

2009 Nashville Area Health Summit
TOBACCO USE DISORDER

Interventions and Treatment

Chris Lamer, PharmD, MHS, BCPS, CDE
Indian Health Service
Office of Information Technology and Health Education



Special thanks to:

Megan Wohr, RPh, NCPS from the IHS Tobacco Control Taskforce
Louise J. Strayer, BSc, RN, MSc from the University of Arizona
Mary Wachacha, Chair IHS Health Education Program



Key Points

20% of people who smoke
want to quit

40% of people who smoke
are thinking about quitting

40% of people who smoke
are not ready to quit





Key Points

Tobacco use disorder poses a highly significant health threat

Each year, 43,000 people die from tobacco related deaths





Key Points

Disinclination
among clinicians
to intervene
consistently

Treatment delivered by a variety of clinician types increases abstinence rates. All clinicians should provide smoking cessation interventions

All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates



Key Points

Minimal interventions increase tobacco abstinence rates and increasing the amount of time spent with the patient increases quit rates.

Clinicians should encourage all patients attempting to quit to use effective medications for tobacco dependence treatment as appropriate

Quitlines are effective when used alone or in combination with other treatment approaches

Presence of effective interventions





Key Points

Tobacco use disorder poses a highly significant health threat

20% of people who smoke want to quit

40% of people who smoke are thinking about quitting

40% of people who smoke are not ready to quit

Disinclination among clinicians to intervene consistently

Presence of effective interventions





Role of Tobacco

- Tobacco has long played a significant role in the American Indian culture
 - Medicinal and healing rituals
 - Ceremonial or religious practices
 - Instructional or educational device
- American Indians and Alaska Natives have the highest rate of commercial tobacco use (32%) of any racial/ethnic group in the United States.





Smoking Prevalence

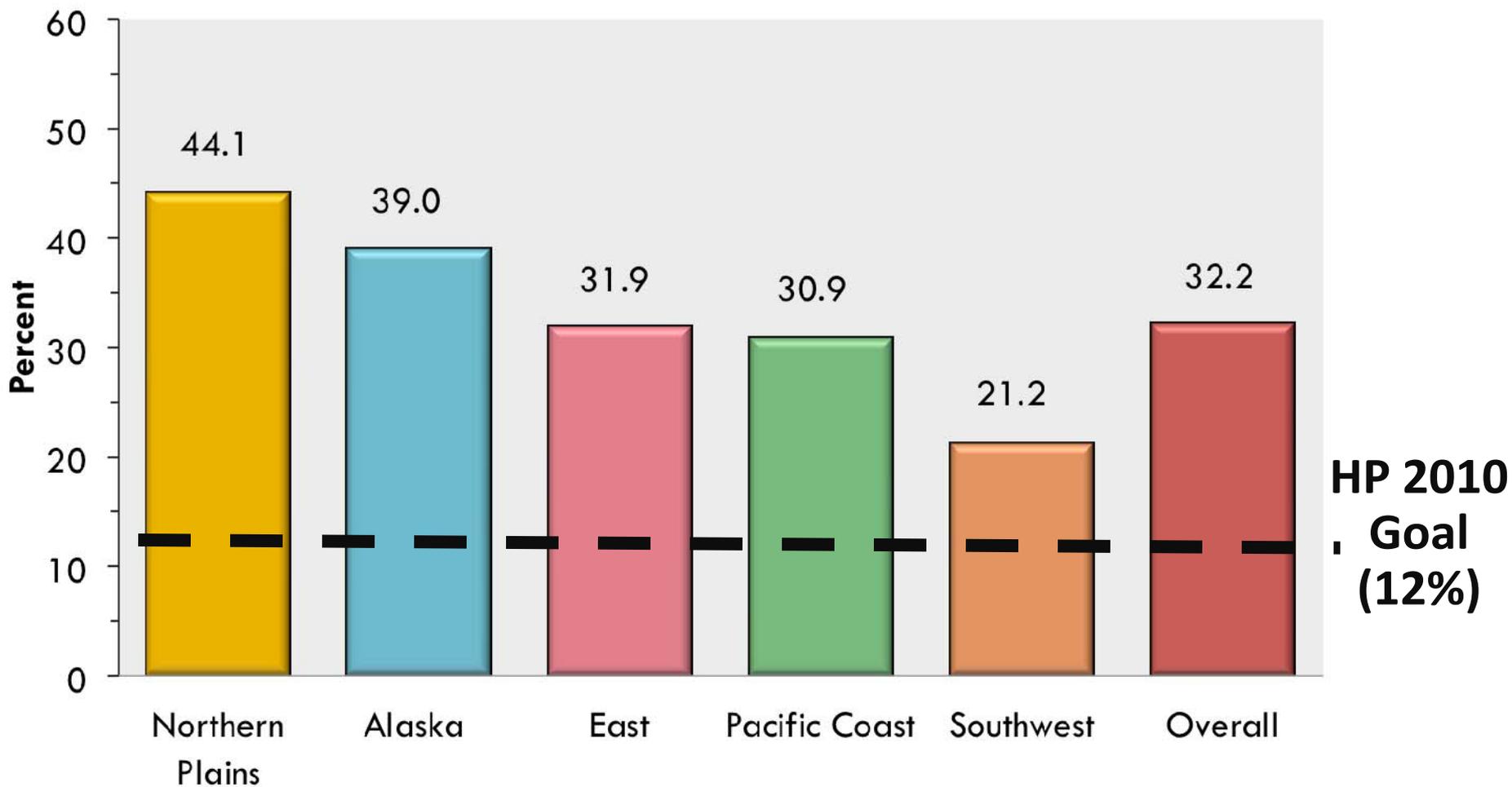
Smoking Prevalence Among U.S. Adult Ethnic/Racial Groups

| U.S. Adult Ethnic/ Racial Groups | Smoking Prevalence (%) | Men | Women |
|--|---------------------------|-------------|-------------|
| African American or Black | 21.5 | 26.7 | 17.3 |
| American Indian/Alaska Native | 32.0 | 37.5 | 26.8 |
| Asian American | 13.3 | 20.6 | 6.1 |
| Hispanic/Latino | 16.2 | 21.1 | 11.1 |
| Native Hawaiian or Other Pacific Islander | — | — | — |
| White/Non-Hispanic | 21.9 | 24.0 | 20.0 |

(CDC, 2006)



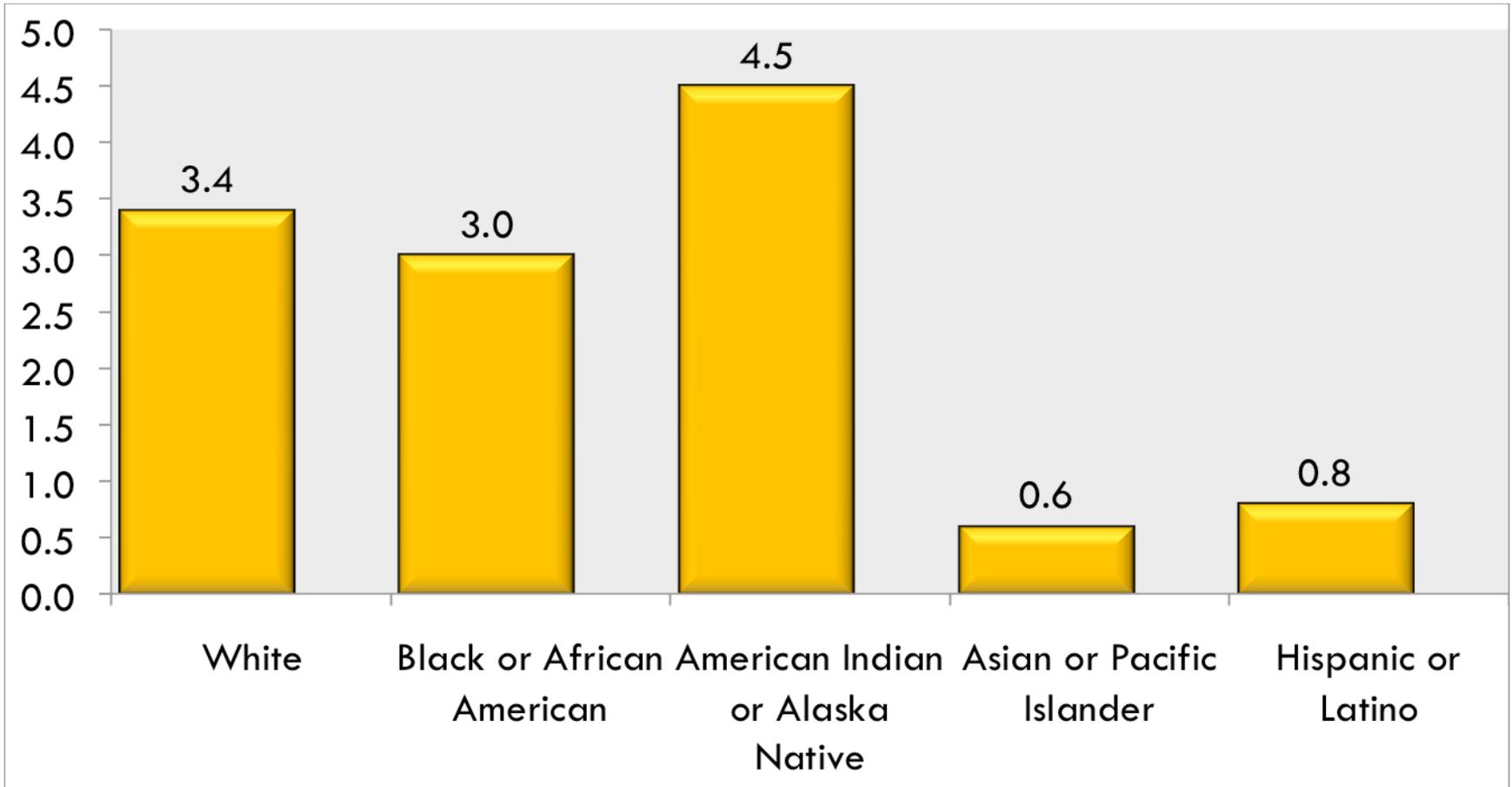
Smoking by Region



AI/AN 1997–2000



Smokeless Tobacco Use



U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups —African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.



Tobacco Use Disorder

- Tobacco use disorder is a chronic disease
 - 305.1
 - 649.00-649.04
 - V15.82
- The causes of tobacco dependence are complex
 - Interpersonal variability
 - The "Three-Link Chain of Tobacco Dependence"
 - Biological
 - Psychological
 - Sociocultural factors





Opportunities for Treatment

- Every individual is screened for tobacco use
- Every individual who wants to make a quit attempt is offered evidenced based cessation services
- Every campus is tobacco free
- Every pharmacy carries medications to support patients in making a quit attempt
- Every individual who uses tobacco can receive treatment and referrals to tobacco cessation services
- Every staff member is certified to support tobacco cessation interventions
- Every mechanism for reimbursement is utilized





Tobacco Use Disorder Interventions

- Minimal intervention
- Brief intervention
- Intensive intervention
 - Private counseling
 - Group medical visit
- Tobacco quit lines
- Medications
 - Nicotine replacement
 - Patches
 - Spray
 - Lozenges
 - Gum
 - lollipops
 - Non-nicotine replacement
 - Bupropion SR
 - Varenicline
 - Antidepressant Medications



Opportunities for Treatment

- Compared to No Treatment (abstinence rate 10.9%):
 - Various intensity level interventions by clinicians increase abstinence rates
 - Minimal (< 3 minutes) increase quit rates by 30% (13.4%) abstinence rate
 - Low Intensity/Brief Interventions (3-10 minutes) increase quit rates by 60% (16.0%)
 - High intensity (> 10 minutes) more than double quit rates (22.1%)

(Fiore et al., 2008)





Opportunities for Treatment

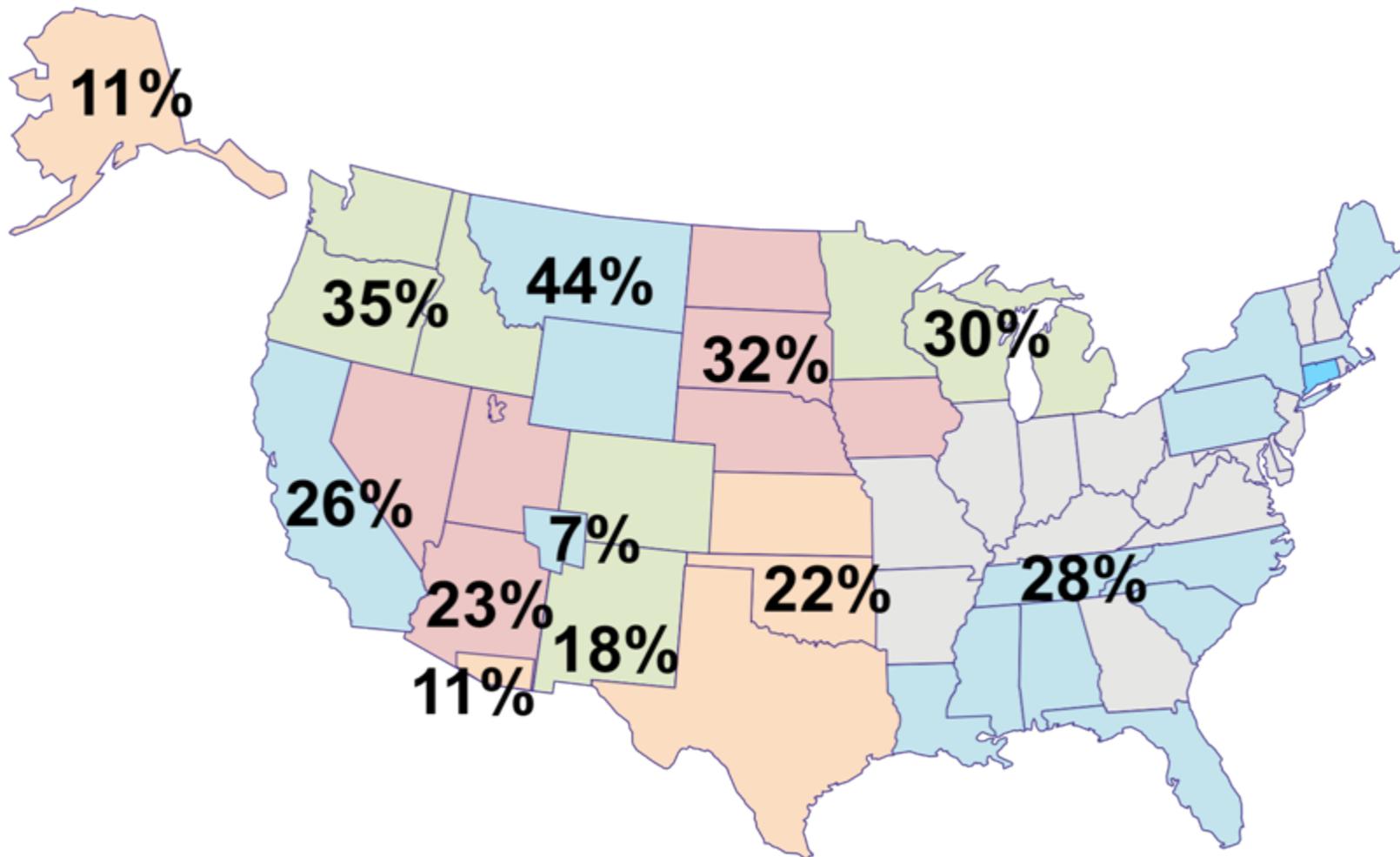
- Compared to Minimal or No counseling or Self-Help (abstinence rate 8.5%):
 - Quitline counseling increases abstinence quit rates by 60% (12.7%)
- Compared to no format (abstinence rate 10.8%):
 - Intensive interventions increase quit rates:
 - Proactive telephone counseling increases quit rates by 20% (13.1%)
 - Group counseling increases quit rates by 30% (13.9 %)
 - Individual counseling increases quit rates by 70% (16.8%)

(Fiore et al., 2008)





Percentage of tobacco users who received a tobacco cessation interventions documented by area in FY08



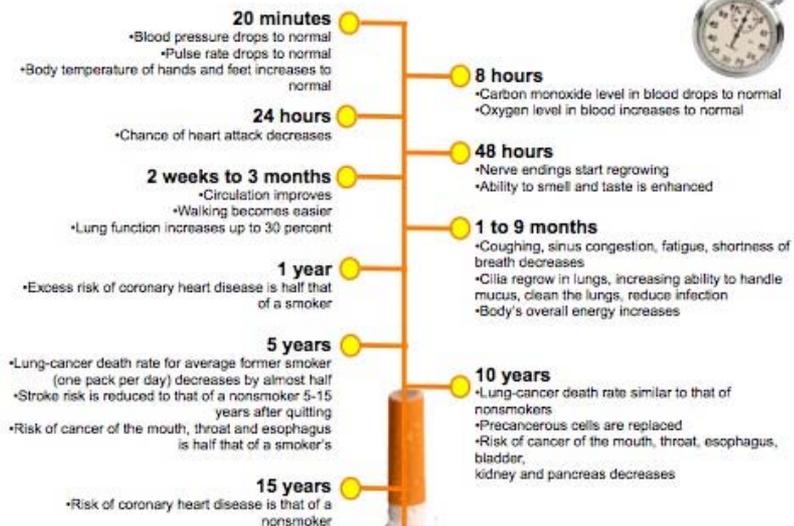


70 OUT OF EVERY 100 PEOPLE WHO SMOKE WISH THEY DIDN'T

YOU CAN BREAK THE HABIT!



Benefits from quitting happen quickly!



Call the tobacco quitline anytime of the day or night

1-800-QUITNOW (1-800-784-8669)

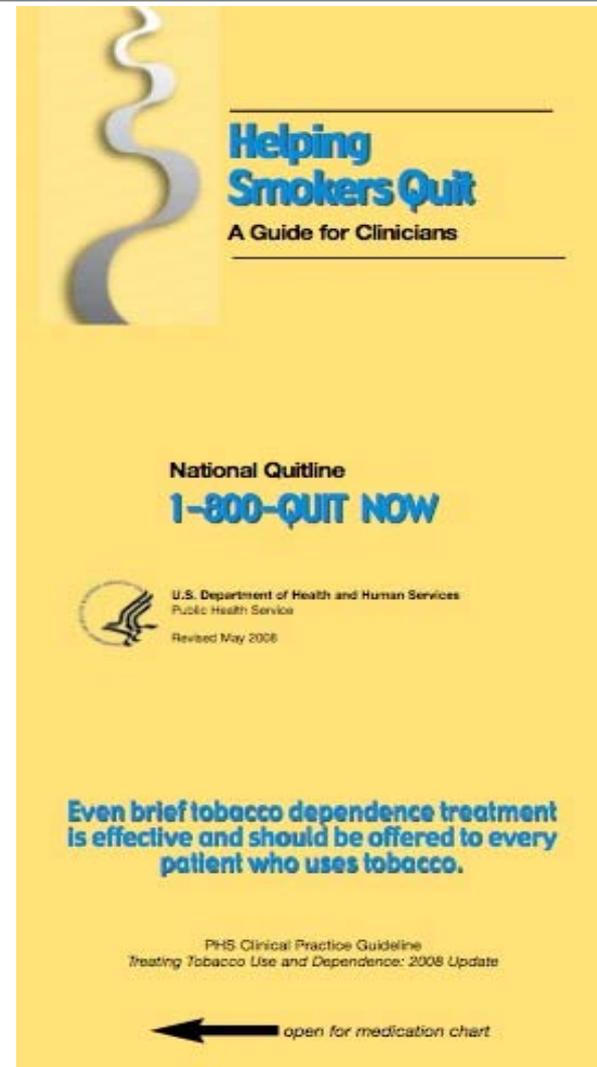
Talk to your healthcare team about the best way for you and set a day to quit



Interventions are Effective

Interventions improve quit rates

- Individual 70%
- Group 30%
- Telephone counseling 20%





Brief Interventions

Using the 5 A's





Brief Interventions

- The strategies are designed to be brief, requiring 3-10 minutes of clinician time
- Overall, persons dependent on tobacco who receive at least a Five A Model brief intervention have approximately a 60% greater likelihood of quitting

(Fiore et al., 2008)





Brief Intervention

- The strategies are designed to be brief, requiring 3-10 minutes of clinician time
- 5 A's
 - **Ask** if they use tobacco
 - **Advise** to quit
 - **Assess** willingness to make quit attempt
 - **Assist** in making quit attempt
 - **Arrange** for follow up contact

Ask

Ask about tobacco use at every visit.

Advise

Advise all tobacco users to quit.

Assess

Assess readiness to quit.

Assist

Assist tobacco users with a quit plan.

Arrange

Arrange followup visits.



Ask *Advise* *Assess* *Assist* *Arrange*

- The single most important step in addressing tobacco use and dependence is: SCREENING FOR TOBACCO USE
- *Recommendation:* reassess at every visit and document as a health factor

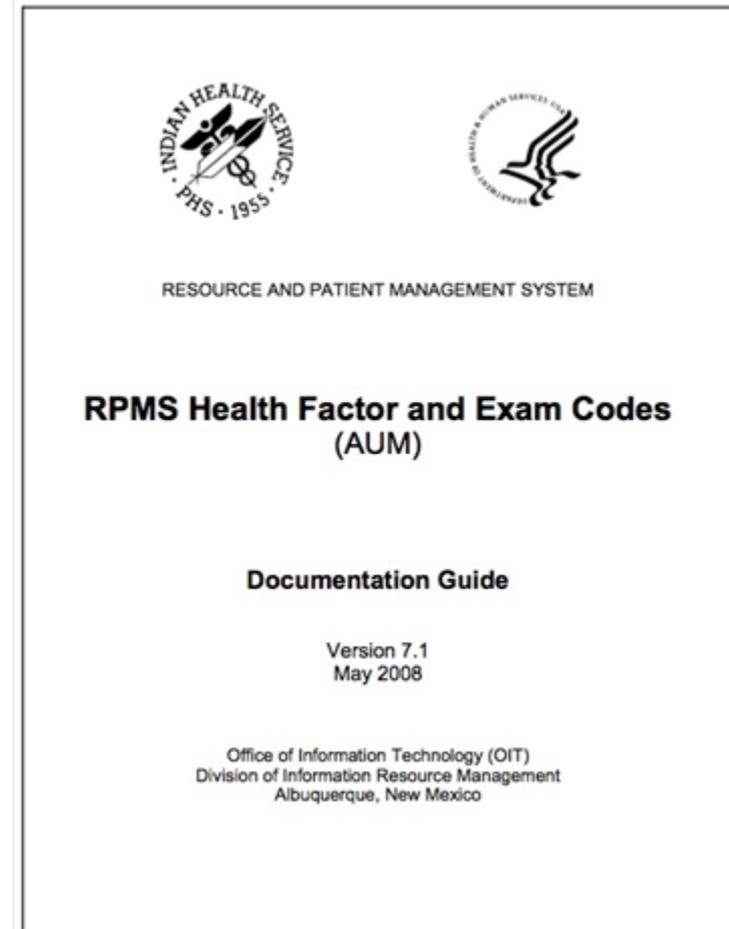
*U.S. DHHS Treating Tobacco Use and Dependence





Ask *Advise* *Assess* *Assist* *Arrange*

1. Ask the patient if he or she uses tobacco products (cigarettes, snuff, dip, etc.).
2. Ask the patient if he or she uses tobacco products for cultural or religious purposes.
3. Ask the patient if he or she is exposed to tobacco smoke at work.
4. Ask the patient if anyone uses tobacco products at home.
5. Document the health factor screening results using the values in the table.





Assess using Health Factors

01-Jan-1957 (52) M **GENERAL** 24-Sep-2009 10:14 Primary Care Team U
LAMER,CHRISTOPHER CLAYTON Ambulatory

Visit Notes and Reference Notifications Communications

Screening/Shots

Personal Health To add, select a form... Add Edit Delete

Refusal 04/20/2007: HIB (PRP-DMP) (Immunization)
04/10/2007: TD (ADULT) (Immunization)
01/31/2007: HEP A, PED/ADOL, 2 DOSE (Immunization)

Add a new health factor

Health Factors

Add Edit Delete

| Visit Date | Health Factor | Category | Comment |
|--|---------------|----------|---------|
| Assess tobacco use at every visit | | | |

Exams

Add Edit Delete

| Visit Date | Exams | Result | Comments | Provider |
|------------|-----------------------|-----------------|----------|------------|
| 04/09/2008 | DENTAL EXAM | NORMAL/NEGATIVE | | |
| 02/19/2006 | AUDIOMETRIC SCREENING | NORMAL/NEGATIVE | heard it | MAYNARD,ST |

Immunizations

Forecast

Tdap past due

Vaccinations

Print Record | D

Vaccine

TD (ADULT)
HIB (PRP-DMP)
HEP A, PED/ADOL

Skin Te

| Visit Date | Ski |
|------------|-----|
| 04/02/2007 | PP |
| 04/01/2007 | CH |



Tobacco Health Factors

Add Health Factor

Items

- READINESS TO LEARN
- RUBELLA IMMUNITY STATUS
- STAGED DIABETES MANAGEMENT
- TB STATUS
- TOBACCO
 - CEREMONIAL USE ONLY
 - CESSATION-SMOKELESS
 - CESSATION-SMOKER
 - CURRENT SMOKELESS
 - CURRENT SMOKER**
 - CURRENT SMOKER & SMOKELESS
 - EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE
 - NON-TOBACCO USER
 - PREVIOUS SMOKELESS

Comment: smoking 2 packs per day

Buttons: Add, Cancel

Annotations: Select the appropriate health factor, Optional free text comment



Ask *Advise* *Assess* *Assist* *Arrange*

- **Health Factors**

- Non-Tobacco User
- Current Smoker
- Current Smokeless
- Current Smoker & Smokeless
- Cessation Smoker
- Cessation Smokeless
- Previous Smoker
- Previous Smokeless
- Ceremonial Use Only
- Smoker in the Home
- Smoke Free Home
- Exposure to Environmental Tobacco Smoke





Ask Advise Assess Assist Arrange

- Patient Education

TO-QT QUIT

OUTCOME: The patient/family will understand that tobacco cessation will improve quality of life, that cessation will benefit health, and how participation in a support program may prevent relapse.

STANDARDS:

1. Advise the patient to quit.
2. Discuss that readiness and personal motivation are key components to quitting.
3. Review the treatment, medication, and support options available to the patient/family. Make referrals as appropriate. Refer to [“TO-IR Information and Referral” on page 931.](#)
4. Review the value of frequent follow up and support during the first months of cessation.





Ask Advise Assess Assist Arrange

Topic

Sub-Topic

Readiness to Learn

Level of Understanding

Provider

Time

Education Code

- Mnemonic (TO, HTN)
- ICD9 Code
- CPT Code

- Receptive
- Eager
- Unreceptive
- Distraction
- Intoxication
- Severity of illness

- Good
- Fair
- Poor
- Refused
- Group

AP - Anatomy & Physiology
C - Complications
DP - Disease Process
EQ - Equipment
EX - Exercise
FU - Follow-up

HM - Home Management
HY - Hygiene
LA - Lifestyle Adaptations
L - Literature
M - Medications
MNT - Med Nutrition Tx

N - Nutrition
P - Prevention
PRO - Procedures
S - Safety
TE - Tests
TX - Treatment



Ask **Advise** *Assess* *Assist* *Arrange*

Topic

Sub-Topic

**Readiness
to Learn**

**Level of
Understanding**

Provider

Time

TO - QT- EAGR - G - ABC - 5min





Adding Patient Education

Education Topic Selection [X]

2206 items

Select By Category List Disease & Topic Entry Pick List
 Name Lookup Procedure & Topic Entry

Items

- STREP THROAT
- SUDDEN INFANT DEATH SYNDROME
- SUICIDAL IDEATION AND GESTURES
- SUN EXPOSURE
- SURGICAL PROCEDURES AND ENDOSCOPY
- TOBACCO USE
 - COMPLICATIONS
 - CULTURAL/SPIRITUAL ASPECTS OF HEALTH
 - DISEASE PROCESS
 - EXERCISE
 - FOLLOWUP
 - HYGIENE
 - INFORMATION AND REFERRAL
 - LIFESTYLE ADAPTATIONS
 - LITERATURE
 - MEDICAL NUTRITION THERAPY
 - MEDICATIONS
 - NUTRITION
 - PREVENTION
 - QUIT

Select

Cancel

You can see the PEPC manual

Display Outcome & Standard



Outcome and Standards

Standard

TOBACCO USE-QUIT

OUTCOME:
The patient/family will understand that tobacco cessation will improve quality of life. use is a serious health threat, may be more mo

STANDARD:|

1. Advise the patient to quit.
2. Discuss that readiness and personal motivation are key components to quitting.
3. Review the treatment, medication, and support options available to the patient/family. Make referrals as appropriate. Refer to TO-IR
4. Review the value of frequent follow up and support during the first months of cessation.

You can view the outcome and standards for the patient education code

Font Size: 9

Print... Close



Select the code you want

Education Topic Selection [X]

2206 items

Select By Category List Disease & Topic Entry Pick List
 Name Lookup Procedure & Topic Entry

Items

- + STREP THROAT
- + SUDDEN INFANT DEATH SYNDROME
- + SUICIDAL IDEATION AND GESTURES
- + SUN EXPOSURE
- + SURGICAL PROCEDURES AND ENDOSCOPY
- TOBACCO USE
 - COMPLICATIONS
 - CULTURAL/SPIRITUAL ASPECTS OF HEALTH
 - DISEASE PROCESS
 - EXERCISE
 - FOLLOWUP
 - HYGIENE
 - INFORMATION AND REFERRAL
 - LIFESTYLE ADAPTATIONS
 - LITERATURE
 - MEDICAL NUTRITION THERAPY
 - MEDICATIONS
 - NUTRITION
 - PREVENTION
 - QUIT

Select

Cancel

Display Outcome & Standard

Select the patient ed code



Document Education

Add Patient Education Event

Education Topic: Tobacco Use-Quit
(Tobacco Use)

Type of Training: Individual Group

Comprehension Level: GOOD

Length: 5 (min)

Comment:

Provided By: LAMER, CHRISTOPHER CLAYTON

Add

Historical

Display Outcome & Standard

Patient's Learning Health Factors

Status/Outcome
Readiness to learn will be added soon



Pick Lists

Education Topic Selection [X]

2206 items

Select By Category List Disease & Topic Entry Pick List
 Name Lookup Procedure & Topic Entry

Pick Lists: Tobacco

Show All

- Tobacco Use-complica
- Tobacco Use-secondhand Smoke
- Tobacco Use-cultural/
- Tobacco Use-stress Management
- Tobacco Use-disease Process
- Tobacco Use-exercise
- Tobacco Use-followup
- Tobacco Use-hygiene
- Tobacco Use-information And Referral
- Tobacco Use-lifestyle Adaptations
- Tobacco Use-literature
- Tobacco Use-medical
- Tobacco Use-nutrition
- Tobacco Use-prevention
- Tobacco Use-quit
- Tobacco Use-safety

Type of Training Individual Group

Comprehension Level: GOOD

Length: [] (min)

OK Cancel

Use pick lists to select multiple education codes at the same time



Ask *Advise* **Assess** *Assist* *Arrange*

- The patient uses tobacco and wants to quit
 - Provide resources and assistance
 - Quit line information TO-HELP
 - Tobacco handouts TO-L
 - Refer to tobacco cessation specialist TO-IR

- The patient uses tobacco and does not want to quit
 - Provide and review tobacco treatment literature
 - TO-L-RECPT-G-CL-3min-GNS
 - Provide feedback on why they should consider quitting

- The patient has used tobacco and has quit
- The patient has never used tobacco
 - Commend and promote abstinence





Ask *Advise* *Assess* **Assist** *Arrange*

- Set a goal and a quit date
 - TO-QT-G-CL-5min – **GS** – **will quit on 6/25**





Ask Advise Assess Assist Arrange

Patient Goals

Goal Setting: Goal Set Goal Not Set

Goal: Goal #:

Type of Goal:

Motivation

Goal Start Date

Goal Complete: Go

Step

Step Start Date

Step Follow-up Date Progress:

Step Complete: Met Changed Maintained





Ask *Advise* *Assess* *Assist* **Arrange**

- **TO-IR INFORMATION AND REFERRAL**

- OUTCOME: The patient/family will understand the process of referral and treatment for nicotine dependence.
- STANDARDS:
- Discuss sources for tobacco cessation treatment
- Refer to nicotine treatment program or other resource as available.

- **TO-QL QUIT LINE**

- OUTCOME: The patient/family will understand how to access and benefit from a tobacco quit line.
- STANDARDS:
- Explain to the patient/family that a quit line will enable to the patient to talk with a specialist who can help them plan an individualized quit method and may some times be used in coordination with other types of tobacco use treatment such as group or individual programs and/or medications.
- Explain that people who use telephone counseling stop smoking at twice the rate of those who don't get this type of help.
- Provide the patient with the quite line phone number and hours of operation or assist the patient in calling the quit line during the patient encounter.
- Explain how the quit line works and what the patient can expect from calling.



5 A's

- **Ask** – screen for tobacco use every visit
 - Document health factor
- **Advise** – Encourage tobacco avoidance
 - Document as patient education: TO-QT
- **Assess** – determine readiness to quit
 - Tobacco handouts TO-L
 - Encourage tobacco avoidance TO-QT
- **Assist** – help set a tobacco quit date and plan
- **Arrange** – Arrange for follow up
 - Quit line information TO-HELP
 - Tobacco handouts TO-L
 - Refer to tobacco cessation specialist TO-IR



Intensive Interventions





Intensive Interventions

- Session length – longer than 10 minutes
- Number of sessions – 4 or more sessions
- Total contact time – longer than 30 minutes
- Intensive tobacco dependence treatment can be provided by any suitably certified clinician who has the resources available to deliver intensive interventions
- “Multiple types of clinicians are effective and should be used”

(Fiore et al., 2008)





Types of Intensive Programs

- Second Wind
 - www.theburningissue.org
- Freedom from Smoking
 - www.lungusa.org
- Freshstart
 - www.cancer.org
- Others





Documenting for Reimbursement





ICD9 Codes

- International Classification of Disease

| ICD9 Code | Definition |
|-----------|---------------------------------|
| 305.1 | Tobacco Use Disorder/Dependence |
| V15.82 | History of Tobacco Use |





CPT Codes

- Current Procedural Terminology) is used to describe a medical service that is provided.

| CPT Code | Definition |
|----------|--|
| 99406 | Tobacco-use cessation counseling visit; intermediate, greater than 3 minutes and less than 10 minutes. |
| 99407 | Document the E&M code for the visit as appropriate (99201-99215) |





CPT Codes

- S9075: Smoking Cessation Treatment
- S9453: Smoking Cessation Classes, non-physician provider, per session
- 99381- 99397: Preventive medicine services
- 96150- 96155: Health & Behavior Assessment/Intervention (Non-physician only)
- 99078: Physician educational services in a group setting





E&M Codes

- Evaluation and Management Codes
 - No E&M codes specific for tobacco use disorder interventions
 - Document for the visit depending on the level of service provided and the setting in which it is provided

| E&M Code | Definition |
|-----------------|--|
| Add Modifier 25 | Shows the E&M service is a separately identifiable service from the smoking and tobacco-use cessation counseling service |





Billing Medicare

- Medicare Rules:
 - Up to two attempts per year
 - Maximum of four sessions per attempt
 - A total of eight sessions are covered in 12 months
 - Tobacco Use Disorder must be a **SECONDARY** diagnosis
 - 99406 for brief intervention (3-10min)
 - 99407 for intensive intervention (>10)





Quality Metrics





PQRI Measures (CPT Codes)

| Measure | CPT Code | Definition |
|--------------------------------------|---|---|
| Inquiry regarding tobacco use | 1000F and 1034F or 1035F or 1036F or | Tobacco use assessed Current smoker Current smokeless tobacco Current non-smoker |
| | or 100F-8P | Tobacco use not assessed/no reason noted |
| Advising smokers to quit | G8455 and 4000F or 4001F | Tobacco use cessation Tobacco use cessation intervention, counseling Tobacco use cessation intervention, pharmacologic tx |
| | or G8456 or G8457 | Smokeless tobacco user, not counseled to quit Tobacco non-user, not counseled to quit |
| | or G8455 and 4000F-8P | SmokerNot counseled, no reason provided |





CRS and GPRA Measures

- Tobacco Use and Exposure Assessment
- Tobacco Cessation (GPRA)
- Comprehensive CVD-Related Assessment (GPRA)





Resources

National Guidelines
Tobacco Control Taskforce
Handouts





www.surgeongeneral.gov/tobacco

Clinical Practice Guideline

Treating Tobacco Use and Dependence: 2008 Update

Guideline Panel

Michael C. Fiore, MD, MPH
(Panel Chair)
Carlos Roberto Jaén, MD, PhD, FAAP
(Panel Vice Chair)
Timothy B. Baker, PhD
(Senior Scientist)
William C. Bailey, MD, FACP, FCCP
Neal L. Benowitz, MD
Susan J. Curry, PhD
Sally Faith Dorfman, MD, MSHSA
Erika S. Froelicher, PhD, RN, MA, MPH
Michael G. Goldstein, MD
Cheryl G. Heaton, DrPH
Patricia Nez Henderson, MD, MPH

Richard B. Heyman, MD
Howard K. Koh, MD, MPH, FACP
Thomas E. Kottke, MD, MSPH
Harry A. Lando, PhD
Robert E. Mecklenburg, DDS, MPH
Robin J. Mermelstein, PhD
Patricia Dolan Mullen, DrPH
C. Tracy Orleans, PhD
Lawrence Robinson, MD, MPH
Maxine L. Stitzer, PhD
Anthony C. Tommasello, PhD, MS
Louise Villejo, MPH, CHES
Mary Ellen Wewers, PhD, MPH, RN

Guideline Liaisons

Ernestine W. Murray, RN, BSN, MAS, (Project Officer), Agency for Healthcare Research and Quality
Glenn Bennett, MPH, CHES, National Heart, Lung, and Blood Institute
Stephen Heishman, PhD, National Institute on Drug Abuse
Corinne Husten, MD, MPH, Centers for Disease Control and Prevention
Glen Morgan, PhD, National Cancer Institute
Christine Williams, MEd, Agency for Healthcare Research and Quality

Guideline Staff

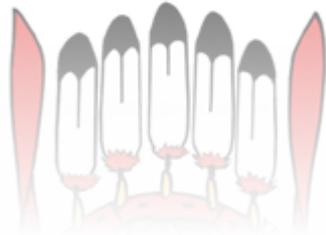
Bruce A. Christiansen, PhD (Project Director)
Megan E. Piper, PhD (Project Scientist)
Victor Hasselblad, PhD (Project Statistician)
David Fraser, MS (Project Coordinator)
Wendy Theobald, PhD (Editorial Associate)
Michael Connell, BS (Database Manager)
Cathlyn Leitzke, MSN, RN-C (Project Researcher)

U.S. Department of Health and Human Services
Public Health Service
May 2008



Tobacco Control Task Force

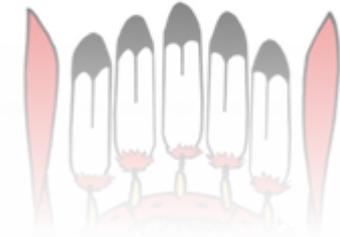
- Strategic Plan
 - In a system-focused effort to combat the harmful health effects of commercial tobacco use/dependence, the Indian Health Service (IHS) Tobacco Control Task Force was formed
 - The Tobacco Control Task Force also recognizes that the habitual use of commercial tobacco has become the greatest preventable cause of disease, disability, and premature death among AI/AN people
 - The ultimate goal of the Task Force is to work toward healthy AI/AN communities by raising their physical, mental, social, and spiritual health through prevention and early intervention to eliminate commercial tobacco use related morbidity and mortality





Tobacco Control Taskforce

1. Increase number of sites offering effective tobacco dependence treatment services
2. “Tobacco Cessation Fieldbook” and Patient Handbook for Indian Health Service/Tribal and Urban Facilities
3. Continue to facilitate IHS Tobacco Control Task Force team of experts and national partners
4. Utilize systems for collecting patient data on tobacco use
5. Standardize training and certification for Tobacco Dependence Treatment for counselors/providers in Indian Health Service, Tribal and Urban (I/T/U) healthcare facilities



HEALTH FACTORS

ASK ABOUT TOBACCO USE AND EXPOSURE

Ask the patient:

- Do you use tobacco products (cigarettes, snuff, dip, etc)?
- Do you use tobacco products for cultural or religious purposes?
- Are you exposed to tobacco smoke at work?
- Does anyone use tobacco products in or around the home?

| Health Factor* | Definition |
|---|---|
| Non Tobacco User | Does not and has never used tobacco products |
| Current Smoker | Currently smokes tobacco (cigarettes, cigars, pipe, etc) |
| Current Smokeless | Currently uses smokeless tobacco (chew, dip, snuff, etc) |
| Current Smoker and Smokeless | Currently uses both smoke and smokeless tobacco |
| Cessation Smoker | Is transitioning from a Current Smoker to a Previous Smoker. The time period between stopping smoking and 6 months. |
| Cessation Smokeless | Is transitioning from a Current Smokeless tobacco user to a Previous Smokeless tobacco user. The time period between stopping smokeless tobacco and 6 months. |
| Previous Smoker | Has quit smoking tobacco for 6 months or more |
| Previous Smokeless | Has quit smokeless tobacco for 6 months or more |
| Ceremonial Use Only | Uses tobacco for ceremonial or religious purposes only |
| Exposure to Environmental Tobacco Smoke | Is exposed to second hand smoke at work or outside of the home. |
| Smoker in Home | Is exposed to second hand smoke at home |
| Smoke Free Home | There is no exposure to tobacco smoke at home |

RESOURCES

Phone Numbers

American Lung Association Call Center
1-8666-QUIT-YES (1-866-784-8937) or
1-800-548-8252

Department of Health and Human Services
National telephone counseling quit line
1-800-QUITNOW (1-800-784-8669)
TTY 1-800-332-8615

Web Sites

CDC's Tobacco Information and Prevention Service
www.cdc.gov/tobacco/news/QuitSmoking.htm

NCI's Tobacco Information and Prevention Service
<http://www.cdc.gov/tobacco/news/QuitSmoking.htm>

American Lung Association – Tobacco Control
www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=22937

Smokefree.gov website sponsored by the NCI, CDC, and the American Cancer Society
www.ahrq.gov/path/tobacco.htm

Department of Health & Human Services:
www.surgeongeneral.gov/tobacco/

IHS Health Promotion and Disease Prevention:
www.ihs.gov/NonMedicalPrograms/HPDP/Index.cfm

American Academy of Family Physicians:
www.aafp.org/x27811.xml

Tobaccofree.org: www.tobaccofree.org/other.htm

Freedom From Smoking: www.lungusa.org/ffs/

Key Contacts

IHS Tobacco Control Task Force Chair: Nathaniel Cobb
(Nathaniel.Cobb@ihs.gov)

IHS Tobacco Control Lead Consultant:
Mary Wachacha (Mary.Wachacha@ihs.gov)

Documentation of Tobacco Screening and Cessation Intervention



Five A's of smoking cessation counseling:

- Ask about tobacco use
- Advise to quit
- Assess willingness to make a quit attempt
- Assist in quit attempt
- Arrange follow-up

Last updated 1/23/2008

PATIENT EDUCATION

TO-Tobacco Use Patient Education Codes

| | |
|--------|--------------------------------------|
| TO-C | Complications |
| TO-CUL | Cultural/Spiritual aspects of health |
| TO-DP | Disease Process |
| TO-EX | Exercise |
| TO-FU | Follow-up |
| TO-HY | Hygiene |
| TO-IR | Information and Referral |
| TO-L | Literature |
| TO-LA | Lifestyle Adaptations |
| TO-M | Medications |
| TO-N | Nutrition |
| TO-P | Prevention |
| TO-QT | Quit |
| TO-S | Safety |
| TO-SHS | Second-Hand Smoke |
| TO-SM | Stress Management |
| -TO | Tobacco Education Topic |
| -SHS | Second Hand Smoke Topic |

Documenting Patient Education

| | | |
|----------------|---------------|----------------------------------|
| Education Code | Provider Code | Goal Set, Goal Met, Goal Not Met |
| ↓ | ↓ | ↓ |

TO – QT – G – 123 – 5min – GS – will stop today

| | | |
|---|------------|-------------------|
| ↑ | ↑ | ↑ |
| Level of Understanding Good, Fair, Poor, Refused | Time (min) | Free text comment |

HEALTHY PEOPLE 2010

Steps to ensure that good health, as well as long life, are enjoyed by all

Assess Cigarette Smoking in patients > 18 yrs

Target = assess in 12% of patients

Assess Spit Tobacco Use in patients > 18 yrs

Target = assess in 0.4% of patients

Assess Exposure to Environmental Tobacco Smoke in Non-Smokers > 4 yrs

(especially those age 9-12 years)

Target = assess in 63% of patients

Document Tobacco Assessment

- Tobacco Health Factors (any)
- Purpose Of Visit (POV) - 305.1, V15.82
- Dental Code - 1320
- Tobacco Education codes (any)

Document Tobacco Cessation Counseling

- Patient Education
- Visit to clinic code 94 (tobacco clinic)
- Dental Code 1320
- Tobacco Health Factors (Cessation smoker, Cessation smokeless)

Document Tobacco Cessation

- POV 305.13 (Quit smoking)
- Tobacco Health Factors (previous smoker, previous smokeless)

MEDICARE REIMBURSEMENT

Individual Cessation Visits

Medicare will pay for 2 tobacco cessation attempts in 12-month period, up to 4 face-to face sessions per attempt. These sessions may occur in the outpatient or inpatient setting (note: CMS will not cover tobacco cessation services if tobacco cessation is the primary reason for the patient's hospital stay).

Document the Diagnosis:

- ICD9-CM = 305.1 tobacco dependence
- Must **also** document a condition that is adversely affected by smoking or tobacco use, or that the metabolism or dosing of a medication that is being used to treat a condition the beneficiary has is being adversely affected by his or her smoking or tobacco use.

Two HCPCS codes may be used for billing:

- 99406 – Smoke/Tobacco counseling 3-10 minutes
- 99407 – Smoke/Tobacco counseling > 10 minutes

Individual Cessation Visits Occurring in Association with another Medical Condition

Document the E&M code for the visit as appropriate (99201-99215)

Add a modifier of 25 to indicate tobacco cessation counseling.

Group Tobacco Cessation Visits

Use Preventative Service Codes:

- 99411 or 99412 – Preventative Group Medicine Group Counseling or

- 99078 – Physician Education in a Group Setting

Add a modifier of 25 to indicate tobacco cessation counseling.

Dental Counseling

D1320 - tobacco counseling for the control and prevention of oral disease.

* Services administered by or facilitated by a CMS recognized provider

