

PROVIDER BULLETIN

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SMOKING CESSATION: PHARMACOLOGIC AND BEHAVIORAL INTERVENTIONS

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SMOKING CESSATION

The MO HealthNet Division (MHD) is committed to reducing participants' smoking rates. Missouri has the ninth-highest smoking rate in the nation.

- 25 % of adults and more than 18% of high school students in Missouri smoke.
- Smoking rates are also high among pregnant women in Missouri.
 - One of every six pregnant women smokes, a rate 64% higher than the national average.
 - Smoking during pregnancy increases the risk for preterm delivery, stillbirth, low birth weight and sudden infant death syndrome.

Furthermore, evidence indicates that providers can make a difference with even minimal (less than 3 minutes) behavioral interventions. Effective immediately, MHD will cover certain medications and behavioral interventions for all MHD covered participants.

There are no limitations on the number of attempts to help the participant quit smoking. MHD will cover the pharmacologic and behavioral interventions shown below:

COVERED PHARMACOLOGIC INTERVENTIONS

BRAND NAME	GENERIC NAME
Nicorette Gum	Nicotine Gum
Nicotrol Inhaler	Nicotine Inhaler
Nicorette Lozenge	Nicotine Lozenge

Nicotrol NS	Nicotine Nasal Spray
Nicoderm	Nicotine Patch
Chantix	Varenicline
Zyban/Wellbutrin	Bupropion SR

COVERED BEHAVIORAL INTERVENTIONS

The following Current Procedural Terminology (CPT®) codes should be used to bill for the behavioral intervention (see Behavioral Health Services Provider Manual at http://manuals.momed.com/collections/collection_psy/print.pdf and Billing Book at <http://dss.mo.gov/mhd/providers/education/behavioral-health/index.htm>):

Physicians, Nurse Practitioners, Nurse Midwives, Psychiatric Clinical Nurse Specialists, Psychiatric Mental Health Nurse Practitioners, Psychologists, Provisionally Licensed Psychologists (Psychologists and Provisionally Licensed Psychologists must use the AH modifier).

Procedure Code	Description	Reimbursement Rate
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes and up to 10 minutes face-to-face with the patient.	\$8.00
99407	Intensive, greater than 10 minutes face-to-face with the patient.	\$12.00

Licensed Clinical Social Workers (LCSW), Licensed Master Social Workers (LMSW), Licensed Professional Counselors (LPC), Provisionally Licensed Professional Counselors (PLPC). (LCSWs and LMSWs must use the AJ modifier. LPCs and PLPCs must use the UD modifier).

Procedure Code	Description	Reimbursement Rate
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes and up to 10 minutes face-to-face with the patient.	\$6.00
99407	Intensive, greater than 10 minutes face-to-face with the patient.	\$9.00

LCSWs and LMSWs may be reimbursed for services provided to adults in the Rural Health Clinic or Federally Qualified Health Center setting only.

RESOURCES FOR PROVIDERS

Providers can access the educational videos on “Discussing Treatment of Tobacco Use with Patients” and “Improving Tobacco Cessation Counseling Skills” and earn free continuing education credits:

- www.mimhtraining.com/qi-improving-tobacco-knowledge
- www.mimhtraining.com/qi-tobacco-cessation

Providers also are encouraged to review the evidence and recommendations outlined in *Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guideline*, sponsored by the United States Department of Health and Human Services, which can be found at: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/index.html>.

Based on the evidence, this document recommends:

- “The 5 A’s,” a brief intervention for the primary care setting:
 - Ask about tobacco use – All patients should be screened for tobacco use at every visit.
 - Advise to quit – All physicians should strongly advise every patient who smokes to quit.
 - Assess willingness to quit – Once identified as a smoker, willingness to quit should be assessed.
 - Assist in quit attempt – offer medication and provide or refer for additional treatment; for patients unwilling to quit, provide interventions designed to increase future quit attempts (e.g., motivational interviewing).
 - Arrange follow-up – For patients willing to quit, arrange follow-up contacts, beginning the first week after quit date; for patients unwilling to quit, address tobacco dependence and willingness to quit at next visit.
- Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit
- The combination of behavioral intervention and medication is more effective than either alone
- Behavioral interventions should include both support/encouragement and practical counseling, such as problem-solving skills/skills training
- Even behavioral counseling lasting less than 3 minutes increases abstinence rates
- Longer behavioral counseling sessions increase abstinence rates further
- Providing four or more sessions of behavioral counseling is especially effective in increasing abstinence rates
- Use of telephone quitlines is effective in increasing abstinence rates
- Use of educational materials tailored to the individual, both print and web-based appear to be effective in increasing abstinence rates

Missouri offers free help to smokers who want to quit using tobacco:

- Smoking cessation information, including educational materials for youth, pregnant women, and other adults, is available at: <http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/>

- The Missouri Tobacco Quitline provides counseling, information, and referrals. In order to register to talk to a trained quit coach, individuals can call the Quitline number at 1-800-QUIT-NOW (1-800-784-8669) or register online at: www.quitnow.net/missouri.
- Live people answer Missouri's Quitline 24 hours a day, 7 days a week, and quit coaches are on duty 24 hours a day, seven days a week.

Health care professionals can call the Quitline for information about the service. They can learn about proper use and dosing of nicotine replacement therapy. They can also learn about written materials covering a broad range of topics related to tobacco cessation.

MO HEALTHNET MANAGED CARE ENROLLEES

Patients enrolled in an MHD managed care health plan receive the Smoking Cessation behavioral intervention on a fee-for-service basis outside of the MHD managed care benefit package.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**