



Tobacco Treatment Toolkit



for Obstetricians



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County Executive



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Dear Physician/Clinician,

Tobacco use is the leading cause of preventable illness and death in the United States. The U. S. Surgeon General has reported that eliminating smoking during pregnancy could prevent 10% of all infant deaths and 12% of all deaths due to perinatal conditions. Quitting smoking is the single most effective thing a pregnant woman can do to improve her health and ensure the health of her baby.

Health care professionals have an enormous opportunity to improve the health of mothers and their babies by helping pregnant smokers quit. All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases quit rates. An easy-to-implement, evidence-based counseling approach can double or even triple quit rates among pregnant smokers.

We understand that time with your patients is limited, therefore, a brief intervention, often referred to as AAR (Ask, Advise, Refer) is recommended in the clinic setting. The Ask, Advise, Refer approach integrates the "5 A's" (Ask, Advise, Assess, Assist, Arrange) into an abbreviated intervention that remains consistent with recommended guidelines.

The Macomb County Tobacco Prevention Coalition has developed this toolkit for your use with patients in an office setting. In this toolkit, you will find information on AAR, the MI tobacco quitline, CPT codes for reimbursement of counseling services, print materials for yourself and your patients, and much more. All of the materials provided are reproducible.

We encourage you to utilize this toolkit and distribute the resources provided to your patients.

If you have any questions regarding this toolkit or the efforts of the Macomb County Tobacco Prevention Coalition, please contact Ricki Torsch at ricki.torsch@macombgov.org.

Sincerely,

Janice Chang, MB, BS, MPH
Chairperson
Macomb County Tobacco Prevention Coalition

Pregnant Women and Smoking

Infertility

Smoking reduces a woman's fertility. Female smokers tend to take longer to conceive than nonsmoking females, and women smokers are at a higher risk of not being able to get pregnant at all. Furthermore, decreased fertility rates are associated with increased numbers of cigarettes smoked per day by women.

Health Effects to Mom and Baby

- Research studies have found that smoking and exposure to secondhand smoke among pregnant women is a major cause of spontaneous abortions, stillbirths, and sudden infant death syndrome (SIDS) after birth.
- Mothers who smoke have double the rate of premature delivery compared to nonsmoking mothers.
- There is a clear relationship between the number of cigarettes smoked during pregnancy and low birth weight babies.
- Smoking and exposure to secondhand smoke during pregnancy directly increase the risk of health and behavioral problems including:
 - abnormal blood pressure in infants and children
 - childhood leukemia
 - childhood wheezing
 - respiratory disorders in childhood
 - eye problems during childhood
 - other learning and developmental problems
 - cleft palates and lips
 - infantile colic
 - mental retardation
 - attention deficit disorder
 - behavioral problems

Quitting smoking is the most important action a pregnant woman can take to give her baby a healthy start to life.

According to the 2008 Pregnancy Risk Assessment and Monitoring System (PRAMS) data from 29 states—Approximately 13% of women reported smoking during the last three months of pregnancy. Of women who smoked 3 months before pregnancy, 45% quit during pregnancy. Among women who quit smoking during pregnancy, 50% relapsed within 6 months after delivery. For that reason, be sure to follow up with your patient post-delivery.

Evidence-Based Cessation Treatments

The majority of cigarette smokers quit without using evidence-based cessation treatments. However, the following treatments are proven effective for smokers who want help to quit:

Brief clinical interventions (i.e., when a doctor takes 10 minutes or less to deliver advice and assistance about quitting)

Counseling (e.g., individual, group, or telephone counseling)

Behavioral cessation therapies (e.g., training in problem solving)

Treatments with more person-to-person contact and intensity (e.g., more time with counselors)

Cessation medications found to be effective for treating tobacco dependence include the following:

Nicotine replacement products

Over-the-counter (e.g., nicotine patch, gum, lozenge)

Prescription (e.g., nicotine inhaler, nasal spray)

Prescription non-nicotine medications, such as Bupropion SR (Zyban[®]) and Varenicline Tartrate (Chantix[®]).

An FDA-approved product guide is provided in this toolkit, which details each product, including precautions, dosing, adverse effects, and more.

The combination of medication *and* counseling can more than double the chance that a smoker who tries to quit will succeed.

Brief Clinical Intervention

Ask, Advise, Refer

The Ask, Advise, Refer approach integrates the “5 A’s” (Ask, Advise, Assess, Assist, Arrange) into an abbreviated intervention that remains consistent with recommended guidelines. For further information on the “5A’s” approach, visit <http://www.ahrq.gov/path/tobacco.htm> and read *Treating Tobacco Use and Dependence, 2008 Update: Clinical Practice Guideline*.

Ask every patient at every visit "Do you smoke or chew tobacco?" You may want to specifically ask about hookah and cigar use, as some people believe these are less harmful forms of tobacco. Document tobacco use status along with vital signs. Expanding the vital signs to include tobacco use status, or the use of other reminder systems such as chart stickers or computer prompts, significantly increases clinical intervention.

Advise to quit. In a clear, strong, and personalized manner, urge every tobacco user to quit.

Clear—"It is important that you quit smoking (or using chewing tobacco) now, and I can help you." "Cutting down while you are ill is not enough." "Occasional or light smoking is still dangerous."

Strong—"As your physician, I need you to know that quitting smoking is the *most* important thing you can do to protect your health now and in the future.

Personalized—Tie tobacco use to current symptoms and health concerns, and/or its social and economic costs, and/or the impact of tobacco use on children and others in the household.

Refer those who are interested in quitting to the MI tobacco quitline, websites or local tobacco treatment classes. * Request written permission to fax contact information to the MI tobacco quitline. Inform the client that quitline staff will follow up within 2 days of receiving the fax. **

Arrange a follow-up visit and/or a phone call.

* Information regarding the MI tobacco quitline and numerous other resources are provided later in this toolkit.

** A fax referral form is provided for you.

Nonphysician personnel may serve as effective providers of tobacco dependence interventions. However, hearing this information from their physician, patients may take the information they are given more seriously.

Special Populations

In general, treatments found to be effective should be used with all populations.

Some special populations may have concerns that can be addressed within the context of treatment:

- ◆ Women
- ◆ Racial and ethnic minorities
- ◆ Adolescents
- ◆ Older smokers

Pregnant Smokers

Providers should carefully consider use of medications used to treat tobacco dependence in other populations - nicotine replacement and bupropion - for pregnant women because they have not been tested for safety and efficacy among this population. Pharmacotherapy should be used only for pregnant women who smoke heavily and are unable to quit using counseling methods, and only when the potential benefits and likelihood of quitting are likely to outweigh the potential risks.

Smokers With Comorbidities

- ◆ Psychiatric disorders are more common in smokers than the general population and carry a higher rate of relapse.
- ◆ bupropion or nortriptyline should be considered in smokers with a history of depression.
- ◆ Smoking cessation does **not** appear to interfere with recovery from chemical dependency.

Systems Strategies

Strategy 1. Implement a tobacco user identification system in every clinic

Action	Strategies for implementation
<p>Implement an office-wide system that ensures that for every patient at every clinic visit, tobacco use status is queried and documented.</p>	<p>Office system change: Expand the vital signs to include tobacco use, or implement an alternative universal identification system.</p> <p>Responsible staff: Nurse, medical assistant, receptionist, or other individual already responsible for recording the vital signs. These staff must be instructed regarding the importance of this activity and serve as nonsmoking role models.</p> <p>Frequency of utilization: Every visit for every patient, regardless of the reason for the visit.*</p> <p>System implementation steps: Routine smoker identification can be achieved by modifying electronic medical record data collection fields or progress notes in paper charts to include tobacco use status as one of the vital signs.</p> <p style="text-align: center;">VITAL SIGNS Blood Pressure: _____ Pulse: _____ Weight: _____ Temperature: _____ Respiratory Rate: _____ Tobacco Use (circle one): Current Former Never</p>

Repeated assessment is not necessary in the case of the adult who has never used tobacco or who has not used tobacco for many years, and for whom this information is clearly documented in the medical record.

Strategy 2. Dedicate staff to provide tobacco dependence treatment, and assess the delivery of this treatment in staff performance evaluations

Action	Strategies for implementation
<p>Clinical sites should communicate to all staff the importance of intervening with tobacco users and should designate a staff person (e.g., nurse, medical assistant, or other clinician) to coordinate tobacco dependence treatments. Nonphysician personnel may serve as effective providers of tobacco dependence interventions.</p>	<p><i>Designate</i> a tobacco dependence treatment coordinator for every clinical site.</p> <p><i>Delineate</i> the responsibilities of the tobacco dependence treatment coordinator (e.g., ensuring the systematic identification of smokers, ready access to evidence-based cessation treatments [e.g., quitlines], and scheduling of follow-up visits).</p> <p><i>Communicate</i> to each staff member (e.g., nurse, physician, medical assistant, pharmacist, or other clinician) his or her responsibilities in the delivery of tobacco dependence services. Incorporate a discussion of these staff responsibilities into training of new staff.</p>

CPT Codes

Codes for smoking cessation counseling are available and may be accepted by insurers for reimbursement.

Medicare will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries:

1. Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;
2. Who are competent and alert at the time that counseling is provided; and
3. Whose counseling is furnished by a qualified physician or other Medicare recognized practitioner.

Centers for Medicare & Medicaid Services (CMS) will allow 2 individual tobacco counseling attempts per year. Most private payers mirror CMS regarding health plan benefits.

CPT Codes	
99406	Smoking and tobacco cessation counseling visit for the symptomatic patient; intermediate, 3 - 10 minutes
99407	Smoking and tobacco cessation counseling visit for the symptomatic patient; intensive, >10 minutes.
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, 3 - 10 minutes
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, >10 minutes

*Claims for smoking and tobacco use cessation counseling services G0436 and G0437 shall be submitted with diagnosis code V15.82, history of tobacco use, 305.1, non-dependent tobacco use disorder or **649.0x, tobacco use disorder complicating pregnancy, childbirth or puerperium.***

The requirements for reporting smoking cessation counseling are as follows:

- Face-to-face interaction with the patient
- Assessing readiness for change
- Advising the patient to quit
- Suggesting treatment(s) for the patient, which can be as simple as supplying them with the phone number to the national smoking 'quitline' (800-QUIT-NOW), or making other specific referrals.

Counseling lasting less than 3 minutes is considered part of an evaluation and management (E/M) service and is not paid separately.

Physicians or qualified nonphysician practitioners shall bill the carrier for counseling to prevent tobacco use services on Form CMS-1500 or an approved electronic format.

*Benefits are subject to specific plan policies. Payment is not guaranteed; before providing service, benefit eligibility and payer coding requirements should be verified.

CPT Codes (cont.)

Counseling to family members: One way to obtain payment when a household member smokes and is being counseled by the pediatrician (since carriers do not regard parents/guardians as patients of the pediatrician) is to report the E/M service (e.g., 99201-99215) using time as the key factor.

Some state Medicaid programs have made provisions for a parent to be served using the child's beneficiary number. Due to variation among state Medicaid plans, pediatricians are encouraged to communicate with AAP chapters and state Medicaid programs to determine the optimum coding and tracking strategy in their state.

Never report tobacco use disorder or dependence if billing under the patient when the parent or guardian is the one smoking.

Private Payer Smoking Cessation Therapy Benefits:

Private payer benefits are subject to specific plan policies. Before providing service, benefit eligibility and payer coding requirements should be verified.

2013 ICD-9-CM & ICD-10-CM Diagnosis Codes

ICD-10-CM codes become effective in the United States on October 1, 2014, therefore, the data on ICD10Data.com should only be used for training or planning purposes until then.

(All codes with .x or .xx require fourth and fifth digits. See the ICD-9 manual for complete descriptions.)		
ICD-9-CM	Converts to	ICD-10-CM
305.1 Tobacco use disorder (tobacco dependence)	→	F17.2xx Nicotine Dependence
V15.82 History of tobacco use	→	Z87.891 Personal history of nicotine dependence
V69.8 Other problems related to lifestyle	→	Z72.0 Tobacco use NOS
649.0x Tobacco use disorder complicating pregnancy, childbirth or puerperium	→	O99.330 Smoking (tobacco) complicating pregnancy, unspecified trimester

Michigan Tobacco Cessation Coverage

Icon Legend: ✓ = Covered ▼ = Coverage Varies * = Not Covered

Medicaid Coverage

The Michigan Medicaid program covers:

- | | | |
|-------------------|-------------------------|-------------------------|
| ✓ NRT Gum | ▼ NRT Inhaler | ✓ Individual Counseling |
| ✓ NRT Patch | ✓ Varenicline (Chantix) | ✓ Quitline |
| ▼ NRT Nasal Spray | ✓ Bupropion (Zyban) | |
| ▼ NRT Lozenge | ▼ Group Counseling | |

Prior authorization may be required, depending on health plan. All health plans cover the gum and the patch. All health plans cover Bupropion and some may cover Varenicline along with other medications. Medications may be limited to 3 months of treatment. All health plans cover individual counseling.

For more information, please call the Michigan Department of Community Health at 517-373-3740, or visit their website at http://www.michigan.gov/mdch/0,1607,7-132-2943_4860---,00.html

State Employee Health Plan Coverage

For state employees, Michigan covers:

- | | | |
|-------------------|-------------------------|-------------------------|
| ▼ NRT Gum | ▼ NRT Inhaler | ▼ Individual Counseling |
| ▼ NRT Patch | ▼ Varenicline (Chantix) | ▼ Phone Counseling |
| ▼ NRT Nasal Spray | ▼ Group Counseling | ▼ Online Counseling |
| ▼ NRT Lozenge | ▼ Bupropion (Zyban) | |

Coverage varies completely by health plan. Please visit http://www.michigan.gov/documents/mdcs/2008_SOM_Employee_Smoking_Cessation_Grid_03-17-08_228479_7.pdf for more information.

For more information, please call the Michigan Civil Service Commission at 1-800-788-1766, or visit their website at <http://www.michigan.gov/mdcs/>

Private Insurance Coverage

Michigan does not require private health insurance plans to cover cessation treatments. Cessation coverage in private health insurance plans varies by employer and/or plan. Smokers with this type of health insurance should contact their insurance plan for information on cessation benefits.

Contact Information: 1-800-QUIT-NOW; <http://www.njhcommunity.org/michigan/>

Quitline

Hours: 8 AM - 1 AM Monday-Sunday

Eligibility to receive counseling: Medicaid, Medicare, Uninsured, County Health Plans, Veterans

Medications provided:

- | | | |
|-------------------|---------------|-------------------------|
| ✓ NRT Gum | ✓ NRT Lozenge | * Varenicline (Chantix) |
| ✓ NRT Patch | * NRT Inhaler | * Bupropion (Zyban) |
| * NRT Nasal Spray | | |

(Source: North American Quitline Consortium, www.naquitline.org)

Resources For Professionals



American Academy of Family Physicians “Ask and Act” program includes CME webcasts on tobacco issues and online CME courses in tobacco treatment and dependence. <http://www.aafp.org/tobacco.xml>

Treating Tobacco Use and Dependence: 2008 Update, sponsored by the Public Health Service, includes new, effective clinical treatments for tobacco dependence that have become available since the 2000 Guideline was published. www.ahrq.gov/path/tobacco.htm



American Medical Association – Free podcasts on secondhand smoke and addressing it in a clinical setting. <http://www.ama-podcasts.com>

Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic. This is an interactive Web-based program designed for health care professionals to hone their skills in assisting pregnant women to quit smoking. www.smokingcessationandpregnancy.org



Michigan Cancer Consortium offers the Michigan Providers Tobacco Cessation Tool Kit: www.michigancancer.org/WhatWeDo/tob-providerstoolkit.cfm

Michigan Department of Community Health offers brochures, a Provider toolkit and online training which can be viewed on your schedule at www.michigan.gov/tobacco.



Rx for Change: Clinician-Assisted Tobacco Cessation was designed to address an identified need to enhance the tobacco cessation education of health professionals. <http://rxforchange.ucsf.edu/>

Smokefree.gov provides free, accurate, evidence-based information and professional assistance to help support the immediate and long-term needs of people trying to quit smoking. <http://www.smokefree.gov/hp.aspx>



A comprehensive Web site providing one-stop access to the best and most up-to-date tobacco-related information from across its agencies (CDC/OSH, FDA, NIH/NCI, the Office of the Assistant Secretary, and the Office of the Surgeon General). BeTobaccoFree.gov

Resources for Pregnant Women

Classes & Counseling

In-Person

American Lung Association

Freedom From Smoking®

www.lung.org/stop-smoking/how-to-quit

Beaumont

Quit Smoking Now! support group

classes.beaumont.edu

Henry Ford Health

Freedom From Smoking®

www.henryford.com/tobaccofree

Mclaren

Freedom From Smoking®

www.mclaren.org/macomb

Phone

Michigan Dept. of Community Health

Free telephone counseling

1-800-QUIT-NOW

www.njhcommunity.org/michigan

Henry Ford Health System

Smoking Intervention Program

(313) 874-1885

www.henryford.com/tobaccofree

American Lung Association

Lung HelpLine

1-800-LUNG-USA

www.lung.org/stop-smoking

* **Most health insurance providers offer free telephone counseling. Call the number on the back of your insurance card.**

Online

American Lung Association

www.ffsonline.org

Legacy

www.becomeanex.org

Quit Net

www.quitnet.com

Text/Apps



Text the word QUIT to IQUIT (47848) from your mobile phone, answer a few questions, and you'll start receiving messages.

Set goals, track daily habits, view progress, connect with social networks, and receive motivational reminders.



This app is designed to help you prepare to quit smoking and support you in the days and weeks after you quit.

Resources for Pregnant Women

Information/Educational Materials

Web Resources

American Cancer Society	www.cancer.org/healthy/ stayawayfromtobacco
American Heart Association	www.heart.org/quitsmoking
American Lung Association	www.lung.org/stop-smoking
Center for Disease Control and Prevention	www.cdc.gov/tobacco
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GlaxoSmithKline	www.quit.com
Legacy	www.becomeanex.org
Macomb County Tobacco Prevention Coalition	www.macombtobaccoprevention.com
March of Dimes	www.marchofdimes.com/ pregnancy/alcohol_smoking.html
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MI Department of Community Health	www.michigan.gov/tobacco
Smoke-Free Environments Law Project	www.mismokefreeapartment.org
The National Partnership to Help Pregnant Smokers Quit	www.helppregnant smokersquit.org/
US Dept of Health and Human Services Texts, apps, network, quizzes and more	women.smokefree.gov betobaccofree.hhs.gov/health- effects/pregnancy/index.html

Cover Letter World Health Organization (May 2012). Tobacco Fact sheet N°339 , Retrieved from <http://www.who.int/mediacentre/factsheets/fs339/en/index.html>.

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Pregnant Women and Smoking Lorna Schmidt (February 7, 2013). Women's Health and Smoking [Campaign for Tobacco-Free Kids]. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0004.pdf>.

The National Partnership for Smoke-Free Families. *How Health Care Professionals Can Help Pregnant Smokers Quit*. Retrieved from [http://tobacco-cessation.org/sf/pdfs/cpr/1\)%20How%20Health%20Care%20Professionals_handout.pdf](http://tobacco-cessation.org/sf/pdfs/cpr/1)%20How%20Health%20Care%20Professionals_handout.pdf).

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Ask, Advise, Refer Carol Southard, RN, MSN, Smoking Cessation Specialist, *Smoking Cessation Practice Guidelines for Registered Dental Hygienists*

Special Populations Carol Southard, RN, MSN, Smoking Cessation Specialist, *Smoking Cessation Practice Guidelines for Registered Dental Hygienists*

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