

Tobacco Cessation



Did you know? These codes can be used to bill for tobacco cessation counseling:

CPT Codes*	Criteria
99406	Intermediate counseling, greater than 3 minutes, up to 10 minutes
99407	Intensive counseling, greater than 10 minutes

ASK about tobacco use at every visit. Implement a system in your clinic that ensures tobacco-use status is obtained and recorded at each patient visit.

ADVISE all tobacco users to quit. The use of clear, strong and personalized language is the most effective way to communicate to your patients. **For example:** *"Quitting tobacco is the most important thing you can do to protect your health."*

ASSESS readiness to quit. Ask every tobacco user if he/she is willing to quit. If unwilling– provide resources and assistance. Help to motivate the patient to quit.

- » Identify reasons to quit in a supportive manner
- » Build the patient's confidence about quitting

ASSIST tobacco users with a "quit plan." Assist the patient to:

- » Set a quit date– ideally within two weeks
- » Remove tobacco products from their environment
- » Get support from family, friends and coworkers
- » Review past attempts to quit– what helped? What led to relapse?

Give advice on successful quitting:

- » Total abstinence is essential
- » Drinking alcohol is strongly associated with relapse
- » Allowing others to smoke in the household hinders quitting

Encourage the use of medication:

- » Recommend use of OTC nicotine patch, gum or lozenge; write a prescription for a formulary-approved medication / OTC medication

ARRANGE schedule follow-up visits to review progress toward quitting. If relapse occurs, encourage a repeat quit attempt.

- » Review circumstances that caused relapse. Use relapse as a learning experience
- » Review medication use and problems
- » Review other strategies to quit in addition to medication
- » Refer members to call Meridian's smoking cessation program - 844-854-5576

HAVE YOU PRESCRIBED MEDICATIONS FOR SMOKING CESSATION OR ADVISED YOUR PATIENTS TO QUIT SMOKING?

The CAHPS survey will be distributed to patients in February 2018 that includes questions about smoking cessation. Meridian wants our members to rate YOU a 10 out of 10!

Ask your Provider Network Representative how you can improve your ratings.

■ If you have any questions, please contact your Provider Network Representative or Meridian's Quality Improvement department at **888-437-0606**

*Codes listed are specific to subject matter of this flyer. While Meridian encourages you to use these codes in association with the subject matter of this flyer, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.



Michigan Quality Improvement Consortium Guideline

TOBACCO CONTROL

Eligible Population

All patients 12 years of age and older (regardless of prior use status)

Key Components

Identification of tobacco use and exposure status (never, former, current) and type (all forms, including smokeless tobacco, pipe, snuff, cigars, hookah [water pipe] and second hand smoke)

Recommendation and Level of Evidence

Ask and document tobacco use status in the medical record and/or problem list. **[A]**

Frequency

At each outpatient visit and inpatient admission

All patients identified as current smokers/tobacco users

Intervention to promote cessation of tobacco use

Advise: To quit **[A]**/avoid second-hand smoke.

Assess: Patient willingness to attempt to quit. **[C]**

- The Prochaska and DiClemente's Stages of Change Model: Pre-Contemplation, Contemplation, Preparation, Action, Maintenance, Relapse
- Assist: Try to move patients along one stage. If ready to quit:
 - Establish a quit date.
 - Provide self-help materials (e.g., free Quit Kits; see (www.michigan.gov/tobacco))
 - Offer nicotine replacement therapy (adults only) and/or non-nicotine medications e.g., sustained release bupropion **[A]** (adolescents and adults).
 - Recommend a smoking cessation program. Refer members to call Meridian's smoking cessation program - 844-854-5576
 - The combination of medication plus a smoking cessation program is more effective than either alone. **[A]**

At each periodic health exam, more frequently at the discretion of the physician

Patient may be more receptive to quit during respiratory illness

Arrange: Follow up contact, either in person or by telephone **[D]**:

- First week after quit date
- First month after quit date

SPECIAL CIRCUMSTANCES

- **Pregnant Smokers**: Due to the serious risks to the mother and fetus, pregnant smokers should be offered interventions such as referral to a smoking cessation program.
- **Hospitalized Smokers**: Clinicians should provide appropriate pharmacotherapy and counseling during hospitalization to reduce nicotine withdrawal symptoms and assist smokers in quitting.
- **Smokers with Psychiatric Comorbidity**: Nicotine withdrawal symptoms may exacerbate depression among patients with a prior history of affective disorder. Stopping smoking may affect the pharmacokinetics of certain psychiatric agents. Clinicians should monitor closely the actions or side effects of psychiatric medications in smokers/tobacco users who are attempting to quit.

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources including the VA/DoD Clinical Practice Guideline for Management of Substance Use Disorders (SUD), Department of Veterans Affairs, Department of Defense, 2009 Aug. 158 p. (http://www.healthquality.va.gov/sud/sud_full_601f.pdf); and Treating Tobacco Use and Dependence: 2008 Update - Clinical Practice Guideline, Fiore MC, Jaen CR, Baker TB, et al. Individual patient considerations and advances in medical science may supersede or modify these recommendations.