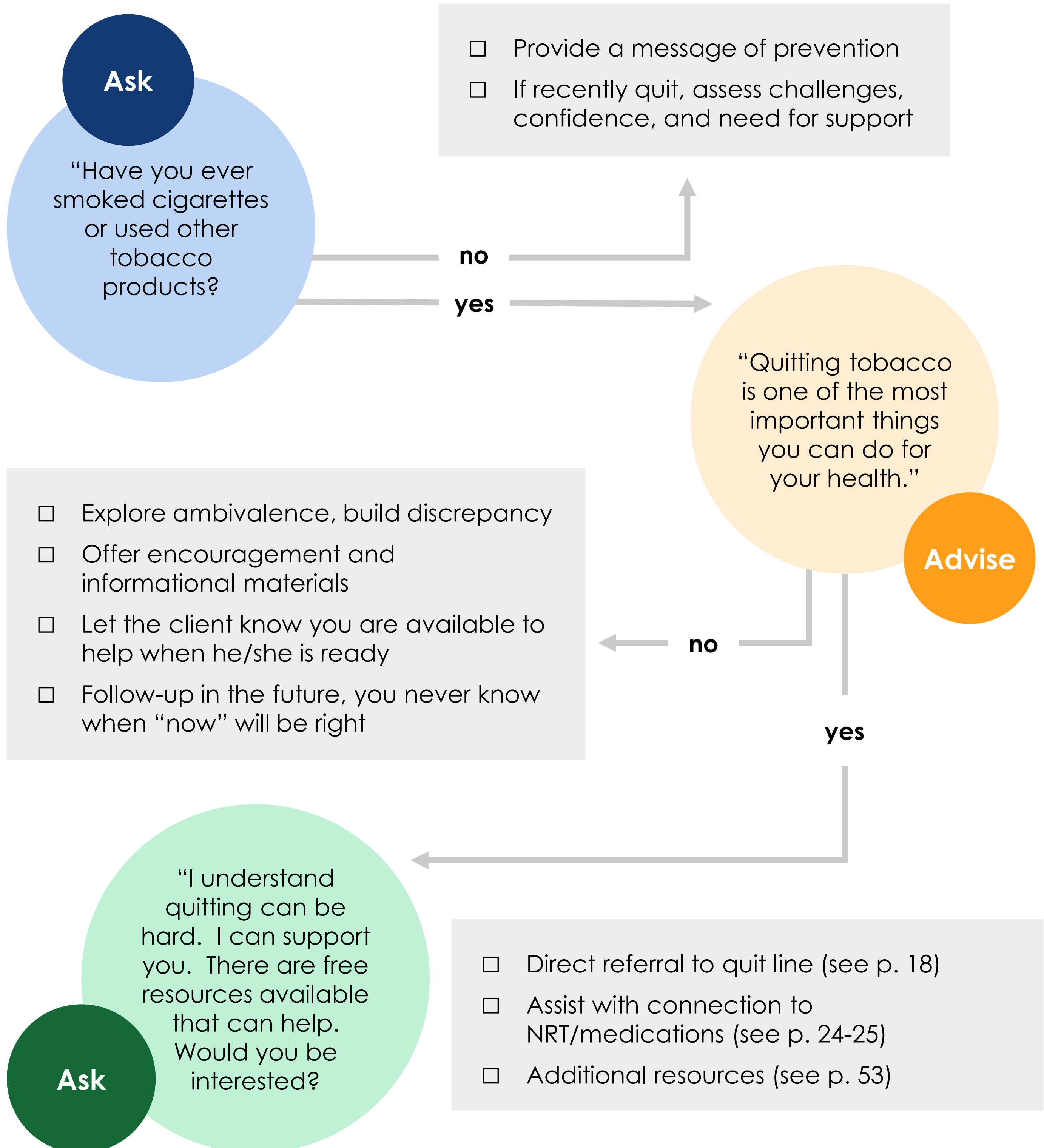
OC health CARE AGENCY

Flyers with a quick reference on how to ask, advise, and refer clients to the NEW LUNG cessation services are available. These could be helpful to remind both providers and clients to consider cessation, as well as provide an easy guide for staff.

Each program/clinic can receive up to 3 flyers with clear stand up holders for use on clinicians' desks or waiting/check-in areas.

See p. 56-58 for details.

Sample Clinical Workflow



How to Ask about Tobacco Use

The way you engage a patient on the topic of tobacco use matters. Using insights from motivational interviewing best practices, the following script is designed to defuse a patient's possible frustration when asked about smoking/vaping.

Common approach: *"Do you smoke/vape? Are you exposed to smoke/vape?"*

Optimal approach: *"Do you use nicotine or are you exposed to nicotine?"*

Rationale: Asking about smoking only may elicit an emotional response tied to stigma an shame about smoking. Patients may give a yes or no answer and shut down. Asking about nicotine is important because some people are using e-cigarettes or chewing tobacco only and do not consider it "smoking." The nicotine topic also opens the patient's thinking and curiosity about where you might go about the topic.

If yes, *"Tell me more about how you are exposed."*

- If the client is trying to quit (e.g. nicotine gum), encourage them and ask what additional resources they want.
- If the client is not trying to quit, proceed with Engagement Questions (see the next page).

Engagement Questions (ask in order shown):

"How many times in the last year have you thought about quitting?"

Rationale: This question is designed to acknowledge that most people who smoke have an occasional desire to quit.

"What made you think about quitting?"

Rationale: This question is designed to engage their intrinsic motivations, a powerful tool in addressing addiction.

"The quitting feeling comes and goes. I can connect you to some free resources"

Rationale: These are non-judgmental, supportive statements that meet the patient where they are at and test readiness for change.

Examples of resource referrals:

- Quit smoking/vaping program brochure and/or phone number

Orange County Program:
1-866-NEW-LUNG (639-5864)

State of California Program*:
1-800-NO-BUTTS (662-8887)

**As of Sept. 2021, 1-800-NO-BUTT (aka California Smokers' Helpline will be re-branded to Kick It California. They will offer the same exceptional cessation services, under a fresh, new name. Visit: www.kickitca.org or call 800-300-8086*

- FOR PRESCRIBING CLINICIANS (i.e. psychiatrist, nurse, pharmacist, etc.)*"… including medications that we know increase your odds of success. I'm happy to write the prescription now for Zyban or Varenicline (Chantix) or nicotine replacement therapy (patch, gum, lozenge, nicotine inhaler, nicotine spray) so you can have them handy at home for the next time you get the urge." **

- *Prescription medications and all five of the nicotine replacement therapy options are covered by Medi-cal.* *See page 30 for more details.*

Trauma Informed Care for Tobacco Cessation

Trauma and substance use are interconnected on the psychological and physiological levels.

Up to 4 out of 5 "public mental health clients" are exposed to trauma.

Experiencing trauma, such as child abuse, has been associated with **more severe nicotine withdrawal and dependence.** To support the unique needs of your clients who have experienced trauma, there are a few things you can do.

First, because of the more severe withdrawal symptoms, connecting them to Nicotine Replacement Therapy (NRT) can help reduce those symptoms. See page XX for more information about how to connect clients to NRTs..

When a client quits, they typically need lower doses of their medications because nicotine is not longer affecting the absorption and metabolism of prescription. Talk to your clients to monitor their current medications in addition to the NRT of their choice.

Secondly, using a trauma informed approach to tobacco cessation can also contribute to clients' likelihood of successfully quitting.

Principles of a trauma informed care include:

- ✓ Safety
- ✓ Trustworthiness and transparency
- ✓ Peer support
- ✓ Collaboration and mutuality
- ✓ Empowerment, voice and choice
- ✓ Consideration of cultural, historical, and gender issues

Trauma-Informed Cessation Support

Recognize that individuals with behavioral health conditions want to quit using tobacco.
Most individuals with behavioral health concerns want to quit smoking/vaping. They need your support.

Frame smoking as a coping mechanism that can be replaced with a healthier one.
Help your clients see they are more than their addiction. Engage in conversation about how smoking is an unhealthy way to cope with negative feelings and how they can find tobacco-free ways to manage their symptoms.

Help identify alternative behaviors that provide empowerment.
Empower clients to explore other things they are interested in.

Eliminate punishment, controls (around medications) or orders to quit
Help prevent re-traumatization by not engaging in these types of practices. Support the slow process of change and healing. Let your clients know you are ready to offer support and resources when they are ready, even if they relapse.

Practice the Four R's

1) **Realize the impact of trauma and understand paths for recovery**
   Emphasize safety, in a non-shaming and non-stigmatizing manner

2) **Recognize the signs and symptoms of trauma in clients and others**
   Build trustworthiness

3) **Respond by fully integrating knowledge about trauma in policies, procedures, and practices.**
   Screen all clients for tobacco use and refer them to appropriate cessation resources. This can help all clients who have experienced trauma manage their symptoms more effectively and improve their overall mental and physical health.

4) **Resist re-traumatization**
   Maximize choice and control. For example, there are 7 different types of approved quit smoking/vapes tools available (see pages 20-24 for details). Engage clients about which they have tried, which worked, and which they are interested in trying now.

How to Refer to Services

Referring to NEW LUNG

To refer clients directly to NEW LUNG during or after an appointment, please use the Tobacco Cessation Referral Form on the next page (p. 19) and either:

- Email it to Nang Atphasouk at Nang.Atphasouck@ahmchealth.com OR
- Fax it to: 714-999-5280

Referring to NO BUTTS*

To refer clients to NO BUTTS, please see the following options below:

- Web-based referral: referrals made via web portal
- DIRECT Messaging: referrals made via DIRECT email account
- Peer-to-Peer: referrals made via HL7 interface

	Web-based	DIRECT messaging	Peer-to-Peer
Eligible for Meaningful Use?	No	Yes[2]	Yes[2]
IT Resources	None	Minimal	Significant
Start-up Cost	Free	One-way interface: free Two-way interface: ~$3,500	~$7,000
Maintenance Fees	Free	One-way interface: free Two-way interface: $50/month	$150/month
Reporting	Summary referral data only	One-way interface: summary referral data Two-way interface: individual referral data	Individual referral data
Get Started	Click here	Click here	Click here

2. Please confirm eligibility with your Meaningful Use Coordinator.

**As of Sept. 2021, 1-800-NO-BUTT (aka California Smokers' Helpline will be re-branded to Kick It California. They will offer the same exceptional cessation services, under a fresh, new name. Visit: www.kickitca.org*

Meaningful Use

Medicare and Medicaid EHR Incentive Programs

Centers for Medicare & Medicaid Services (CMS) established the Medicare and Medicaid HER Incentive Programs to encourage eligible professionals (Eps), eligible hospitals, and CAHs to adopt, implement, upgrade (AIU), and demonstrate meaningful use of certified electronic health record technology (CEHRT).

Meaningful Use Coordinator

Meaningful Use Coordinators are the staff member who provides technical assistance and information to help healthcare providers successfully navigate required electronic reporting under Medicare and Medicaid EHR incentive programs.

BHS EHR Information: Meaningful Use Blog

https://bhsehrinfo.ochca.com/continuity-of-care-documents-ccds-plan-coordinator-task-list-items/

Contact

Susan Weidhaas at sweidhaas@ochca.com or

BHS IRIS Liaison Team at bhsirisliaisonteam@ochca.com

Tobacco Cessation Referral Form

Preferred Language: (Check One)

___English ___Spanish ___Vietnamese ___Korean ___Farsi

Client Information

Name: ______________________________ Phone No. ________________________

Address: ____

____

Comments:

____

____

____

Information Collected By: (Name) ____

Agency: __________________________ Phone No.:________________________

Please email this form to: Nang.Atphasouk@ahmchealth.com
or fax to: 714-999-5280

Tobacco Cessation Department
Email: Nang.Atphasouk@ahmchealth.com
Phone: (714) 999-3991
Fax: (714) 999-5280

Nicotine Replacement Therapy (NRT)

Nicotine Replacement Therapy is a commonly used quit smoking treatment. Studies show that using NRTs, with counseling, increases the chances of successfully quitting.

NRT Types	How to Get Them	How to Use Them	
Patch	Over the Counter	• Place on the skin • Give a small and steady amount of nicotine	***Long Acting***
Gum	Over the Counter	• Chew to release nicotine • Chew until you get a tingling feeling, then place between cheek and gums	***Short Acting***
Lozenge	Over the Counter	• Place in the mouth like hard candy • Releases nicotine as it slowly dissolves in the mouth	***Short Acting***
Inhaler	Prescription	• Cartridge attached to a mouthpiece • Inhaling through the mouthpiece gives a specific amount of nicotine	***Short Acting***
Nasal Spray	Prescription	• Pump bottle containing nicotine • Put into nose and spray	***Short Acting***

Additional Quit Smoking Treatments		
Zyban (Bupropion)	Prescription	Ask you doctor
Chantix (Varenicline)	Prescription	Ask you doctor

All 7 quit smoking aids are covered by Medi-cal **with a prescription**.

See pages 30 for more details.

Combined Nicotine Replacement Therapy (NRT)

Combined Nicotine Replacement Therapy (NRT) is more effective than a single form. This is particularly beneficial for heavy smokers.

Dependence Level	Nicotine Replacement Therapy Dosage	Combination Therapy
High	Patches: 21mg/24hr or 15mg/16hr Inhaler: 6-12 cartridges per day Lozenge: 4mg Gum: 4mg	Patches: 21mg/24hr or 15mg/16hr AND Lozenge or Gum: 2mg
Moderate	Patches: 21mg/24hr or 15mg/16hr Inhaler: 6-12 cartridges per day Lozenge: 4mg Gum: 4mg	Patches: 21mg/24hr or 15mg/16hr AND Lozenge or Gum: 2mg
Low to moderate	Patches: 14mg/24hr patch or 10mg/16hr Inhaler: 6-12 cartridges per day Lozenge: 2mg Gum: 2mg	Patches: 14mg/24hr or 15mg/16hr AND Lozenge or Gum: 2mg
Low	May not need NRT Monitor for withdrawal symptoms Patches: 7mg/24hr patch or 5mg/16hr Lozenge: 2mg Gum: 2mg	N/A

Nicotine patches & nicotine gum or nasal spray has been shown to be the most effective.

NICOTINE PATCHES

Which step is right for you?

STEP 1

Step 1 is the starting point for people who smoke more than 10 cigarettes per day. It delivers a 21mg dose of nicotine into the bloodstream over 24 hours.

Follow this step for about 6 weeks. Nicotine levels rise within the first 4 hours, then slowly decrease over the following 20 hours.

STEP 2

Step 2 is the starting point for people who smoke fewer than 10 cigarettes per day. It delivers a 14mg dose of nicotine into the bloodstream over 24 hours.

Follow this step for about 6 weeks.
Step 2 is the second step for people who smoked more than 10 cigarettes per day and started on Step 1.

STEP 3

Step 3 is the starting point for people who smoke fewer than 5 cigarettes per day. It delivers a 7mg dose of nicotine into the bloodstream over 24 hours.

The final step for all smokers, further lowering nicotine dependency. Follow this step for 2 weeks to complete your quit journey.

Talk to your doctor or health care provider before starting any type of nicotine replacement therapy. Your health care provider is the best person to advise you based on your medical history and present state of health.

SOURCES

1. Nicotine Replacement Therapy for Quitting Tobacco. Cancer.org. https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quitting-smoking/nicotine-replacement-therapy.html.
2. Managing Withdrawl. SmokeFree.gov. https://smokefree.gov/challenges-when-quitting/withdrawal/managing-withdrawal.

PHARMACISTS:

Furnishing Nicotine Replacement Therapy for Smoking Cessation

California law (Senate Bill 493, effective 1/25/2016) allows pharmacists to provide nicotine replacement therapy (NRT) products without a physician's prescription.[1] This regulation was passed to ensure that patients in California have timely access to NRT and information to initiate smoking cessation medication therapy appropriately.

Q: What NRT products are covered under this furnishing authority?

A: Prescription NRT (inhaler, nasal spray) approved by the federal Food and Drug Administration (FDA) are covered under this protocol.

Q: What does this mean for non-prescription or "over-the-counter" (OTC) NRT products?

A: Some patients need a prescription to get OTC NRT (patches, gum, and lozenges) covered by their insurance. This protocol allows pharmacists to prescribe OTC NRT just as physicians do. Patients then pay the co-pay (where applicable) for the product.

CALIFORNIA
SMOKERS' HELPLINE
1-800-NO-BUTTS

Moores UCSD Cancer Center, 9500 Gilman Drive, #0905, La Jolla CA 92093-0905, T: 858-300-1010, F: 858-300-1099, www.NoButts.org
This material made possible by funds received from the California Department of Public Health and from First 5 California.

Q: What are the steps to furnish NRT?

A: Pharmacists must follow the California Board of Pharmacy Protocol for Pharmacists Furnishing Nicotine Replacement Products as indicated here:[2]

1. Review the patient's current tobacco use and past quit attempts.
2. Ask the patient the six screening questions to determine if NRT is right for him/her.
3. If NRT is appropriate, in consultation with the patient select any nicotine replacement product (alone or in combination) from a list of products specified in the NRT furnishing protocol.
4. Once NRT is furnished:
   a. Review instructions for proper use with the patient.
   b. Recommend that the patient seek additional assistance and support from services like the California Smokers' Helpline (1-800-NO-BUTTS).
5. Answer any questions the patient has regarding smoking cessation therapy and NRT.

Q: Who should pharmacists notify?

A: Pharmacists should notify the patient's primary care provider after furnishing NRT. If the patient does not have a primary care provider, the pharmacist should:

1. Give the patient a written record of the NRT product furnished.
2. Advise the patient to consult with a health care provider of the patient's choice.

Q: What should pharmacists document?

A: Pharmacists should document any NRT furnished in the patient's medication record. Records should be securely stored for at least three years from the date of dispense.

Q: Do pharmacists need training prior to furnishing prescription NRT?

A: Yes, pharmacists must complete a minimum of 2 hours (every 2 years) from an approved continuing education program specific to smoking cessation therapy and NRT.

For example qualifying programs see:
- California Pharmacists Association: https://www.cpha.com/CE-Events/OnDemand/Smoking-Cessation
- UC Quits: https://cmecalifornia.com/Activity/3439569/Detail.aspx (Modules 1-4)

[1] California State Board of Pharmacy (2016). SB-493 Pharmacy practice. SEC. 6, Section 4052 of the Business and Professions Code. Retrieved on 1/18/17 from http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201320140SB493

[2] California State Board of Pharmacy (2016). Section 1746.2 CA Code of Regulations. Protocol for Pharmacists Furnishing Nicotine Replacement Products. Retrieved on 1/18/17 from http://www.pharmacy.ca.gov/publications/nicotine_protocol.pdf

Take the next step and visit www.nobutts.org to:

Learn more about our free tobacco cessation services.

Download free patient materials.

Check out our free materials and trainings for health professionals.

Register for our free, online referral service.

CALIFORNIA SMOKERS' HELPLINE
1-800-NO-BUTTS

www.NoButts.org
www.facebook.com/nobutts.org
www.twitter.com/1800NOBUTTS
www.linkedin.com/company/california-smokers'-helpline

Medicaid Coverage for NRTs

All 5 Nicotine Replacement Therapy options and the two cessation medications, Chantix and Zyban, are covered by Medicaid

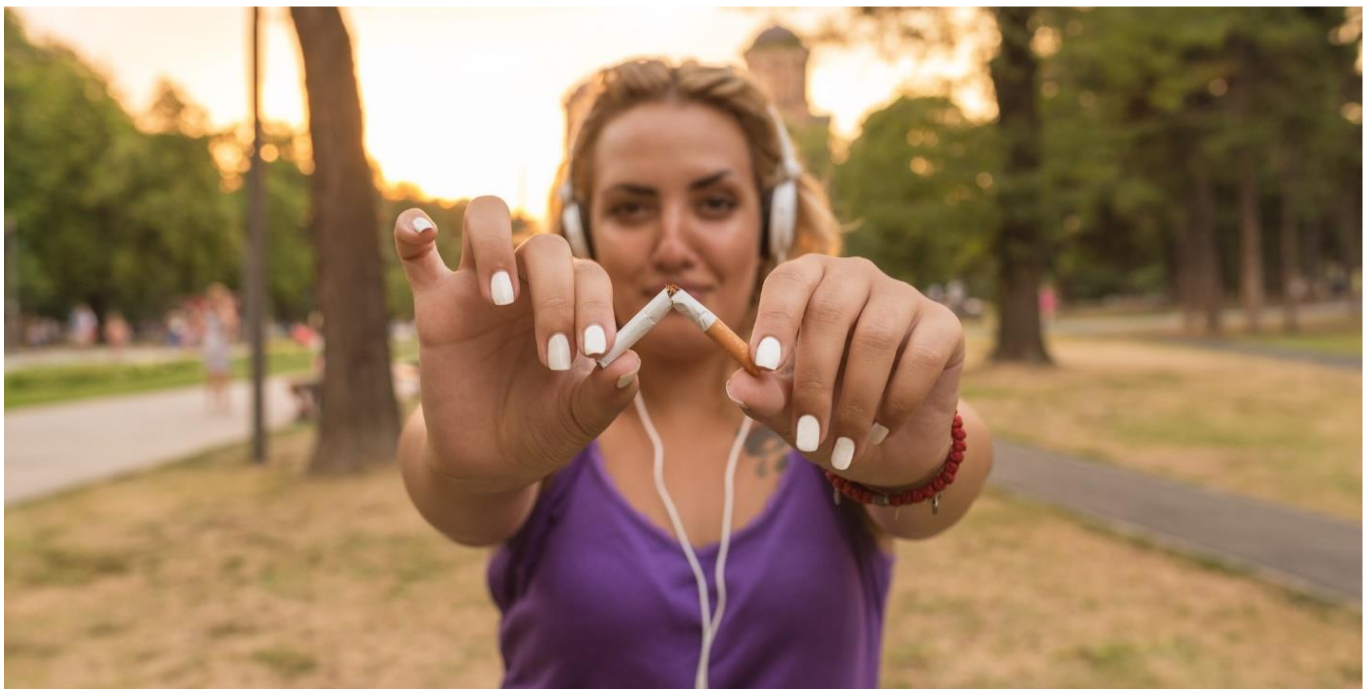
Types of Barrier	State Has Barrier?
Counseling Required for Medications	No
Prior Authorization Required	Varies
Lifetime Limits	No
Stepped Care Therapy Required	No
Annual Limits	Varies
Limits on Duration	Varies
Co-Payments Required	No

If the nicotine inhaler or spray has been prescribed, the pharmacist will need to submit a Treatment Authorization Request (TAR). Approval may take a few weeks.

How to Implement a Tobacco Cessation Referral Policy

Behavioral health programs interested in implementing a systematic, standardized process for referring clients/patients to tobacco cessation services can do the following:

- Incorporate Tobacco Use Assessment questions into your patient or client protocol (p. 15)
- Train staff in the Ask, Advise, Refer (AAR) Method (p. 14-24)
- Utilize a FREE online referral system (p. 18-19)
- Obtain FREE tobacco cessation educational materials for clients and patients. Materials can be ordered from the following organizations (see p. 55)
    - ✓ TUPP
    - ✓ NEW LUNG
    - ✓ NO BUTTS*
- Host free quit smoking services at your site (p. 43)



**As of Sept. 2021, 1-800-NO-BUTT (aka California Smokers' Helpline will be re-branded to Kick It California. They will offer the same exceptional cessation services, under a fresh, new name. Visit: www.kickitca.org*

03. Billing for Tobacco Cessation Counseling

This section contains information about how to bill for cessation counseling that behavioral health service providers engage in with clients who use tobacco. Some of the Information includes CPT codes, DSM-V codes, and other claims related material.

Tobacco Cessation Billing

Medi-Cal provides coverage for 3 types of tobacco cessation counseling:

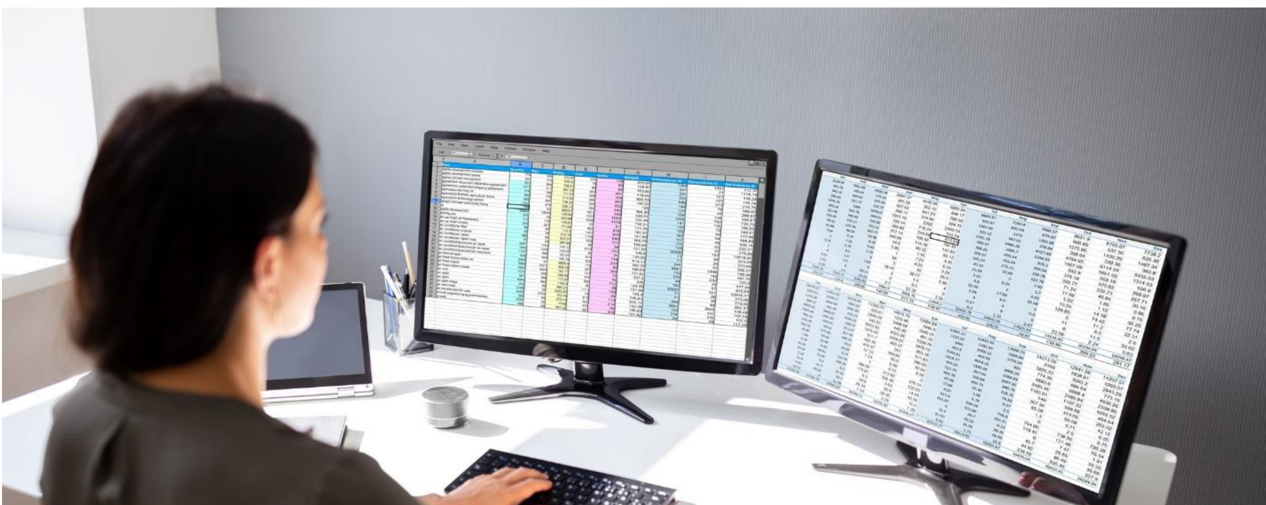
✓ Individual Counseling
✓ Group Counseling
✓ Phone Counseling/Quitline

Medi-Cal covers:

All seven pharmacotherapy treatments are covered. Individual and Group counseling are covered. Managed care plans have to cover at least 90 days. MCOs have to cover at least 2 attempts per year. MCOs must cover one medication without PA, but it varies on which one it is.

Please contact your plan if interested, or visit http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx

For more information, please call the Medi-Cal office at 800-952-5294 or visit their website at http://www.dhcs.ca.gov/services/medi-cal/Pages/default.aspx



BILLING GUIDE ADDENDUM FOR BEHAVIORAL HEALTH

Billing Overview for Behavioral Health

Tobacco Use Disorder can be effectively treated in a behavioral health setting and is considered a billable service by Medicare, Medicaid, and many commercial insurance carriers, depending on the licensure and scope of practice of the provider (for example, a psychologist vs a peer mentor). For the most part, the universe of diagnosis codes and procedures/service codes are the same for behavioral health providers as other providers offering tobacco use treatment (TUT). Likewise, the documentation requirements are the same for all types of providers. However, there are some important distinctions and nuances that behavioral health providers should consider to optimize the chance of successful billing. This addendum to *The American Lung Association Billing Guide for Tobacco Screening and Cessation*, strives to clarify those distinctions. It should be noted however, that there is no one approach that is universally accepted and followed by all healthcare systems and payers. If a bill is not paid, try again using different codes and document what works with your health system's contracted payers.

There are three fundamental consideration to make when billing for TUT:

1. Who is qualified to bill?
2. What kind of diagnosis code to use?
3. What kind of service code to use?

Eligible Providers

Medicare indicates that tobacco cessation services provided by qualified physicians and other Medicare-recognized practitioners are eligible for reimbursement. In addition to MDs and DOs, this includes physician assistants, nurse practitioners, clinical nurse specialists, clinical social workers, physical therapists, occupational therapists, speech language pathologists and clinical psychologists.

Other payers are subject to state licensing and scope of practice requirements. For behavioral health providers who do not fit into any of the Medicare categories, we advise pursuing three avenues of clarification:

1. Determine if the licensing and scope of practice laws in your practice area permit the provision of tobacco cessation.
2. Determine if your state Medicaid plan has any restrictions with respect to who may provide tobacco cessation services.
3. Contact the insurance carriers with whom you contract regarding any restrictions on providing cessation services. If you are a credentialed provider, it is unlikely that a commercial insurance carrier will prohibit you from providing cessation services. However, payment is by no means guaranteed.

BILLING GUIDE ADDENDUM FOR BEHAVIORAL HEALTH

Diagnosis Codes

The first decision a behavioral health provider must make when diagnosing tobacco use is whether to use an ICD-10 F17 or Z code or a DSM-5 code. The F and Z codes are from the Mental and Behavioral Disorder category of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10). The F17 codes are used if the patient is dependent on tobacco. The Z codes are used if there is NOT dependence on tobacco. The Z codes cannot be combined with an F17 code.

DSM-5 codes are from the Diagnostic and Statistical Manual of Mental Disorders, Edition 5. Tobacco Use Disorder is coded in the DSM-5 as 305.1 and is defined as cases in which tobacco is used to the detriment of the person's health or social functioning, or in which there is tobacco dependence. DSM-5 292.0 is the code for Tobacco Withdrawal.

Behavioral health providers are qualified to use either the DSM-5 codes or ICD-10 behavioral or mental health diagnoses such as F17 codes as the primary rationale for their services. Medical providers may not and so must select a diagnosis code that accurately reflects the biological impact of tobacco use.

Service Codes

A fundamental decision that influences how a provider codes is whether the tobacco services constitute counseling that merits a separate code or will be included in a time-based Evaluation and Management (E/M) service code (a typical doctor's visit). An additional decision is whether the tobacco service should be considered an "incident to" service (these are services that are important for achieving a desired outcome but "incidental" to the services initially provided by the doctor). Each of these three decisions (counseling, E/M, incident to) are addressed below.

Counseling Services

Examples of counseling, or behavior change modifications, related to tobacco include advising specific changes to behavioral routines, arranging for services and follow-up, or addressing barriers to change. Counseling service levels are determined by time investment. A behavioral health provider may choose to use general CPT counseling codes or CPT psychotherapy codes. If a provider bills using a counseling code rather than an E/M code, he/she is required to document "counseling" activities (advising about specific changes to routines, arranging for services or follow up) and not just "evaluation" (determining severity of dependence, comorbidities and prior cessation attempts) and "management" (medication selection based on evaluation).

BILLING GUIDE ADDENDUM FOR BEHAVIORAL HEALTH

CPT Counseling Codes

< 3 min.	3-10 min.	> 10 min.	Group counseling
Routine care, no cessation specific billing code can be used	99406	99407	99078

Codes 99406 and 99407 are specific to tobacco cessation and individual counseling proffered by a provider to a patient: 99406 is considered an intermediate counseling session, while 99407 is an intensive counseling session. As noted in the table above, the difference is tied to the amount of time spent with the patient. These are excellent codes to use in conjunction with other services provided during a visit.

Group counseling code 99078 is NOT specific to tobacco cessation. It can be used for any group education provided by qualified health professionals to patients (e.g. prenatal, obesity or diabetic self-management). There is high variability among payers regarding payment for group counseling. Although counterintuitive, some payers recommend that instead the provider bill as though the service was provided to an individual with observers present (there is no prohibition on group members observing while a physician provides a service to another beneficiary). We recommend contacting the payer to verify that coverage using this code is a payable benefit. This note of caution holds regardless of the type of group counseling or education being provided; it is not unique to tobacco cessation counseling.

CPT Psychotherapy Codes

Evaluation	30 min.	45 min.	60 min.	Group Therapy
90791	90832	90834	90837	90853

None of the psychotherapy codes identified above are specific to tobacco. They do, however, provide a mechanism for billing for more time than the tobacco-specific 10+ minute intensive counseling session provided by CPT 99407. The use of psychotherapy service codes in conjunction with tobacco diagnoses may also provide higher reimbursement but there is a great deal of variation in payment policies with respect to these codes. They are endorsed by the Public Health Clinical Practice Guideline and several practitioners report success using these codes. However, other experts note that these codes are rarely recognized for tobacco. Jill Williams et al. state that "Tobacco Use is probably the only diagnosis... (in the DSM 5) that is exempted from use of behavioral health codes."[5]

If an insurance company rejects a claim for psychotherapy visits with a primary diagnosis of tobacco use disorder (DSM-5), consider resubmitting using an ICD-10 diagnosis code. Remember that only behavioral health providers are allowed to use both DMS-5 and ICD-10 diagnosis codes.

BILLING GUIDE ADDENDUM FOR BEHAVIORAL HEALTH

Evaluation and Management Services

Evaluation refers to the cognitive processes applied while determining the significance or status of a problem or condition. Management refers to the conduct or supervision of clinical activities in pursuit of a therapeutic goal and implies that the plan is based on the results of the preceding evaluation. An important feature of E/M services is their fundamentally iterative nature; the evaluation leads to a management plan, the response to which becomes part of the subsequent evaluation, and so on.[7]

The CPT codes for E/M services each have five levels, based on the minutes expended.

CPT Evaluation and Management Codes

Outpatient Consultation	New Patient	Established Patient
99241 – 15 minutes	*99201 – 10 minutes	99211 – 5 minutes
99242 – 30 minutes	99202 – 20 minutes	99212 – 10 minutes
99243 – 40 minutes	99203 – 30 minutes	99213 – 15 minutes
99244 – 60 minutes	99204 – 45 minutes	99214 – 25 minutes
99245 – 80 minutes	99205 – 60 minutes	99215 – 40 minutes

*The American Medical Association (AMA) has recently announced that this code will be eliminated after 2020.[8]

Examples of evaluation requirements for tobacco include evaluation of variables such as severity of dependence, co-morbidities and prior cessation attempts. Examples of management decisions in tobacco include ruling out contraindications to specific pharmacotherapy (medications) or assessing the potential for drug-drug interactions. These management decisions are typically based on the evaluation information.

Most E/M services inevitably include a counseling component. If a provider chooses to use E/M codes but the counseling component exceeds 50 percent of the total time dedicated to the visit, the level of E/M service may be calculated using the established time parameters noted in the table above.

- If the provider uses an E/M code that is based on time-based billing, tobacco cessation counseling codes 99406-08 may not also be added since time-based billing encompasses the likelihood of counseling.

Medicare and Medicaid consider tobacco cessation counseling reasonable and necessary. If counseling is provided as a portion of or adjunct to the primary purpose of the visit, a provider may consider using counseling codes in addition to the E/M code for the primary purpose of the visit. Private payers are not as consistent in their support for counseling services but since coverage for counseling has improved, so has payment for counseling services.

Incident to Services

Physicians may use other staff, such as a nurse or tobacco treatment specialist to care for an established patient. If the care provided is integral to the outcome, but incidental to the services initially provided by the physician it is considered an "incident to" service. These services are not restricted to any particular type of provider but the personnel providing these services must operate within scope of practice and under a formal agreement that identifies the services to be provided. Care must also be provided face-to-face and not in a hospital setting.

BILLING GUIDE ADDENDUM FOR BEHAVIORAL HEALTH

Medicare pays 100 percent of the Medicare fee schedule for incident to services. This is a way to seek reimbursement for some professionals and behavioral health staff who are not qualified to bill independently but are supervised by a physician in an outpatient setting. Claims are submitted as if the supervising physician personally performed the service.

Medicare regulations specify that services may be covered as incident to when they are:[9]

- An integral, although incidental, part of the physician's professional service.
- Commonly rendered without charge or included in the physician's bill.
- Of a type commonly furnished in physicians' offices or clinics.
- Furnished by the physician or by auxiliary personnel (non-physician practitioners and non-physician employees) under the physician's direct supervision (the physician must be on premises but not necessarily in the same room).

To qualify as an incident to service, the service must meet all of the above requirements. A few other considerations to keep in mind:

- An incident to service cannot be billed as part of the patient's initial visit.
- An incident to service cannot be billed in association with a new problem brought up by a patient during a visit if the new problem is not related to the reason for the visit. That requires its own coding.
- The physician does not have to provide a personal service each time the patient is seen as part of an incident to claim, but he or she must remain directly involved in the patient's care. For example, a physician cannot turn over a patient for tobacco cessation support and bill incident to unless the physician continues to care for the patient's conditions relating to tobacco cessation.
- The service provided should be related to or a component of the physician's treatment plan for the patient. Diagnostic testing cannot be billed as incident to services.
- For these "incident to" services, the person providing the service must bill under the supervising physician's name, using the level 1 E/M service code 99211.

INCIDENT TO EXAMPLES

- A psychiatrist is treating a patient for TUT and the treatment plan includes step therapy medication – starting with NRT. Patient comes in because NRT is not working. A member of the staff changes the Rx to bupropion or changes the form of NRT. This could be an "incident to" service.
- An ancillary provider does a urine test to measure nicotine as part of ongoing cessation treatment plan.

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

I. Coverage Requirements

Medicaid Requirements
The Affordable Care Act (ACA) expanded tobacco cessation coverage for the Medicaid population, but gives states the ability to distinguish between the standard Medicaid and Medicaid expansion populations in terms of cessation coverage.

Standard Medicaid

- Medicaid Pregnant Women: All FDA-approved tobacco cessation medications as well as individual, group, and phone counseling.
  - No cost-sharing is permitted for pregnant women.
- Adults: All FDA-approved tobacco cessation medications. There is no counseling requirement.
  - Cost-sharing is permitted.
- Adolescents and Children: Coverage of counseling and tobacco cessation medications is mandatory under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Medicaid Expansion

- Coverage of counseling and tobacco cessation medications are required as part of the ACA's Essential Health Benefit under preventive and wellness services.
  - If a Medicaid expansion state chooses not to provide counseling to its standard Medicaid population, the expansion population will have better cessation benefits.
  - No cost sharing is permitted.

Managed Care and Fee for Service

- Medicaid managed care organizations (MCOs) are required to provide at least a comparable level of benefits to the fee-for-service option (77 percent of state Medicaid recipients are currently served by Medicaid MCOs).
  - Most states with Medicaid MCOs use a risk adjustment methodology (See Documentation below).
- The same distinctions with respect to coverage and cost sharing may apply between standard Medicaid recipients being served by an MCO versus expansion Medicaid recipients.

Medicare Requirements
Medicare Part B (provider component) covers two levels of tobacco cessation counseling for symptomatic and asymptomatic patients: intermediate (great than 3 minutes but no more than 10 minutes) and intensive (greater than 10 minutes).

- Two cessation attempts are covered per 12-month period. Each attempt may include a maximum of four intermediate or intensive counseling sessions, for a total of eight counseling sessions in the year.
- The patient may receive another eight counseling sessions during a second or subsequent year once 11 full months have passed since the first Medicare-covered cessation counseling session took place.

To qualify for Medicare payment, the following criteria must be met at the time of service:

- Patients must be competent and alert at the time of the counseling is provided.
- Counseling must be provided by an MD or other Medicare-recognized health care professional.

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

Symptomatic Patients

Symptomatic patients are those who use tobacco and:

- Have been diagnosed with a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use; or
- Take a therapeutic agent for which the metabolism or dosing is affected by tobacco use, based on information approved by the U.S. Food and Drug Administration (FDA)
- Both coinsurance and deductible are waived.

Asymptomatic Patients

Asymptomatic patients are those who use tobacco but do not have symptoms of tobacco-related disease.

- Both coinsurance and deductible are waived.

Private Insurance Requirements

The Patient Protection and Affordable Care Act (ACA) requires most private health insurance plans to cover many clinical preventive services (www.healthcare.gov). Preventive services include tobacco cessation screening and treatment. The treatment include:

- Tobacco use screening for all adults and adolescents
- Tobacco cessation counseling for adults and adolescents who use tobacco
- U.S. Food and Drug Administration (FDA) - approved tobacco cessation medications for all non-pregnant adults who use tobacco

Most private plans are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women in accordance with the United States Preventive Services Task Force (USPSTF). However, the USPSTF language does not provide certainty regarding exactly what is required. The USPSTF states:

- The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco and provide behavioral interventions and U.S. Food and Drug Administration (FDA) – approved pharmacotherapy for cessation to non-pregnant adults who use tobacco. – This is an "A" Recommendation

The U.S. Departments of Health and Human Services, Labor, and Treasury issued a sub-regulatory guidance in May 2014, which further clarified that health plans should cover screening for tobacco use and at least two quit attempts per year for tobacco users. According to the guidance:

- Each quit attempt should include covering, without cost-sharing or prior authorization, of: Four counseling sessions of at least 10 minutes each (including telephone, group, and individual counseling), and coverage of all 7 medications approved by the U.S. Food and Drug Administration (FDA) as safe and effective for smoking cessation for 90 days per quit attempt, when prescribed by a health care provider[1].

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

Diagnosis Coding Guide

The first decision a provider must make when diagnosing for tobacco use is whether to use an ICD-10 F17 code or a Z code. The F codes are from the Mental and Behavioral Disorder category. The F17 codes are used if the patient is dependent on tobacco. The Z codes are used if there is NOT dependence on tobacco. The Z codes cannot be combined with an F17 code.

The codes specific to maternal and newborn health (O99) and the toxic effects of tobacco (T65) are used by medical providers to reflect the biological impact of tobacco use.

ICD-10 Diagnosis Code	Description: All with Nicotine Dependence
F17 Codes *Indicates codes which can be used for Medicare's Asymptomatic patients (as well as Symptomatic)	
F17.200*	Product unspecified, uncomplicated
F17.201*	Product unspecified, in remission
F17.203	Product unspecified, with withdrawal
F17.208	Product unspecified, with other nicotine-induced disorders
F17.209	Product unspecified, with unspecified nicotine-induced disorders
F17.210*	Cigarettes, uncomplicated
F17.211*	Cigarettes, in remission
F17.213	Cigarettes, with withdrawal
F17.218	Cigarettes, with other nicotine-induced disorders
F17.219	Cigarettes, with unspecified nicotine-induced disorders
F17.220*	Chewing tobacco, uncomplicated
F17.221*	Chewing tobacco, in remission
F17.223	Chewing tobacco, with withdrawal
F17.228	Chewing tobacco, with other nicotine-induced disorders
F17.229	Chewing tobacco, with unspecified nicotine-induced disorders
F17.290*	Other tobacco product, uncomplicated
F17.291*	Other tobacco product, in remission
F17.293	Other tobacco product, with withdrawal
F17.298	Other tobacco product, with other nicotine-induced disorders
F17.299	Other tobacco product, with unspecified nicotine-induced disorders

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

Diagnosis Coding Guide

ICD-10 Diagnosis Code	Description: All with Nicotine Dependence
Z Codes	
Z57.31	Occupational exposure to environmental tobacco smoke • May not be used with Z77.22 exposure to environmental smoke.
Z77.22	Contact with and suspected exposure to environmental smoke • May not be used with a F17.2 tobacco dependence or Z72 tobacco use code.
Z71.6	Counseling and Medical Advice – tobacco abuse counseling
Z72.0	Problems Related to Lifestyle and tobacco use not otherwise specified
Z87.891	Personal history of nicotine dependence • May not be used with F17.2 current nicotine dependence code.
Z13.89	Encounter for screening for other disorder. Use for tobacco use screening.
Maternal Tobacco Use and Newborn Exposure • For maternal use add an additional F17 code to indicate type of tobacco	
O99.330	Smoking (tobacco) complicating pregnancy, unspecified trimester
O99.331	Smoking (tobacco) complicating pregnancy, first trimester
O99.332	Smoking (tobacco) complicating pregnancy, second trimester
O99.333	Smoking (tobacco) complicating pregnancy, third trimester
O99.334	Smoking (tobacco) complicating childbirth
O99.335	Smoking (tobacco) complicating the puerperium
P04.2	Newborn suspected to be affected by exposure in utero to tobacco smoke May not be used with P96.81 newborn exposure to environmental tobacco smoke.
P96.81	Exposure to (parental) (environmental) tobacco smoke in the perinatal period.

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

Diagnosis Coding Guide

ICD-10 Diagnosis Code	Description: All with Nicotine Dependence
Toxic Effect of Tobacco and Nicotine • May not be used with F17.2 nicotine dependence	
T65.211	Toxic effect of chewing tobacco, accidental (unintentional) or not otherwise specified (NOS)
T65.212	Toxic effect of chewing tobacco, intentional self-harm
T65.213	Toxic effect of chewing tobacco, assault
T65.214	Toxic effect of chewing tobacco, undetermined
T65.221	Toxic effect of tobacco cigarettes, accidental (unintentional) or NOS • Add Z57.31 or Z77.22 exposure to second hand tobacco smoke
T65.222	Toxic effect of tobacco cigarettes, intentional self-harm • Add Z57.31 or Z77.22 exposure to second hand tobacco smoke
T65.223	Toxic effect of tobacco cigarettes, assault • Add Z57.31 or Z77.22 exposure to second hand tobacco smoke
T65.224	Toxic effect of tobacco cigarettes, undetermined • Add Z57.31 or Z77.22 exposure to second hand tobacco smoke
T65.291	Toxic effect of other tobacco and nicotine, accidental (unintentional) or NOS
T65.292	Toxic effect of other tobacco and nicotine, intentional self-harm
T65.293	Toxic effect of other tobacco and nicotine, assault
T65.294	Toxic effect of other tobacco and nicotine, undetermined

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

Diagnosis Coding Guide

ICD-10 Diagnosis Code	Description: All with Nicotine Dependence
CPT Category II Codes Associated with Quality Payment Programs	
1000F	Tobacco use assessed (CAD, CAP, COPD, PV) (DM)
1031F	Smoking status and exposure to second hand smoke in the home assessed (Asthma)
1032F	Current tobacco smoker and currently exposed to second hand smoke (Asthma)
1033F	Current tobacco non-smoker and not currently exposed to second hand smoke (Asthma)
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)
1035F	Current smokeless tobacco user (e.g. chew) (PV)
1036F	Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD)
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAP, CAD, PV, Asthma) (DM) (PV)
4004F	Patient screened for tobacco use and received cessation intervention (counseling and/or pharmacotherapy), if identified as a tobacco user (PV, CAD)

Procedure and Service Code Guide

A fundamental decision that influences how a provider codes is whether the tobacco services constitute counseling that merits a separate code or will be included in a time-based Evaluation and Management (E/M) service code (a typical doctor's visit).

Examples of evaluation requirements for tobacco include evaluation of variables such as severity of dependence, co-morbidities and prior cessation attempts. Examples of management decisions in tobacco include medication and are typically based on evaluation information. Examples of counseling, or behavior change modifications, related to tobacco include advising specific changes to behavioral routines, arranging for services and follow-up, or addressing barriers to change. Counseling that lasts less than three minutes is considered part of the standard E/M service. When counseling time exceeds 50 percent of the total time dedicated to the visit, the level of E/M service may be calculated using established time parameters. If the provider uses an E/M code that is based on time-based billing, tobacco cessation counseling codes 99406-08 may not be added since time-based billing encompasses the likelihood of counseling.

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

Medicare and Medicaid consider tobacco cessation counseling reasonable and necessary. If counseling is provided as a portion of or adjunct to the primary purpose of the visit, a provider may consider using counseling codes in addition to the E/M code for the primary purpose of the visit. Private payers are not as consistent in their support for counseling services but since coverage for counseling has improved, so has payment for counseling services.

HCPCS/CPT Codes	Type of Service	Description
99406	Intermediate counseling cessation treatment	Smoking and tobacco use cessation counseling visit greater than three minutes, but not more than 10 minutes.
99407	Intensive counseling	Smoking and tobacco use cessation counseling visit is greater than 10 minutes.
99078	Provider educational services (group counseling)	Group counseling for patients with symptoms or established illness.
S9075	Smoking cessation treatment	Non-physician provider. S codes are temporary national codes, and these are **no longer available for use.**
S9453	Smoking cessation classes	
G0436	Tobacco cessation counseling	
G0437	Tobacco cessation counseling	**As of September 30, 2016, no longer available for use.**
99381-99397	Preventive medicine services	Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care.
-25 modifier		Append to the appropriate CPT-code for services provided during the same day or visit as different, separately identifiable Evaluation & Management (E/M) services (e.g. 99406-25).
99241-99245	Outpatient consultation E/M	Time-based E/M, Levels 1 – 5 based on minutes, which can include tobacco E/M.
99201-99205	New patient E/M	
99211-99215	Established patient E/M	

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

Documentation

Regardless of the payer (e.g. Medicare, Medicaid, private), providers need to use ICD-10 codes and provide documentation regarding medical necessity and the specifics of what was provided. The goal is to clearly establish medical necessity and ensure payment for services. **Coding is not sufficient**. Medicare and other payers find improper payments by selecting a sample of claims or flagging suspicious claims and requesting medical documentation from the provider. The claim is reviewed against the provider's medical documentation – either an electronic medical record or paper record. As such, the following items should be documented in the medical record:

- Patient's willingness to attempt to quit
- What was discussed during counseling
- Amount of time spent counseling
- Tobacco use
- Advice to quit and impact of smoking provided to patient
- Methods and skills suggested to support cessation
- Medication management
- Setting a quit date with the patient
- Follow-up arranged
- Resources made available to the patient

Documentation Tips

- The F17 codes are used if the patient is dependent on tobacco. The Z codes are used if there is NOT dependence on tobacco. The Z codes cannot be combined with an F17 code.
- Using the term "history of" or "personal history of" means a past medical condition that no longer exists. If used for a current condition, payment will be denied.
  - History of may be an appropriate reason to use the Z code.
- Documentation must include a treatment plan for each diagnosis (e.g. refer to oncologist) and an assessment, such as "stable," "worsening," "not responding to treatment."
- Use linking terms to connect the diagnoses and manifestations, such as "due to" or "secondary to."
- Behavioral health providers are qualified to use behavioral or mental health diagnoses such as F17.200 as the primary rationale for their services. Medical providers may not and so must select a diagnosis code that accurately reflects the biological impact of tobacco use such as one of the T65.2 options.
- Be sure to document "counseling" activities (advising about specific changes to routines, arranging for services or follow up) and not just "evaluation" (determining severity of dependence, comorbidities and prior cessation attempts) and management (medication selection based on evaluation) if you are billing for a counseling code vs. an E/M code.

BILLING GUIDE FOR TOBACCO SCREENING AND CESSATION

Tobacco Use as a Risk Adjustment Factor

In addition to the opportunity to be compensated for providing cessation services, it is important to document tobacco use because of its potential role in adjusting payment rates based on the risk profile of the individuals being served. While risk adjustment focuses on high-cost conditions, many of these are exacerbated by tobacco use. With the movement to value-based care and risk-based contracting, the emphasis on diagnostic specificity will continue to grow in importance.

- Medicare adjusts capitation payments to private health care plans for the health expenditures of their enrollees. The adjustment is based on baseline demographic elements, with incremental increases based on diagnoses submitted on claims. Medicare requires that anything documented in the claim be substantiated in the medical record.
- States may also use risk adjustment with their Medicaid MCOs. Unlike Medicare, most Medicaid risk adjustment methodologies do not require medical record substantiation.
- ACA Exchanges also risk adjust, using conditions targeted to a younger demographic (pregnancy) and congenital abnormalities. The federal government manages this program using a complex methodology in which it transfers sequestered risk adjustment payments from lower risk plans to higher risk plans. Risk adjustment is calculated on a state basis to ensure state-based budget neutrality.

III. Claims Denials

Despite improved coverage of evidence-based tobacco cessation counseling and pharmacotherapy to all adults and pregnant women, it appears that very few providers bill for these services. Reasons for not billing may include:

- Many providers are unaware of the increased levels of coverage for tobacco cessation services.
- Providers or their billing staff do not have a depth of knowledge regarding the proper diagnostic codes and billing codes to ensure payment.
- Historic lack of coverage has prevented providers from incorporating tobacco cessation billing into their standard processes.
- Inconsistencies between health plans in how they interpret coverage and the degree of medical management required by different plans makes providers reluctant to do anything more than screen for tobacco use.
- Payers' billing systems may not be in sync with payers' benefit descriptions causing claims to be rejected despite coverage.

The guidance provided in previous sections of this document are intended to address provider lack of awareness and knowledge. However, payer and health plan issues may remain an obstacle.

With the limited experience many providers have billing for tobacco cessation, assume that some of the initial claims will be denied. Denials will typically fall into two primary categories:

1. Unavoidable reasons for denied payment
2. Avoidable reasons for denied payment

04. Additional Resources to Support Your Clients

This section contains additional resources to help support your clients' cessation attempts and their ability to maintain a tobacco-free lifestyle. Information about how to request free print materials, how to offer free on-site/virtual tobacco cessation services, and how to become a tobacco-free facility are included.

1-866-NEW LUNG Services

Mission

1-866-NEW-LUNG's mission is to create a smoke/vape free Orange County. They are Orange County's only free in-person quit smoking and vaping program. They provide access to free services to anyone in Orange County who wants to quit.

Services Provided

- In-person individual counseling
- Telephone counseling
- Seminars
    - 1 time group seminar: 90 minutes
    - 2 time group seminar: 45 minutes each
- 5 time series: 1 hour each week for 5 consecutive weeks

Services are available in English, Spanish, Vietnamese, Korean, and Farsi. 1-866-NEW-LUNG Participants who are 18 years or older are also eligible to receive a FREE supply of nicotine patches.

Populations Served

- Behavioral Health
- Businesses
- Community Centers
- Homeless
- Medical Centers
- Sober Living
- Youth

Benefits

- Personalized Quit Plan
- FREE supply of nicotine patches (Participants 18 and older)
- Quit Kit
- Additional Support
- Follow-Ups

Quit Kit Contents

- Water Bottle
- Straw
- Mints
- Rubber bands and paper clips
- Toothpicks
- Gum
- Tea

Quit Kit Contents

Water Bottle
One of the most important things to incorporate into a healthy lifestyle, water is essential for getting rid of toxins in your body and helping you stay hydrated.

Straw
Great to satisfy the hand to mouth need. Straws can be used for air inhalation or as a substitute for a cigarette. Some people find chewing on them during the day helps keep urges at bay.

Mints
Mints keep your mouth busy and can be taken with you to help with cravings.

Rubber Bands and Paper Clips
Some people find these helpful to play with to keep hands busy. Others find it useful to put around the wrist and snap it when there is an urge.

Cinnamon Toothpicks
The taste of cinnamon reduces the urge to smoke.

Gum
Chewing gum is a great way to occupy your mouth.

Decaffeinated Tea
Great alternative to coffee and beverages high in caffeine.

You can do it. One day at a time.

Host free quit smoking services with NEW LUNG

1 Choose Preferred Service

5-Session Class Series	60-minute classes each week, for 5 consecutive weeks
Two-Time Seminars	Two-time class for 45 minutes each, for 2 consecutive weeks
One-Time Seminars	One-time class for 90 minutes

2 Prepare to host 5-Session Class Series

1) **Designate your facility's contact person.** This person is the point of contact for scheduling classes and confirming participant sign-ups.

2) **Contact NEW LUNG at 1-866-NEW-LUNG (639-5864).** Schedule a virtual seminar with a Specialist. Discuss class logistics.

3) **Host virtual class.** NEW-LUNG will provide a Zoom link. Host the virtual class via Zoom.

4) **Collect signed forms.** Collect signed participant forms and return to NEW LUNG.

3 Host 5-Session Class Series

1) **Use flyers to promote classes.** NEW LUNG will provide customized flyers to promote classes to your clients.

2) **Confirm minimum of 5 clients.** 5 clients are required for each class. NEW LUNG will confirm with contact person.

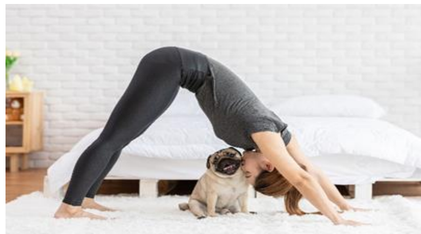
3) **Ready to host quit smoking classes at your site!** Add tobacco cessation to the array of services your site provides for your clients' wellness.

Positive Ways to Cope with Stress without Tobacco

Stress is a common trigger for people that smoke. However, quitting can add to stress. Here are some strategies for clients to cope with stress without using tobacco.

Make time for yourself each day. Take a nap, read, or meditate.

Get enough sleep.



Eat a balanced diet and drink plenty of water.

Talk about your worries. Don't keep them bottled up.

Make exercise a part of your life. Even a few minutes a day will help.

Get Support

NEW LUNG teaches stress management as part of their 5 session class series.

For information on how your clinic can host a 5 session class series, see page 42.

TUPP and the California Smokers' Helpline* have free brochures available on healthy stress management. See pages 44-46 for more details.

**As of Sept. 2021, 1-800-NO-BUTT (aka California Smokers' Helpline will be re-branded to Kick It California. They will offer the same exceptional cessation services, under a fresh, new name. Visit: www.kickitca.org*

Additional Quit Smoking/Vaping Resources

Program	Target Audience	Number
smokefreeTXT	Adults who want to quit smoking	Text START or QUIT to 47848
smokefree TXT: daily challenges	Adults who aren't quite ready to quit smoking	Text GO to 47848
smokefree TXT: Practice Quite Attempt	Adults who aren't quite ready to quit smoking	Text GO to 47848
smokefreeMOM	Pregnant women who want to quit smoking	Text MOM to 222888
smokefreeTXT for teens	Youth (ages 13-19) who want to quit smoking	Text TEEN to 47848
smokefreeVET	Veterans with VA health care benefits who want to quit using tobacco	Text VET to 47848
dipfreeTXT	Adults who want to quit using dip	Text SPIT to 333888

Other Quit Services

Text Messaging Program

Enroll by texting ***Quit Smoking*** or ***Quit Vaping*** to 66819

Mobile Apps for iPhone & Android

Download ***No Butts*** or ***No Vape*** from the App Store and Play Store

Amazon Alexa

Say Alexa, open ***Stop Smoking/Vaping Coach***

Self-Help Materials

To receive free quite smoking or vaping materials, call ***1-800-NO-BUTTS*** or ***1-844-8-NO-VAPE***

Nicotine Patches for Smokers

Some smokers may be eligible to receive free nicotine patches. Call ***1-800-NO-BUTTS*** to see if you qualify

10 STEPS TO BECOME A SMOKE-FREE BEHAVIORAL HEALTH FACILITY

CONVENE A TOBACCO FREE COMMITTEE
Identify key committee members, obtain agreement from identified individuals to serve on the committee, set regular meeting schedule, and determine individual and group roles and responsibilities.

CREATE A PLAN
Complete the logic model, determine a timeline, and create a budget.

DRAFT YOUR POLICY
Brainstorm a detailed policy and draft tobacco-free policy.

COMMUNICATE YOUR PLAN
Craft your message, schedule and hold several town hall meetings, and create web-based and printed materials.

BUILD COMMUNITY SUPPORT
Identify community partners to contact, create contact list of community partners, contact and engage neighbors and community partners, and participate in local and national events.

PROVIDE EDUCATION
Identify the types of training and educational opportunities needed, contract with trainers to provide needed services to provide ongoing training opportunities,.

OFFER TOBACCO CESSATION SERVICES
Identify services that will be provided, explore funding, set up workflow, develop informational materials for tobacco cessation services, train staff, and create referral list for external resources.

LAUNCH YOUR POLICY
Develop and post signage, develop and print tobacco-free policy enforcement cards, and organize and plan a kick-off celebration.

ENFORCE YOUR POLICY
Review your policy to address violations, ensure that staff and clients are aware of the consequences for violations, practice enforcement and consistently follow through with disciplinary actions.

EVALUATE YOUR POLICY
Gather baseline data, evaluate tobacco-free policy implementation process, and complete follow-up evaluations.

How to order free materials

Tobacco Use Prevention Program

https://www.ochealthinfo.com/phs/about/promo/tupp

The following materials are available to order from TUPP:

- ✓ Smoke-free signage (see p. 59)
- ✓ Brochures (see p. 58)
- ✓ Incentives (i.e. stress balls, water bottles, etc.)
- ✓ Ask, Advise, Refer Flyer (see p. 56)

For questions, contact:

Alicia Carranza, Health Educator I acarranza@ochca.com I 714-834-2521

California Smokers' Helpline

https://www.nobutts.org/*

The following materials are available to order from CSH:

- ✓ Brochures (see p. 58)

1-866-NEW-LUNG

The following materials are available to order from NEW LUNG:

- ✓ Brochures
- ✓ Incentives (i.e. stress balls, water bottles, etc.)

For any questions, contact:

Jaina Pallasigui, Tobacco Cessation Manager
Jaina.Pallasigui@ahmchealth.com I 714-999-3991

**As of Sept. 2021, 1-800-NO-BUTT (aka California Smokers' Helpline will be re-branded to Kick It California. They will offer the same exceptional cessation services, under a fresh, new name. Visit: www.kickitca.org*

BRIEF INTERVENTIONS

Ask, Advise, Refer for Tobacco Cessation

Help your clients improve their health by advising them to quit smoking!
Quitting smoking can help reduce anxiety, depression and stress.

Follow these steps to get them on their way to better health:

ASK

Ask clients about tobacco use at every visit:

- Do you currently use tobacco?
- How often do you use tobacco?
  - Every day?
  - Some days?

ADVISE

Advise clients who use tobacco to quit:

Give a clear, strong, and personalized message to encourage every client to quit.

- Quitting smoking can help you reduce your anxiety.
- Quitting tobacco and other substances at the same time can help you sustain your recovery.

REFER

Refer clients who use tobacco to Orange County's 1-866-NEW-LUNG line or the California Smoker's Helpline:

- You can call 1-866-NEW-LUNG (866-639-5864) for free help to quit smoking or vaping.
- Here's a pamphlet to learn more about the different services for quitting smoking.

After signing up for cessation services, NEW LUNG will:

- Assess the participant's willingness to quit.
- Assist the participant with a quit-plan.
- Arrange a follow-up contact at 30, 90 and 180 days after the participant receives services.
- Provide the participant with a free quit-kit.
- Provide participants 18 years and older with a free supply of nicotine patches.

Treating Tobacco Use and Dependence: 2008 Update. June 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/cliniciansproviders/guidelines-recommendations/tobacco/index.html

To request free materials contact Alicia Carranza at ACarranza@ochca.com or (714) 834-2521.

1-866-NEW-LUNG

For more information visit: www.ochealthinfo.com/TUPP

OC health CARE AGENCY

County of Orange California

3/15/19

QUIT SMOKING TODAY!
FREE VIRTUAL INDIVIDUAL COUNSELING

FREE NICOTINE PATCHES

For adults 18+ upon completion of services.

Revised: June 2020

ORANGE COUNTY - Join us for FREE virtual individual counseling to help you break the smoking or vaping habit! You will receive:

- FREE Nicotine Patches
- FREE Quit Kit
- FREE Personalized Quit Plan
- FREE 60 minute counseling

CALL TO RESERVE
1-866-639-5864

www.1866newlung.com

Anaheim Regional Medical Center
AHMC Healthcare

California Smokers' Helpline

MATERIAL ORDER FORM

The following materials are available free of charge to support healthy, tobacco-free communities within California. Quantities are limited to 1,000 total pieces per order and 3,000 total pieces per calendar year per agency.

Smokers' Helpline Materials

Material Name	Title #	Quantity
California Chewers' Helpline brochure	J299	
California Smokers' Helpline brochure - English	J258	
California Smokers' Helpline brochure - Spanish	J268	
California Smokers' Helpline brochure - Teen	J487	
California Smokers' Helpline brochure - American Indian	J521	
California Smokers' Helpline rack card - Vietnamese	J964	
California Smokers' Helpline rack card - Korean	J961	
California Smokers' Helpline rack card - Chinese Traditional	J963	
California Smokers' Helpline rack card - Chinese Simplified	J962	
California Smokers' Helpline rack card - English for Asian Audiences	J960	
Take Charge Gold Card	J300	
Regale Salud Plastic Card	J753	

Additional Free Materials

Material Name	Title #	Quantity
Healthy Moms, Healthy Kids brochure	J024	
The Last Drag Quit Tips brochure	J540	
Addicions fact card - Spanish	J935	
Your Life is Our Future brochure - American Indian	J520	
Vapes Myths (Green) fact card	J941	
Menthol Smoking Brochure	J947	

Directions: Print this form, complete your order, then mail, fax or email the form to TECC at the address below. For more information, or to place an order by phone, call us at 1-800-258-9090.

TECC, a project of ETR

100 Enterprise Way, Suite G300
Scotts Valley, CA 95066

Fax: (831) 438-1442
Email: teccorder@etr.org

Ship these materials to:

Contact Name ______________________

Organization/Business Name ______________________

Address ______________________

City ______________ State ________ Zip ________

Phone ______________________

Email ______________________

The Tobacco Education Clearinghouse of California (TECC). Funded by the California Department of Public Health under contract # 15-10056. J968-2/17

Smoke-free Signage

Metal

Window Cling

Metal

Window Cling

Metal

Window Cling

Metal

Cardboard

Tobacco Use Prevention Program
Material Order Form

The following materials are available free for Behavioral Health Services programs to support your work helping clients to quit smoking. Quantities are limited to 75 total pieces per order and 250 total pieces per calendar year per program. To place an order, please complete this form and email it to the contact below.

Material Name	Title #	Quantity
Quit Smoking Today NEW LUNG program brochures – English		0
Quit Smoking Today NEW LUNG program brochures – Spanish		0
Quit Smoking Today NEW LUNG program brochures – Vietnamese		0
Quit Smoking Today NEW LUNG program brochures – Korean		0
Quit Smoking Today NEW LUNG program brochures – Farsi		0
NEW LUNG Quit Card (Business Card)		0
Tobacco and Depression 6 Things to Know	5790	0
Secondhand Vaping & Other Risks of E-Cigarettes	5801	0
Can E-Cigarettes Help You Quit Smoking?	5754	0
Relapse Happens 10 Tips to Quit Smoking Again	5619	0
50 Ways to Resist the Urge to Smoke	5061	0
Pod Vapes: Little Device, Big Problems!	5852	0
It's Never Too Late to Quit	5020	0
Can You Quit Smoking? Try It Out! – English	502	0
E-cigarettes: 10 Things to Know About Vaping – English	554	0
Nicotine Replacement: Plan to Quit – English	408	0
Read Before Smoking Pocket Guide – English	E006	0
Stop Smoking: Stress Busters (Bilingual – English/Spanish)	053	0

Program Name:

Contact Name:

Email:

Phone:

Alicia Carranza
acarranza@ochca.com

Tobacco Use Prevention Program
1725 W. 17th St.
Santa Ana, CA 92706

Pony mail to:

Contact Name:

Bldg:

Trainings and Resources

California Smokers' Helpline, Free Online Trainings

- Tobacco Dependence Treatment & Behavioral Health
- Smoking, Nicotine, and the Brain
- Pharmacotherapy 101
- Smoking and Substance Use Disorders
- Tobacco and Chronic Disease

To access these and other trainings, visit https://www.nobutts.org/online-training

University of California San Francisco Schools of Pharmacy & Medicine, Rx for Change: Clinician-Assisted Tobacco Cessation training program

- Ask-Advise-Refer Curriculum
- Psychiatry Curriculum
- Mental Health Peer Counselor Curriculum

To access these and other trainings, visit http://rxforchange.ucsf.edu/

University of California San Francisco Smoking Cessation Leadership Center

- A Comprehensive Look at the Health Effects of Nicotine
- Nicotine Cessation Across Disciplines, A Team Approach
- Tobacco Free Policies and Interventions in Behavioral Health Care Settings
- The Glass is Half Full: Smoking Cessation for Smokers with Opioid Use Disorder
- Assisting Clients with Quitting – How to Talk the Talk for Successful Tobacco Cessation – Part Two

To access these and more visit https://smokingcessationleadership.ucsf.edu/webinars

Many of these trainings offer FREE continuing education units for a variety of behavioral health professionals:

- Nurses
- Psychiatrists
- Addiction Counselors
- Licensed Marriage Family Therapists
- Psychologists
- Licensed Clinical Social Workers

Contact Information

Tobacco Use Prevention Program

Anabel Bolaños, Program Supervisor
abolanos@ochca.com
714-834-3232

Rhonda Folsom, Project Director
rfolsom@ochca.com
714-834-7635

Alicia Carranza, Health Educator
acarranza@ochca.com
714-834-2521

1-866-NEW-LUNG

Program Number: 1-866-NEW-LUNG (639-5864)

Jaina Pallasigui, Tobacco Cessation Manager
Jaina.Pallasigui@ahmchealth.com
714-999-3991

Caren Chajon, Tobacco Cessation Specialist (English & Spanish)
714-999-3844

Gina Kim, Tobacco Cessation Specialist (English & Korean)
714-999-3914

Farinaz Pirshirazi, Tobacco Cessation Specialist (English & Farsi)
424-241-3829 or fpirshir@gmail.com

Khoi Pham, Tobacco Cessation Specialist (English & Vietnamese)
714-999-5794

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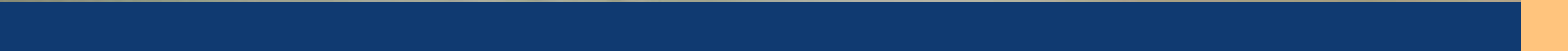

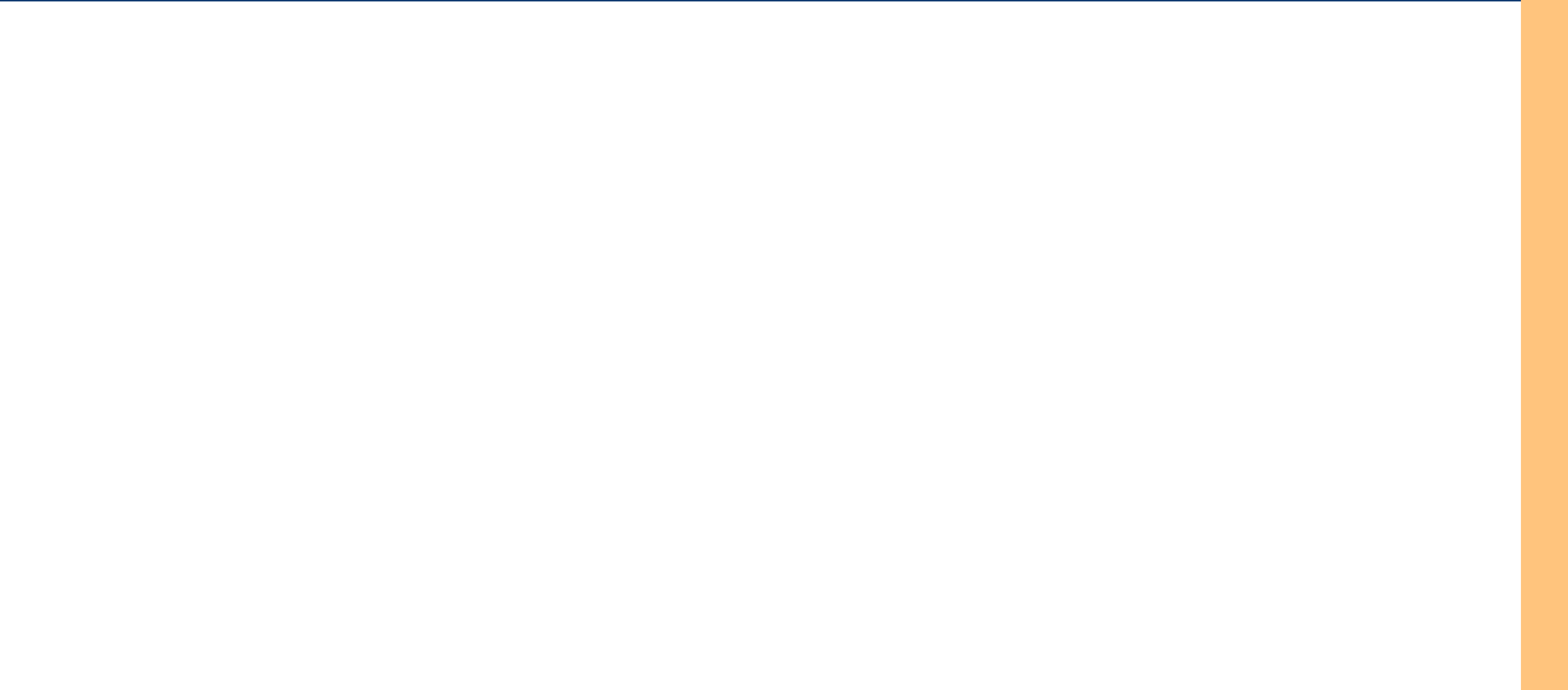

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