

# Comprehensive Tobacco Cessation Services for Medi-Cal Members

IEHP will cover payment for the following Tobacco Cessation Services.

1. Initial and annual assessment of tobacco use for each adolescent and adult Member. PCPs must ensure to identify and document (**initially and annually**) all Members (**all ages**) who use tobacco products and note this use in the Member's medical record. Provider must ask about tobacco use at every visit and document the following:

A completed individual Comprehensive Health Assessment, which includes the Individual Health Education Behavioral Assessment (IHEBA), for all new Members within 120 days of enrollment. The Staying Healthy Assessment (SHA) is DHCS's IHEBA. Each age-appropriate SHA questionnaire asks about smoking status and/or exposure to tobacco smoke. Providers are to review the questions on tobacco with the Member. This constitutes as individual counseling.

Members identified as a tobacco user should include an ICD 10 diagnosis. This can include one or more of the following:

ICD -10*	Description
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
Z87.891	Personal history of nicotine dependence

\*A full set of ICD-10 codes to record tobacco use can be found in the Online Resources section.

## Comprehensive Tobacco Cessation Services for Medi-Cal Members (continued)

2. FDA-approved tobacco cessation medications (non-pregnant adults of any age).
3. Individual, group, and telephone counseling for members of any age who use tobacco product. The counseling is offered at no cost to Members who wish to quit smoking, whether or not those Members opt to use tobacco cessation medications.
4. Services for pregnant tobacco users.
5. Prevention of tobacco use in children and adolescents.

### For the general population (non-pregnant adults of any age)

Counseling and medication are both effective in treating tobacco use when used alone, they are more effective when used together. It is not a requirement to receive a specific form of tobacco cessation service as a condition of receiving any other form of tobacco cessation service.

- Federal guidance for implementation of the Patient Protection and Affordable Care Act (ACA) recommends the following coverage for each cessation attempt:
  - Four (4) tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling, and individual counseling) without prior authorization. Current Procedure Terminology codes for tobacco use include, but are not limited to the following:

CPT Code	Description
99406	symptomatic; smoking and tobacco use cessation counseling visit, greater than 3 minutes, up to 10 minutes
99407	symptomatic; smoking and tobacco use cessation counseling visit; greater than 10 minutes

- Individual counseling can also be considered as reviewing the SHA questions with the Member
- All Food and Drug Administration (FDA) approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization or proof of counseling.
- Referral of Member to California Smokers' Helpline at 1-800-NO-BUTTS. Helpline's web referral or e-referral systems can also be used.

# Comprehensive Tobacco Cessation Services for Medi-Cal Members (continued)

## For Pregnant women

- Ask all pregnant women about their tobacco status and second-hand smoke exposure at the first prenatal visit. Inquire about these items at every subsequent doctor visit.
- Offer face to face counseling.
- Pharmacotherapy is not recommended for pregnant or lactating women because there is insufficient evidence on the safety and effectiveness of pharmacotherapy in pregnant women.
  - Refer to the tobacco cessation guidelines by the American College of Obstetrics and Gynecology (ACOG) before prescribing tobacco cessation medications during pregnancy.
- Referred to tobacco cessation quit line. The California Smokers' Helpline (1-800-NO-BUTTS)
- Counseling services must be covered for 60 days after delivery plus any additional days up to end of the month.

## Children and adolescents

- Counseling is recommended for adolescents who smoke, because it has been shown to be effective in treating adolescent smokers.
- Counseling in a pediatric setting of parents who smoke has also shown to be effective and is recommended. Secondhand smoke can be harmful to children.
- Coverage of medically necessary tobacco cessation services, including both counseling and pharmacotherapy is mandatory for children up to age 21.

# Comprehensive Tobacco Cessation Services for Medi-Cal Members (continued)

## Tips for Successful Treating Tobacco Use (5As and 5Rs)

### 5 A's:

- **Ask** – Identify and document tobacco use status for every patient at every visit.
- **Advise** – In a clear, strong, and personalized manner, urge every tobacco user to quit.
- **Assess** – Is the tobacco user willing to make a quit attempt at this time?
- **Assist** – For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
- **Arrange** – Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date.

### 5 R's:

- **Relevance** – Explain the relevance of quitting personally to patients.
- **Risks** – Discuss the potential short-term and long-term negative consequences of continued tobacco use.
- **Rewards** – Discuss the potential short-term and long-term positive benefits of quitting tobacco use.
- **Roadblocks** – Identify any barriers or impediments that may prevent the patient from quitting.
- **Repetition** – Repeat the 5 R's each visit and continue to motivate patient.

# Comprehensive Tobacco Cessation Services for Medi-Cal Members (continued)

## Online Resources

- 5 Major Steps to Intervention: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>
- Action to Quit-Behavioral Health: <http://actiontoquit.org/populations/behavioral-health/>
- ACA Facts Sheets and Resources (American Lung Association): <http://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/aca-factsheets-and-resources.html>
- ACOG recommends clinical interventions and strategies for pregnant women who smoke (ACOG, “Smoking Cessation During Pregnancy: Committee Opinion”): [http://www.acog.org/Resources\\_And\\_Publications/Committee\\_Opinions/Committee\\_on\\_Health\\_Care\\_for\\_Underserved\\_Women/Smoking\\_Cessation\\_During\\_Pregnancy](http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Smoking_Cessation_During_Pregnancy)
- Helpline:
  - <https://www.nobutts.org/> (also available in Spanish, Chinese, Korean and Vietnamese)
  - <http://www.nobutts.org/free-training>
  - <http://www.nobutts-catalog.org/collections/health-care-provider-resources>
- Continuing Medical Education California courses offered through UC Schools of Medicine: <https://cmecalifornia.com/Education.aspx>
- Centers for Disease Control Coverage for Tobacco Use Cessation Treatments: [http://www.cdc.gov/tobacco/quit\\_smoking/cessation/coverage/pdfs/coverage\\_tobacco\\_508\\_new.pdf](http://www.cdc.gov/tobacco/quit_smoking/cessation/coverage/pdfs/coverage_tobacco_508_new.pdf)
- ICD-10 Codes Tobacco/Nicotine Dependence, and Secondhand Smoke Exposure, Effective October 1, 2015: <http://www.ctri.wisc.edu/documents/icd10.pdf>
- Overview of the “Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update” (State Medicaid Directors Letter # 11-007): <http://bphc.hrsa.gov/buckets/treatingtobacco.pdf>

## Comprehensive Tobacco Cessation Services for Medi-Cal Members (continued)

- Patients Not Ready to Make a Quit Attempt Now (The “5 R’s”):  
<http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/5rs.pdf>
- Smokefree.gov: <http://smokefree.gov/health-care-professionals>
- UC Quits-modules: <https://cmecalifornia.com/Activity/3439569/Detail.aspx>
- University of California San Francisco’s Smoking Cessation Leadership Center’s tools and resources: <http://smokingcessationleadership.ucsf.edu/resources>
- USPSTF-Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions:  
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>
- USPSTF-Tobacco Use in Children and Adolescents: Primary Care Interventions:  
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-children-and-adolescents-primary-care-interventions?ds=1&s=adolescentsandsmoking>