



1-800-QUIT NOW  
Indiana's Tobacco Quitline

For additional copies of this  
Resource Guide, visit

**[indianatobaccoquitline.net](http://indianatobaccoquitline.net)**



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For more information about treating tobacco use and dependence,  
please refer to the United States Department of Health and Human  
Services, Treating Tobacco Use and Dependence: 2008 Update,  
**<http://www.surgeongeneral.gov/tobacco/>**.

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Clarian Tobacco Control Center with funding provided by  
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## **ITPC** **TOBACCO CESSATION** RESOURCE GUIDE

This Resource Guide has been developed for health care  
providers to simplify and clarify options for treating tobacco use  
and dependence. We hope you find it helpful in your practice.

## Medicaid Covers It!

### COVERAGE AND LIMITATIONS

- Reimbursement for tobacco cessation is available for one 12-week course.
- Treatment may include multiple medications (written prescriptions required for OTC meds) combined with counseling.
- One or more medications may be utilized (written prescription required for OTC meds).
- Counseling **MUST** be included in any combination of treatment.
- Prior authorization is not required for reimbursement for smoking cessation products or counseling.

### SMOKING CESSATION PRODUCTS

Reimbursement is available to pharmacy providers for over-the-counter and prescription smoking cessation products when prescribed by a licensed practitioner within the scope of his/her license under Indiana law within the 12-week treatment timeframe.

**Products covered by Indiana Medicaid include, but are not limited to:**

- Sustained-release bupropion products—Zyban® and generic
- Nicotine replacement drug products (patch, gum, inhaler, lozenge, nasal spray)
- Varenicline (Chantix®)

Pharmacies will bill for reimbursement according to the normal procedures as outlined in the Medicaid Provider Manual.

### SMOKING CESSATION COUNSELING

Counseling services must be prescribed by a licensed practitioner and rendered by the following licensed practitioners participating in the Indiana Medicaid Program:

- Physician
- Psychologist
- Physician's assistant
- Pharmacist
- Nurse practitioner
- Dentist
- Registered nurse

**Counseling must be provided as follows:**

- Counseling **MUST** be billed in fifteen (15) minute increments.
- A minimum of 30 minutes (two units) and a maximum of 150 minutes (10 units) within 12 weeks.

### BILLING INSTRUCTIONS AND REIMBURSEMENT

#### Counseling Services

- Bill only on the CMS 1500 claim form or 837P, utilizing procedure code S9075—Smoking Cessation Treatment with a primary diagnosis code of 305.1 (tobacco use disorder).
- One unit of S9075 is 15 minutes of service. Fractional units of service cannot be billed; providers should accumulate billable time equivalent to whole units before billing. Providers should not round up to the nearest 15 minutes.
- Counseling must be provided within the 12-week course of treatment and must be a minimum of 30 minutes (two units) with a maximum of 150 minutes (10 units).

Hoosier Healthwise programs may also cover additional codes for tobacco cessation. Providers are encouraged to contact the Hoosier Healthwise program to which the member is assigned for more specific reimbursement information. Please contact your Medicaid/health plan provider representative or visit [www.indianamedicaid.com](http://www.indianamedicaid.com) for additional information.

### 2008 BILLING CODES FOR TOBACCO CESSATION COUNSELING

Tobacco cessation counseling is a billable service for which health care providers can submit for reimbursement.

The following codes should be used when submitting for reimbursement:

**99406** Smoking and tobacco use cessation counseling visit; greater than 3 minutes up to 10 minutes

**99407** Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

**D1302** Smoking and tobacco use cessation counseling during dental visit

# TOBACCO CESSATION GUIDELINES

## STEP

1

### ASK ABOUT TOBACCO USE

EVERY PATIENT • EVERY VISIT • NON-JUDGEMENTAL

- When was the last time you smoked or used any type of tobacco?

## STEP

2

### ADVISE TO QUIT

CLEAR • STRONG • PERSONALIZED

- It's important that you quit as soon as possible, and I can help.
- Quitting is the best decision you can make for your health and the health of your family.

## STEP

3

### REFER TO INDIANA TOBACCO QUITLINE

Complete entire provider section of the FAX REFERRAL FORM. Have your patient complete the patient section and sign for consent as required by HIPAA.

- Fax the form to to: **1-800-483-3114**. The Indiana Tobacco Quitline will fax a follow-up report back to your office.
- To obtain the Fax Referral Form, visit: [www.indianatobaccoquitline.net/documents/QLfaxreferral.pdf](http://www.indianatobaccoquitline.net/documents/QLfaxreferral.pdf).

## THE 5 R'S

INTERVENTION FOR PATIENTS  
NOT READY TO QUIT

**Relevance** Encourage patients to consider reasons why quitting is personally relevant.

**Risks** Identify patient-specific negative consequences of tobacco use.

**Rewards** Identify patient-specific benefits of quitting.

**Roadblocks** Identify barriers to quitting and ways to overcome them.

**Repetition** Enhance motivation at every encounter.

## STEP

4

### PRESCRIBE PHARMACOTHERAPY

Discuss medication options with your patient. (See *Pharmacotherapy Chart*.)

## STEP

5

### EVALUATE THE QUIT ATTEMPT AT FOLLOW-UP

- Status of attempt
- Congratulate success, encourage continued efforts to quit if still smoking
- "Slips" and relapse
- Medication compliance and plans for discontinuation

*The Quitline is FREE to your Indiana patients and is staffed by trained tobacco cessation quit coaches.*

FDA-APPROVED PHARMACOTHERAPY FOR TOBACCO DEPENDENCE TREATMENT\*

Product	Nicotine Patch	Nicotine Gum	Nicotine Lozenge	Nicotine Nasal Spray	Nicotine Oral Inhaler	Bupropion SR Tablet	Varenicline Tablet
<b>BRAND NAMES</b>	NicoDerm CQ® generic	Nicorette® generic	Commit® generic	Nicotrol®NS	Nicotrol® Inhaler	Zyban® generic	Chantix®
<b>AVAILABILITY</b>	OTC & Rx	OTC	OTC	Rx	Rx	Rx	Rx
<b>PRODUCT STRENGTHS</b>	21 mg 14 mg 7 mg	2 mg (≤25 cigarettes/day) 4 mg (≥25 cigarettes/day)	2 mg (1st cigarette > 30 mins after waking) 4 mg (1st cigarette ≤30 min after waking)	10 mg/ml	10 mg/cartridge (delivers 4 mg/ cartridge)	150 mg	0.5 mg and 1 mg
<b>INITIAL DOSING</b>	1 patch/ 24 hours	1 piece/ 1 or 2 hours	1 lozenge/ 1 or 2 hours	1-2 doses/hour (1 dose = 2 sprays or 1 per nostril)	6-16 cartridges/ day	150 mg once daily (days 1-3); then 150 mg twice daily	0.5 mg once daily (days 1-3); 0.5 mg twice daily (days 4-7); then 1 mg twice daily
<b>MAXIMUM DOSING</b>	same as above	24 pieces/ 24 hours	5 lozenges/ 6 hours or 20 lozenges/day	5 doses/hour or 40 doses/day	16 cartridges/ day	150 mg twice daily	1 mg twice daily
<b>TIME TO PEAK PLASMA LEVEL</b>	5-10 hours	20-30 minutes	20-30 minutes	5-7 minutes	15 minutes	3 hours	3-4 hours
<b>RECOMMENDED TREATMENT DURATION</b>	8-10 weeks (2-4 weeks per dose level)	Up to 12 weeks	Up to 12 weeks	3-6 months	Up to 6 months, taper during final 3 months	7-12 weeks (in special circumstances may take for up to 6 mo.)	12 weeks (An additional 12 weeks can be pre- scribed for patients who have successfully stopped smoking at the end of 12 weeks.)
<b>ADVERSE REACTIONS</b>	Local skin reaction (Rotate and use steroid cream or try a different brand), headache, sleep disturbances (insomnia, abnormal/vivid dreams)	Mouth soreness, hiccups, dyspepsia, mild, transient jaw ache (Correct technique)	Headaches, insomnia, nausea if swallowed or chewed (Correct technique)	Local transient irritation in nose, throat and eyes (Typically resolved through regular use)	Mouth and throat irritation (Typically resolved through regular use), dyspepsia	Dry mouth, insomnia (Avoid use at bedtime), shakiness, skin rash, constipation, seizure risk is 1/1,000 (Instructions for Use 0.1%)	Nausea, headache, insomnia, constipation, abnormal dreams, neuropsychiatric symptoms (See Precautions, below)
<b>PRECAUTIONS, CONTRAINDICATIONS AND WARNINGS</b>	<b>PRECAUTIONS:</b> Pregnancy and breastfeeding, 2-week post myocardial infarction, serious underlying arrhythmia, serious or worsening angina pectoris	<b>PRECAUTIONS:</b> Pregnancy and breastfeeding, 2-week post myo- cardial infarction, serious underlying arrhythmia, serious or worsening angina pectoris, severe TMJ or other jaw problems, pres- ence of dentures	<b>PRECAUTIONS:</b> Pregnancy and breastfeeding, 2-week post myocardial infarction, serious underlying arrhythmia, serious or worsening angina pectoris	<b>PRECAUTIONS:</b> Pregnancy and breastfeeding, 2-week post myocardial infarction, serious underlying arrhythmia, serious or worsening angina pectoris, severe reactive airway disease	<b>PRECAUTIONS:</b> Pregnancy and breastfeeding, 2-week post myocardial infarction, serious arrhythmia or serious angina, bronchospastic disease	<b>CONTRAINDICA- TIONS:</b> Seizure disorder, current use of Well- butrin/bupropion, current or prior bulimia or anorexia nervosa, current or recent use of MAO inhibitors <b>Warning:</b> See below for FDA warning**	<b>PRECAUTIONS:</b> Pregnancy and breastfeeding, severe renal impairment <b>Warning:</b> See below for FDA warning**
<b>DAILY COST***</b>	\$1.90-\$3.89 (1 patch)	\$2.16-\$4.68 (9 pieces)	\$3.24-\$4.95 (9 pieces)	\$3.92 (8 doses)	\$7.20 (6 cartridges)	\$3.62-\$7.78 (2 tablets)	\$4.70-\$4.96 (2 tablets)
<b>INSTRUCTIONS FOR USE</b>	Stop all tobacco use prior to treatment. Apply 1 patch to healthy, clean, dry, hairless skin such as upper arm or hip. Remove and replace daily. Rotate patch site.	Stop all tobacco use prior to treatment. Chew gum slowly until you notice a peppery taste and a slight tingle. Then park between your cheek and gum. When taste and tingle fade, bite until it starts working again, then park in another part of your mouth. Continue for 30 minutes.	Stop all tobacco use prior to treatment. Allow lozenges to dissolve slowly over 20-30 minutes without chewing or swallowing. Occasionally, move the lozenge from one side of your mouth to the other.	Stop all tobacco use prior to treat- ment. Blow nose if it is not clear. Tilt head back slightly, insert tip of bottle as far into nostril as is comfortable. Breathe through mouth. Spray once in each nostril. Do not sniff or inhale while spraying. If nose runs, gently sniff to keep spray in nose. Wait two or three minutes before blowing nose.	Stop all tobacco use prior to treat- ment. Pull off the mouthpiece and insert cartridge until seal breaks. Replace top. Align marks to close. Inhale a short breath to the back of mouth or puff in short breaths. Do not inhale into lungs. The nicotine in a cartridge lasts for about 20 minutes of active puffing.	Start using bupropion one to two weeks before quitting tobacco use. Take 1 tablet orally (150 mg) each morning for 3 days, then 1 tablet (150 mg) twice daily. Allow at least 8 hours between doses.	Start using Chantix one week before quitting tobacco use. Chantix should be taken after eating and with a full glass of water. Days 1-3, take one 0.5 mg tablet once daily. Days 4-7, take 0.5 mg tablet twice daily. Days 8-end of treatment, take 1 mg tablet twice daily.

\*Inclusion of this adult dosage chart is strictly for the convenience of the prescribing provider. Please consult the Physicians' Desk Reference or the product manufacturer for complete product information and contraindications.  
 \*\*Assess prior to prescribing and observe patients on Chantix for "serious" neuropsychiatric symptoms, including changes in behavior, agitation, depressed mood, suicidal ideation and suicidal behavior.  
 \*\*\*The price ranges are based upon generic and brand availability. The nasal spray, inhaler and Chantix are not yet available in generic form.