



Tobacco Treatment Toolkit

for Physicians



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County Executive



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Dear Physician/Clinician,

The tobacco epidemic is one of the biggest public health threats the world has ever faced. It kills nearly 6 million people a year, including 600,000 nonsmokers exposed to second-hand smoke. Tobacco use is the leading cause of preventable illness and death in the United States.

Quitting smoking is the single most effective thing smokers can do to improve their health. Among current U.S. adult smokers, 68.8% report that they want to quit completely, and millions have attempted to quit smoking. All *physicians* should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases quit rates.

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 Medicare coverage, 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

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 (bupropion SR [Zyban[®]] and varenicline tartrate [Chantix[®]].)

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

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 from the patient 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.

Non-physician 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

Nicotine replacement products have been assigned to pregnancy category C (nicotine gum) and category D (transdermal patches, inhalers, and spray nicotine products) by the FDA. Bupropion is in the FDA pregnancy category C.

Pharmacotherapies 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 in the general population and these smokers carry a higher rate of relapse.
- ◆ Bupropion SR 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
Implement an office-wide system that ensures that for every patient at every clinic visit, tobacco use status is queried and documented.	<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. The 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
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. Non-physician personnel may serve as effective providers of tobacco dependence interventions.	<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 followup 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, or 305.1, non-dependent tobacco use disorder.

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 'quit line' (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 non-physician 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 the parent or guardian 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.

ICD - 9 Codes

(All codes with .x or .xx require fourth and fifth digits. See the ICD-9 manual for complete descriptions.)	
305.1	Tobacco use disorder (Tobacco dependence)
V15.82	History of tobacco use
E869.4	Secondhand tobacco smoke (Use as a secondary code to the primary illness)
649.0x	Tobacco use disorder complicating pregnancy, childbirth or puerperium

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>

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>



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

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



*Michigan Department
of Community Health*



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/>



**U.S. Department of
Health & Human Services**

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,

University of Massachusetts Medical School's Center for Tobacco Treatment Research and Training is committed to promoting state of the art, evidence-based tobacco dependence treatment in healthcare and community settings through training, research and public service. www.umassmed.edu/tobacco/index.aspx



Resources

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.michigan.gov/tobacco

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/Text/Apps

American Lung Association

www.ffsonline.org

Legacy

www.becomeanex.org

Quit Net

www.quitnet.com

US Dept of Health and Human Services

teen.smokefree.gov

For the most up-to-date listing of tobacco treatment resources, visit
www.macombtobaccoprevention.com.

Resources

Information/Educational Materials

Web Resources

American Cancer Society

www.cancer.org

American Heart Association

www.heart.org

American Lung Association

www.lungusa.org

Campaign for Tobacco Free Kids

Excellent source for factsheets and up-to-date information

www.tobaccofreekids.org

Center for Disease Control
and Prevention

www.cdc.gov/tobacco

GlaxoSmithKline

www.quit.com

Karmanos Cancer Institute

www.karmanos.org

Legacy

www.becomeanex.org

Macomb County
Tobacco Prevention Coalition

www.macombtobaccoprevention.com

MI Department of Community Health

www.michigan.gov/tobacco

Smoke-Free Environments Law Project

www.tcsg.org

www.mismokefreeapartment.org

The Truth Campaign

www.thetruth.com

US Dept of Health and Human Services

Texts, apps, network, quizzes and more

smokefree.gov

teen.smokefree.gov

women.smokefree.gov

espanol.smokefree.gov

betobaccofree.gov

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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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