

Medicaid and Tobacco Dependence Treatment

Wisconsin MEDICAID Changes – Simpler, Better

Changes in Medicaid, BadgerCare, and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescriptions and office visits for the purpose of tobacco dependence treatment.

For Mental Health and Substance Abuse Counselors, This Means . . .

- **Under the outpatient substance abuse benefit**, Medicaid covers medically necessary substance abuse counseling services related to tobacco cessation on an individual or group basis, provided by physicians, Ph.D. psychologists and substance abuse counselors (including masters level therapists).
- **Under the outpatient mental health benefit**, Medicaid covers medically necessary diagnostic evaluations and psychotherapy related to tobacco cessation provided by psychiatrists, Ph.D. psychologists, and masters level therapists.
- Wisconsin Medicaid now covers **combination therapy** for smokers (more than one medication used at the same time, like bupropion plus the nicotine inhaler).

Reimbursement

- Office visits for the sole purpose of tobacco dependence treatment do not require prior authorization for reimbursement unless services exceed 15 hours or \$500, whichever comes first. For HMO members follow referral or prior authorization rules.
- Use the ICD-9 code (305.1 or V15.82) **AS THE PRIMARY OR SECONDARY DIAGNOSIS** plus CPT codes 99401 - 99404 or 90804 - 90815. You may also use CPT codes 90875 - 90876.
- Telephone and web-based counseling are not covered.

Covered Medications

BadgerCare Plus and Medicaid SSI cover the following:

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—the inhaler, nasal spray, patch (written as “legend nicotine patch”) and nicotine gum (with prescription)
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine-replacement therapy, for example.
- Enrollment in smoking-dependence-treatment-counseling programs is not required.



Did You Know?

- Adult smoking among Wisconsin Medicaid recipients is 50 percent higher than the adult population as a whole.
- Individuals with a psychiatric diagnosis consume 45 percent of the cigarettes in the U.S.
- 80 percent of alcoholics smoke.
- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line (1-800-QUIT-NOW) provides free, individualized counseling for patients before, during and after the quit date.

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Five Simple Steps for Helping Your Patients Quit

- ASK** **Identify tobacco users.**
The medical assistant, nurse or physician asks every patient if he or she uses tobacco and notes the response in the electronic chart or on the paper medical record.
- ADVISE** **Talk with the patient about tobacco use.**
The physician (or other healthcare provider) in a clear, strong and personalized manner, urges every tobacco user to quit. Research shows that linking quitting to current health concerns--like frequent colds, heart disease, diabetes, asthma, etc.—is most effective.

Note: Advice to quit should be noted in the patient's medical record.
- ASSESS** **Determine if the patient is willing to make a quit attempt at this time.**
Is he or she ready to set a quit date within a month?
- ASSIST** **If the patient is ready to quit, prescribe a medication unless contraindications exist.**
The physician determines which medication would best help each patient, depending upon past history, amount smoked, current medications, etc. and prescribes that medication.

Note: As mentioned above, only FDA-approved, prescription medications are covered (bupropion SR, nicotine inhaler, nicotine nasal spray, legend nicotine patch, and varenicline).
- ARRANGE.** **Arrange follow-up including counseling.**
If the clinic has a counseling program, refer the patient if appropriate (For outpatient substance abuse and outpatient mental health, Medicaid covers individual and group counseling).

Note: Mental Health and substance abuse services for the sole purpose of treating tobacco dependency are reimbursable.

For counseling, the Wisconsin Tobacco Quit Line is an excellent option.

If the patient is ready to make a quit attempt and has regular access to a phone, connect the patient to the Quit Line either through the Fax to Quit Program or by giving the patient a card or brochure with the Quit Line number. This telephone-based counseling is free and individualized. The Quit Line also has lists of local counseling programs. HMO enrollees may also have access to HMO-specific smoking dependence treatment programs and counseling. This is an excellent "treatment extender" to what you provide in your office.



***Final note:** Tobacco Dependence is a chronic disease and should be treated as such (like diabetes or hypertension). Patients often relapse and may feel discouraged because of this. Most people who eventually quit have made multiple attempts. It is important to encourage tobacco users by treating each attempt as a learning experience and not as a failure. Patients can ultimately succeed in quitting with help from medication, counseling and your support.*

See www.ctri.wisc.edu for more information about helping smokers quit.

Prepared by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health