

Smoking Cessation Counseling Reimbursement

Relevant ICD-9 Diagnosis Codes^{55, 56}

305.1 Tobacco use disorder

V15.82 History of tobacco use

989.84 Toxic effect of tobacco

Relevant ICD-10 Diagnosis Codes⁵⁶

- **F 17.200/ F 17.201**

Nicotine dependence, unspecified, uncomplicated / in remission

- **F 17.210/ F 17.211**

Nicotine dependence, cigarettes, uncomplicated/ in remission

- **F 17.220/ F 17.221**

Nicotine dependence, chewing tobacco, uncomplicated/ in remission

- **Z 87.891**

Personal history of nicotine dependence

Other Relevant Billing Codes:

Tobacco cessation counseling visit for a symptomatic patient; *intermediate*, 3 to 10 minutes

CPT Code 99406

Tobacco cessation counseling visit for a symptomatic patient; *intensive*, greater than 10 minutes

CPT Code 99407

Source: AAFP, 2016⁵⁶

Tobacco cessation counseling visit for the non-symptomatic patient; *intermediate*, 3 to 10 minutes

CMS Code G0436

OPPS Code C9801

Tobacco cessation counseling visit for the non-symptomatic patient; *intensive*, greater than 10 minutes

CMS Code G0437

OPPS Code C9802

Source: CMMS, 2010⁵⁵

Medicare funded programs have been able to bill for smoking cessation services for patients with symptoms of tobacco-related disease since 2005.

In 2010, this ruling had been expanded to ALL Medicare beneficiaries “who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease,”⁵⁵ as long as they are competent at the time of the intervention and counseling is done by a Medicare-recognized practitioner. Furthermore, **effectively January 1st, 2011, tobacco cessation services must be 100% covered, without a deductible, by private insurance plans, and Medicare.**

While the type of counseling is not specified, **Medicare will cover up to 8 tobacco cessation counseling sessions** (intermediate or intensive) provided by a Medicare provider, **every 12 months⁵⁶.**

Traditional Medicaid must cover FDA-approved smoking cessation medication (may be a co-pay), and comprehensive cessation services for pregnant women, children and youth up to age of 21 (at 100%).

Expanded Medicaid must cover tobacco cessation preventative services *and* FDA-approved Nicotine Replacement Therapies (NRT) at no cost, if provided as a preventative service⁵⁷.

In California, Medi-Cal members are eligible for:

- FREE telephone support from the California Smokers’ Helpline at 1-800-NO-BUTTS.
- 90-day Nicotine Replacement Therapy (NRT) regimen such as NicoDerm CQ patches, Zyban, and Chantix⁵⁸, without any requirements or restrictions⁵⁹.
- 4 counseling sessions for at least two separate quit attempts per year, without prior authorization, and regardless of utilization of NRTs or the Helpline. These quit attempts may immediately follow one another without any breaks in between⁵⁸.

All California Department of Health and Human services providers must receive training on the use of the 5 A’s model (Ask, Advise, Assess, Assist, Arrange)

340B Drug Pricing Program

Another strategy for HIV prevention organizations to support their clients in receiving their Nicotine Replacement Therapy and other tobacco cessation medication is to consider enrolling in a Federal 340B Drug Pricing Program. This program requires pharmaceutical companies to provide drugs to eligible organizations at a significant discount, with the intent to reach more underserved populations and help overcome some of the barriers to accessing care⁶⁰.

When an organization is enrolled in the program and begins working as a 340B “covered entity” they are able to purchase medication at a discounted price from wholesale distributors and continue to bill the patient’s insurance at the same rate as previously. Thus, organizations are able to make a profit and pass the savings on to the uninsured patients or expand services to reach underserved populations⁶¹.

Most 340B covered entity organizations choose to dispense medication through⁶²:

- A complete in-house licensed pharmacy – fully stocked pharmacy open to all patients
- An in-house dispensing provider – a licensed provider dispenses to patients of participating providers only
- A contracted pharmacy service – an organization may contract with a local private pharmacy provider to stock and dispense medication to organization’s clients

What organizations are eligible?

To be eligible, an organization must be owned or operated by state or local government, or have a nonprofit status and receive funding from specific Federal programs⁶⁰, such as the Ryan White HIV/AIDS Program. These organizations can include

- Registered Federally Qualified Health Centers (FQHCs)
- Specialized hospitals or clinics
- Family planning and sexually transmitted disease clinics
- Public housing primary care clinics and homeless clinics

What medications can be purchased at a discount?

The 340B program covers outpatient medicine⁶⁰, such as:

- FDA-approved prescription drugs: such as Bupropion and Varenicline
- Over-the-counter (OTC) drugs with a prescription: such as NRTs like nicotine patches
- Other outpatient drugs

Want more information?

[“340B Drug Pricing Program”](#) – Health Resources and Services Administration (2016)

[“Report to the Congress: Overview of the 340B Drug Pricing Program”](#) - Medicare Payment Advisory Commission. (2015)

Tobacco-Free Organizational Policies

Secondhand smoke is harmful to everyone – children, adults and seniors. Almost 10% of all tobacco-related deaths are deaths of non-smokers exposed to secondhand smoke⁶³. Policies that institute smoke-free zones and environments are the most effective way to reduce the impact of secondhand smoke on the health of the clients, and staff at any organization.

Benefits of Tobacco-Free Organizational Policies

Employers are spending on average an additional **\$4,100 per smoker** every year, by paying for smoke breaks, smoking-related sick days, & healthcare costs⁶³

- Reduce secondhand smoke exposure of staff and clients
- Reduced daily cigarette use by staff and clients^{64, 65}
- Reduce tobacco-related healthcare costs, and illness-related lost productivity hours⁶⁶
- Less cigarette-related trash on the premises; lower fire risk
- Communicate agency's commitment to public health, and wellbeing



NEW California bill **SB5/AB6**, added **E-Cigarettes to the definition of tobacco products**. E-cigarettes are now subject to the same laws and regulations as regular cigarettes.

Sample Tobacco-free Workplace Policies:

Organizations have several options for Tobacco-free Workplace policies they may adapt.

1. **Complete Tobacco-Free Policy:** No use of *any* tobacco products, including cigarettes, chewing tobacco or e-cigarettes is allowed within the facilities, vehicles, company-sponsored events/ conferences, or on the property of the employer at any time.
2. **Tobacco Use in Designated Outdoor Areas Only:** No use of tobacco products, including cigarettes, chewing tobacco or e-cigarettes is allowed within the facilities. Tobacco use is permitted only in designated outdoor smoking areas. This outdoor area must comply with all associated city, county, state and federal laws.

Effective on June 9th, 2016, **SB6/ AB7 expands the Smoke-Free Workplace** laws in CA to:

- Owner-operated businesses with less than 5 employees
- Hotel lobbies and 80% smoke-free hotel guest rooms
- Banquet rooms
- Warehouse facilities
- Employee break rooms



At the same time, **SB8/AB9** mandates that all California **school district** and county office of education buildings and campuses, including charter schools, **must be smoke-free**.

Want More Information?

Take a look at the [“DIMENSIONS: Tobacco-Free Policy Toolkit”](#) for many useful employer tools, guidelines, sample timelines, budgets and policies⁶⁷.

Evaluating Tobacco Industry Funding and Investments

The tobacco industry has long profited from the addiction and suffering of the poor minority populations. Big tobacco companies provided funding to organizations serving underprivileged communities such as mental health providers, LGBT organizations and events, and global efforts to combat HIV/AIDS, thereby gaining new generations and populations of smokers.

Government, public, non-profit and private organizations all have to make decisions about funding that they receive as well as, in some cases, the investments that they make. These financial decisions can be difficult, and it is up to the organization to develop written policies that will dictate what funding streams and investments align with the organization's mission.

Changing funding and investment practices is not limited to the tobacco industry:

- **2016:** New York and San Francisco city governments banned city-funded travel to North Carolina in response to laws discriminating against transgender individuals.
- **2014:** The Rockefeller Fund aligned their investment practices with its commitment to combating climate change and ended investing in fossil fuels.
- **2009:** Global Fund to Fight AIDS, TB and Malaria passes formal resolution to stop accepting donations or working with transnational tobacco companies.
- **2006:** Regents of University of California ended investment in companies in Sudan that had ties to the genocide in Darfur.

Develop Written Policies Regarding Accepting Tobacco Industry Funding:

Whether or not your organization currently accepts donations from the tobacco industry, or makes investments in tobacco companies, it is important to think about how this may or may not fit in with the organizational mission. The first steps to writing such a policy include:

- Involve key stakeholders, such as the Executive Team, or Board of Directors
- Think about health impact of tobacco on the health of the community served
- Explore other sources of funding and investment opportunities
- Connect with other organizations that have passed similar policies

Remember that accepting funding from the tobacco industry may come with “strings attached,” or, be a way to cover their products’ harm by promoting their “good deeds.”



Even federal regulations have written policies limiting tobacco company sponsorship. See Title 21, Sec 1140.34 (2013)

No manufacturer, distributor, or retailer of tobacco may sponsor any athletic, musical, artistic, social or cultural event, or any entry or team in any event.

Want More Information?

[“Ethical Funding: The Ethics of Tobacco, Alcohol and Pharmaceutical Funding. A Practical Guide for LGBT Organizations.”](#) – Laurie Drabble (1999) The Coalition of Lavender Americans on Smoking and Health, Progressive Research and Training for Action.

[“Death is a Bad Investment: The Tobacco Industry, Corporate Power & Your School’s Money. A Divestment Action Guide”](#) - Council for Responsible Public Investment. (2015)

Quit Tobacco

How Pharmacists Can Help

Pharmacists are a new resource for tobacco cessation in local communities

- A new California law (Senate Bill [SB] 493, enacted 2013) designates pharmacists as health care providers, and expands opportunities for pharmacists to assess and treat patients.¹
- SB 493 authorizes pharmacists, certified in smoking cessation therapy, to furnish prescription nicotine replacement therapy products (NRT) such as nicotine nasal spray or inhalers.¹
- Pharmacists are taking an active role in promoting health in their communities by helping patients quit smoking, and referring smokers to cessation services such as the no-cost California Smokers' Helpline, 1-800-NO-BUTTS.
- Designating pharmacists as health care providers increases access to tobacco cessation services.

Pharmacists have an important role in their communities

- Pharmacists are highly qualified and trained in direct patient care, and disease prevention and management.²
- Most pharmacies are open beyond normal business hours.²
- Pharmacists are widely accessible health care providers. Over 90 percent of people live within five miles of a pharmacy.²

Why pharmacists are a great resource for tobacco cessation

- No appointment is necessary to see a pharmacist.
- A pharmacist may be closer or more accessible than a primary care provider.
- Pharmacists can help tobacco users determine the right NRT medicine to meet their needs.
- Pharmacists certified in smoking cessation can furnish prescription NRT to their patients. They can also help patients locate additional support for quitting.

For Free Help Quitting Smoking, Call 1-800-NO-BUTTS

1. California Pharmacists Association. (2014). What does SB493 mean for me? Retrieved from http://www.cshp.org/sites/main/files/file-attachments/sb_493_fact_sheet_-_10.8.13.pdf

2. California Pharmacists Association. (2014). SB 493 (Hernandez): Putting pharmacists on the care team. Retrieved from http://www.cshp.org/sites/main/files/sb_493_talking_points.pdf

