State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Physicians, Psychologists, Advanced Practice Nurses, and Independent Clinics- **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: Clarification of Covered Smoking Cessation Services

EFFECTIVE: Immediately

PURPOSE: The Division of Medical Assistance and Health Services (DMAHS) offers extensive tobacco use cessation services intended to decrease the number of Medicaid/NJ FamilyCare members with nicotine dependence. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), nearly half of the cigarettes smoked in the United States are smoked by people dealing with mental illness. According to data from the New Jersey Substance Abuse Monitoring System (NJSAMS), 56% of individuals admitted to substance use treatment programs self-reported as smokers. Therefore, DMAHS would like to encourage treatment for individuals with Mental Illness (MI) and/or Substance Use Disorder (SUD).

BACKGROUND: In 2008, "Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline" was published by the Public Health Service (PHS). The document reported that insurance coverage of tobacco cessation services significantly increased the likelihood that a smoker would obtain treatment and successfully quit smoking. The PHS further reported that in order to quit smoking, individuals require repeated intervention and multiple attempts. Counseling and medication are both effective in treating nicotine addiction and when used together, have been shown to have higher success rates.

ACTIONS: The Division of Mental Health and Addiction Services (DMHAS) and DMAHS want to remind all providers of the multiple services covered for Medicaid/NJ FamilyCare members and to encourage providers to continue efforts to improve the quit rates among our behavioral health populations. Tobacco use increases an individual's risk for cancer, heart disease, stroke, diabetes and lung diseases and includes an increased risk of serious illness or death from COVID-19. These conditions result in higher health care costs, decreased quality of life and significantly lower life expectancy.

Primary Care Providers:

According to a 2015 CDC survey, only four out of nine cigarette smokers who had seen a healthcare practitioner in the past year received advice to quit smoking. Primary care providers, regardless of specialty, are encouraged to continue providing individual counseling as an add-on service during any office visit. Physicians, Physician Assistants (PAs) and Advance Practice Nurses (APNs) can provide smoking and tobacco cessation counseling during an office visit for 3 to 10 minutes and bill using CPT code 99406. For tobacco use cessation counseling greater than 10 minutes, providers can bill CPT 99407. Payment will be in addition to the fee for the regular office visit. Counseling sessions, along with the use of cessation medications, has demonstrated an increase in the number of successful quit attempts.

Larzelere and Williams (2012) recommended that physicians use the "five A's" framework (Ask, Advise, Assess, Assist, and Arrange) to promote smoking cessation. They recommended that all patients be asked about tobacco use and assessed for their desire to quit during every clinical encounter. A shortened version of the "five A's" is the "2A's & R" (Ask about tobacco use, Advice patients to quit, and Refer patients to resources such as the Quitline.

Medication therapy:

The use of medication therapy, especially when combined with counseling, has shown increased rates of success. Medication helps to lessen cravings, decrease withdrawal symptoms and prevent relapses. Medicaid/NJ FamilyCare covers over-the-counter (OTC) nicotine replacement medications including nicotine gum, nicotine lozenges and nicotine patches without a prior authorization. Medications that may require a prescription include nicotine nasal spray, nicotine oral inhalers, bupropion (**Zyban**) and Varenicline (**Chantix**). Medication therapy for tobacco cessation is available for all Medicaid/NJ FamilyCare members including managed Medicaid/NJ FamilyCare members.

Quitline and Quit Centers:

Quitlines have been shown to double a person's success rate when quitting smoking. The New Jersey Quitline (NJQL) is a free telephone program available to all NJ residents to help them quit smoking. NJQL has over 30 years of experience providing behavior change support. Their website includes resources and tools to help individuals stop smoking. The website also offers resources to assist providers to help others to stop smoking. When you call NJQL, English and Spanish speaking quit coaches are available. Interpretation services can be obtained for additional languages as required. Members should be encouraged to visit the website at **https://www.njquitline.org/** or to call NJQL at 1-800-866-NJSTOPS (1-866-657-8677).

Quit Centers offer professional, face-to-face counseling in individual or group sessions. Centers can be located at: **https://www.tobaccofreenj.com/quit-smoking**

Independent Clinic Providers:

Independent clinic mental health and substance use disorder providers are encouraged to add interventions for tobacco use cessation as part of their routine standard of care. Clinicians have an opportunity to address the disparity in life expectancy by incorporating evidence-based interventions for tobacco use cessation into mental health and substance use treatments. There is a common misconception that smoking may benefit clients with MI or SUD diagnoses because smoking relieves stress and reduces anxiety. However, clinical evidence supports that individuals who quit smoking demonstrate improvement in their mood and anxiety disorders. They show improved life satisfaction, decreased anxiety and an increase in self-esteem.

The Substance Abuse and Mental Health Services Administration (SAMHSA) supports the adoption of tobacco free facilities and the integration of tobacco-dependence treatment into substance abuse treatment. SAMHSA reports "tobacco cessation can increase long term recovery from substance abuse, improve mental health, and provide many health benefits". To assist SUD program providers, they provide a quick guide for program providers and clinicians:

https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5069qg.pdf

The quick guide is also available by calling SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727).

Outpatient Providers:

Outpatient mental health and SUD providers are encouraged to assess their clients for smoking as part of the treatment routine. They can use the 2A's & R and make a referral to the Quitline or a Quit Center, if they do not provide tobacco cessation treatment. Training, patient materials, and other professional resources for 2A's&R are available at https://www.tobaccofreenj.com/profesional-resources.

Providers can incorporate interventions for tobacco use cessation into their mental health or substance use treatment services and/or they can provide and bill for tobacco use cessation alone using individual counseling/therapy HCPCS codes **90832HF, 90834HF or 90836HF** and/or group therapy using **90853HF**. When billing for tobacco use cessation alone, use a diagnosis of **Tobacco Use Disorder** (**F17.210 – F17.299**).

Outpatient providers have several modalities of treatment available. One effective treatment is the use motivational interviewing and the Five R's system. Motivational interviewing is effective for patients who use tobacco and are not yet ready to quit, motivating an individual to quit by helping them understand the importance of quitting in personal terms. Providers can also help smokers explore and resolve ambivalence they may have about tobacco use cessation. The therapist should review the five "Rs":

- Relevance- Why is quitting relevant to this patient?

- Risk- Ask the patient to list what they perceive as a negative effect related to their smoking. These may include short-term and long-term risks.

- Rewards- Ask the patient to list the benefits of quitting. These may include improved health, saving money, or just feeling better about themselves.

- Roadblocks- Ask the patient to identify barriers to quitting. The therapist can talk about ways to address these barriers.

- Repetition- Do not give up on the patient. Repeatedly follow up with the patient. Reassure the patient that it may take repeated attempts to quit, especially for patients with a behavioral health disorder.

Therapists should address areas that can contribute to failed cessation attempts such as depression and mood disturbances. These disorders tend to correlate with poor smoking cessation outcomes.

For members with a history of depression, providers can consider cognitive-behavioral therapy (CBT). CBT focuses on identifying and changing maladaptive thoughts and behaviors that can worsen anxiety and/or depression. Therapies that target mood disturbance and improve thought processing can result in improved tobacco cessation rates.

If there are any questions regarding coverage of tobacco cessation services, please contact the DMAHS Office of Behavioral Health at 609-631-4642 or, for questions regarding claims processing, the Gainwell Technologies Provider Services Unit at 1-800-776-6334.

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