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Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

TOBACCO USE DISORDER TREATMENT
MODULE 5

SEPTEMBER 2024

Acknowledgments

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Background

The Tobacco Use Disorder Treatment Module supports organizations implementing evidence-based integrated care approaches that are specific to tobacco cessation. This module can be used with the Integrated Care Financing Decision Support Tool, which provides interactive billing, reimbursement and aggregate financial modeling insights supporting implementation and additional integrated care financing modules. Please contact the Center of Excellence for Integrated Health Solutions if you have any questions or concerns.

Introduction

The integrated care movement has long emphasized the importance of better integration and enhancement of collaborative care across mental health, substance use and physical health care to improve health outcomes and service delivery across the health care system. Ensuring that evidence-based integrated care approaches are widespread and accessible to all consumers hinges on sustainable financing strategies. Treatment for tobacco use disorder is a great example of an evidence-based service that can be integrated into different practice settings. This module provides financing strategies for tobacco cessation that can be used in a variety of settings where physical health and/or behavioral health services are provided.

While tobacco use has declined considerably in the United States over the past 50 years for both youth and adults,[1] disparities remain prevalent among those who continue to use tobacco products. For example, in 2020, nearly 29% of Medicaid beneficiaries used tobacco products, compared to 16% of those with private insurance.[2] People with mental health and/or substance use diagnoses also have substantially higher tobacco use compared to the general population. The prevalence of smoking among people with serious mental illness is almost 36%,[3] which is more than twice the rate of the general U.S. population, and even higher among those in specialty treatment for substance use disorder (SUD), at 70%.[4] These disparities in tobacco use can result from unequal application of resources (e.g., access, education and social norms) and/or policies, like availability of smoke-free places, across historically marginalized populations, including those diagnosed with behavioral health conditions.

A common myth is that people with mental health disorders and/or SUDs may be less capable of quitting or that quitting may exacerbate their behavioral health-related symptoms. However, research indicates that people with behavioral health needs are actually ***more*** likely to want to quit smoking tobacco than the general population.[5] Those who quit smoking also have better mental health and SUD recovery outcomes and are 25% more likely to sustain substance use recovery and experience reduced depression, anxiety and stress.[6, 7, 8]

Tobacco products have a wide range of negative general health implications and are a major determinant of preventable morbidity and mortality worldwide. In fact, cigarette smoking remains the leading cause of preventable disease, disability and death in the U.S., with smoking being a key risk factor for many types of illnesses such as cancer, coronary heart disease, chronic obstructive pulmonary disease, stroke, blindness, deafness, back pain and osteoporosis.[9] Studies show that implementing comprehensive and proactive treatment for tobacco use, including offering medication and counseling, can be cost-effective, resulting in reductions in acute health care costs for hospitalizations and emergency room visits, offsetting the cost of smoking cessation intervention services.[10] The American Lung Association estimates that for every dollar the U.S. spends on providing tobacco cessation treatments, there is an average return on investment of $1.26.[11]

Despite being evidence-based and cost-effective, provision of treatment services for tobacco use disorder is generally lower than recommended across all health care settings, including primary care, mental health and substance use treatment settings.[12] While nearly 85% of federally qualified health center patients nationally receive tobacco cessation services,[13] only 69% of SUD treatment facilities and 55% of mental health facilities offer these services. [14] The U.S. Preventive Services Task Force recommends that clinicians ask all adults and pregnant people about tobacco use, advise them to stop using tobacco products, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation.[15] *(Note: Services with an "A" or "B" rating by the U.S. Preventive Services Task*

Force, which includes tobacco cessation efforts, must be covered without cost-sharing by applicable group and individual health plans.[16])

Comprehensive coverage for tobacco cessation services is typically defined as coverage of all seven FDA-approved cessation medications (described in more detail in the "Coverage landscape considerations" section) plus individual, group and telephone cessation counseling. The "Coverage Landscape Considerations" section of this module provides more information about coverage. Quitlines also are a highly effective strategy to support tobacco cessation, and all states offer free quitline services via a single toll-free portal, 1-800-QUIT-NOW, as well as web-based support.

This tobacco cessation module highlights insights and strategies across the following domains:

- Coverage landscape considerations
- Minimum coverage standards
- General coding strategies
- Eligible staff
- Billing for tobacco cessation services across different health care settings
- Documentation tips

This module primarily focuses on health insurance coverage and provider billing for services related to tobacco use disorder treatment. For details on clinical process improvements and other tips related to implementation of tobacco cessation services, see the "Tobacco Cessation Change Package" created by the Centers for Disease Control and Prevention (CDC). [17]

Coverage Landscape Considerations

The national health care financing landscape is complex and variable, often informed by local factors like state policy decisions, allocation of categorical grant-based funding, health insurance coverage and payer priorities. This module focuses on fee-for-service financing considerations for tobacco cessation services. Despite this fee-for-service lens, the insights provided are universally applicable to organizational settings that are financed through alternative payment mechanisms such as cost-based, prospective and value-based payment arrangements, acknowledging that fee-for-service costing considerations often are the financial benchmark to structure alternative payment mechanisms. Guidance on how to adapt tobacco cessation services across different health care settings is highlighted in the "Billing for Tobacco Cessation Services Across Different Health Care Settings" subsection of this module. In alignment with the national coverage landscape, this brief considers three categorical modalities of tobacco cessation:

1. **Nicotine Replacement Therapy.** The FDA defines nicotine replacement therapy (NRT) as products that supply controlled amounts of nicotine to people who are attempting to quit smoking. NRT products are designed to help people gradually reduce their dependence on nicotine and reduce the urge to smoke by providing nicotine to the body through a safer, alternative method. The FDA-approved products available over the counter include nicotine patches, gums and lozenges, while nasal spray and inhalers [18] require a prescription. [19] *(Note: Over-the-counter drugs are only included in the Medicaid program when prescribed by an authorized prescriber.[20])* The FDA recommends using NRT products as part of a comprehensive smoking cessation program to increase the chances of successfully quitting smoking by reducing withdrawal symptoms and cravings associated with nicotine dependence.

2. **Non-nicotine pharmaceutical interventions.** There are two FDA-approved non-nicotine-based prescription medications (sometimes called "quit-smoking medicines") that support tobacco cessation:
    a. Varenicline (brand name: Chantix): Varenicline is a prescription medication that works by reducing the pleasure of smoking and decreasing withdrawal symptoms. It can help people quit smoking by reducing cravings and the rewarding effects of nicotine.
    b. Bupropion (brand names: Zyban, Wellbutrin): Originally an antidepressant, bupropion has been found to help people quit smoking. It works on the neurotransmitters in the brain, reducing cravings and withdrawal symptoms.
3. **Counseling/Behavioral Therapy.** Comprehensive tobacco cessation programs also include coverage for individual, group and telephone counseling.

While both medications and counseling for tobacco cessation are effective on their own, research shows that these strategies are more effective when used together.[21] Tobacco cessation pharmacotherapies can also be combined to increase their effectiveness. For example, patients may benefit from using two types of NRT, such as a nicotine patch in combination with nicotine gum, or NRT in combination with varenicline or bupropion.[22] Counseling sessions can be administered by telephone through evidence-based quitlines, which offer free assistance to help people quit smoking. While quitlines are not considered a reimbursable medical service, they may be considered in supplementing each beneficiary's counseling sessions.[23]

Minimum Coverage Standards

This section reviews minimum coverage standards for qualified health plans, Medicaid and Medicare. Collectively, these coverage options provide health insurance to more than 89% of people in the U.S. Organizations seeking to implement tobacco cessation should consider the health insurance coverage of their target population — or "payer mix" — as it has clinical workflow and financing implications. For example, payment rates, billing and reimbursement procedures and utilization management can vary widely by payer, which holds implications for the staff needed to manage administrative burdens and revenue opportunities. Table 1 highlights mandatory coverage standards for tobacco cessation services across qualified health plans, Medicare and Medicaid.

Table 1: General coverage standards for tobacco cessation services across payers

COVERAGE CATEGORY	NICOTINE REPLACEMENT THERAPY	NON-NICOTINE	BEHAVIORAL HEALTH INTERVENTIONS
Medicaid ***Note: All state Medicaid programs cover some cessation treatments, but only 20 states have comprehensive Medicaid coverage.***[24]	NRT patch and gum: Covered by all 50 states. Lozenge: Covered by 49 states. NRT nasal spray and inhaler: Covered by 43 states.	Varenicline: Covered by 48 states. Bupropion: Covered by 49 states.	Varies by state — According to the CDC, 39 states offer comprehensive individual counseling and 21 states offer group counseling to all Medicaid enrollees.[25]
	Pregnant people regardless of state expansion status	Since 2010, the Affordable Care Act (ACA) has required that pregnant people enrolled in Medicaid have access to all tobacco cessation modalities without cost-sharing (copayment, coinsurance, etc.).	
	Medicaid expansion beneficiaries	Medicaid expansion beneficiaries must receive 90 days of all FDA-approved smoking cessation medications and are allowed at least two quit attempts per year, with no prior authorization for treatments and no cost-sharing.	
	Children	Eligible children under age 21 who use tobacco cessation counseling and pharmacotherapy, if indicated, must be covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.	
Medicare ***Note: Coverage may vary under Medicare Part C and Medicare Advantage Plans.***	Part B: Nicotine nasal spray and nicotine inhaler are covered but need prior authorization from provider. Part D plans may choose to cover additional NRTs.	Varenicline and Bupropion are covered.	Allows two quit attempts per year, each of which includes a maximum of four intermediate or intensive counseling sessions, for a total of eight counseling sessions per year. Medicare copayment, coinsurance and deductibles are waived.
Qualified health plans	Covers 90 days of all FDA-approved smoking cessation medications, including NRT.	Covers 90 days of all FDA-approved smoking cessation medications.	Covers four sessions of individual, group and phone counseling, with no prior authorization or cost-sharing for treatments.

General Coding Strategies for Tobacco Cessation Services

Many insurers in the U.S., including Medicare, Medicaid and commercial insurance carriers, reimburse for two Current Procedural Terminology (CPT®) billing codes specific to tobacco cessation counseling in outpatient health care settings:

- **99406,** which is considered an "intermediate" code for time spent counseling a patient for at least three minutes and up to 10 minutes.
- **99407,** an "intensive" counseling code for tobacco cessation counseling services that last at least 10 minutes.

In general, these billing codes may be used across different health care settings and provider types, including mental health, substance use and physical health providers. To qualify for payment, services must be furnished by an eligible provider to patients who are actively using tobacco, as well as competent and alert when counseling is provided (see "Eligible Staff" section). Providers may bill for these services regardless of whether the patient chooses to quit or does so successfully.[26]

Examples of related services that may qualify as tobacco cessation counseling could include:

- Assessing the patient's readiness for change and/or willingness to attempt to quit.
- Addressing barriers to change and ways to avoid relapse.
- Advising the patient to make behavioral changes.
- Educating the patient on the negative impacts of smoking.
- Providing specific interventions to help motivate the patient to quit.
- Offering additional resources, such as support groups, quitline information or information about available NRTs or medications to assist with quitting.
- Arranging follow-up as necessary/appropriate.

The Centers for Medicare and Medicaid Services (CMS) has included 99406 and 99407 on the list of "approved" telehealth codes for Calendar Year 2024, including for audio-only service delivery.[27] The 99406 and 99407 billing codes cannot be reported together on the same claim. In some cases, standard evaluation and management (E/M) codes for office visits (i.e., traditional physician visits) and/or psychotherapy billing codes may be used in place of, or in conjunction with, the standalone smoking and tobacco use cessation counseling visit codes.[28]

Evaluation and management services fall within CPT code range of 99202-99499, and typically refer to services provided by physicians or other qualified health care professionals that involve evaluating and managing patient health. Evaluation in the context of tobacco cessation includes assessing factors such as severity of dependence, physical comorbidities and prior cessation attempts. Management can include assessment of medications for tobacco cessation and potential contraindications. Psychotherapy services cover assessment and treatment of psychological conditions in the DSM-5, including tobacco use disorder, using psychological interventions. Examples of psychotherapy-related billing codes that may be used for tobacco cessation services include 90832, 90834 and 90837.[29] *(Note: This module does not provide an exhaustive review of relevant E/M and/or psychotherapy codes, but shares example codes that could be used for tobacco cessation billing for illustrative purposes.)*

A key decision in tobacco cessation billing is whether these standalone tobacco cessation service codes should be billed in place of or in addition to E/M and/or psychotherapy services. This decision may be informed by different factors, including: 1) the service components rendered (psychotherapy, medical decision-making and/or advice to quit), 2) the amount of time spent on tobacco cessation counseling, 3) the specific type(s) of staff delivering services, 4) the extent to which an individual patient has exhausted available benefits (for example, some insurers, including Medicare, will only cover up to eight tobacco cessation counseling sessions per year), and 5) nuances of the coverage landscape in your local area.

While Medicare does not reimburse for this, some payers may also cover smoking cessation classes offered by non-physician providers (S9453) or peer specialists,[30] cover preventive medicine group counseling for smoking cessation (e.g., 99411, 99412, 99078), and/or allow smoking cessation counseling to be covered under other existing billing codes (for example, group therapy for treatment of SUD). See Table 2 for a summary of tobacco cessation billing options by general type of service.

Table 2: General coverage standards for tobacco cessation services across payers [31]

TYPE OF SERVICE	GENERAL DESCRIPTION	BILLING CODE OPTIONS *(Note: Not an exhaustive list; check with local payers for confirmation of coverage.)*	ELIGIBLE PROVIDER TYPES
Psychotherapy	Assessment and treatment of psychological conditions in the DSM-5, including tobacco use disorder, using psychological interventions.	90832: 30 minutes psychotherapy 90834: 45 minutes psychotherapy 90837: 60 minutes psychotherapy 90853: group psychotherapy Modifier 59 should be used if billing 99406 or 99407 with a psychotherapy code, though same-day billing of these two services may not be allowed by all payers.	Typically billable by licensed behavioral health providers, including psychiatrists, clinical psychologists, clinical social workers, mental health counselors, marriage and family therapists and advance practice clinicians.
Evaluation and management	Evaluation includes determining severity of tobacco dependence, comorbidities, prior quit attempts. Management includes medication selection and/or modification based on evaluation.	99213-99215: office visits for established patients 99201-99205: office visits for new patients Modifier 25 should be used if billing 99406 or 99407 with an E/M service.	Typically billable by physicians and other "qualified non-physician practitioners," such as nurse practitioners, certified nurse specialists, physician assistants, certified nurse midwives and nurse anesthetists.

Tobacco cessation counseling	Advise specific changes to behavioral routines (avoid triggers), arrange services/ follow-up, address barriers to change.	99406: 3-10 minutes 99407: >10 minutes 99078: group counseling (Note: This is not specific to tobacco cessation and likely varies by payer.)	Typically billable by physicians, nurse practitioners, physician assistants, clinical nurse specialists, clinical psychologists and clinical social workers. May be billable by auxiliary staff providing services "incident to" the physician.
Other options (likely to vary by location)	While Medicare does not reimburse for this, some payers may cover additional services, such as smoking cessation classes offered by non-physician providers (S9453), preventive medicine group counseling for tobacco cessation (99411, 99412), and/or tobacco cessation services offered by certified peer specialists.		

Eligible Staff

In general, Medicare allows the following recognized practitioners to provide tobacco counseling services: physicians, nurse practitioners, physician assistants, clinical nurse specialists, clinical psychologists, clinical social workers, occupational therapists, physical therapists and speech-language pathologists.[32] Effective Jan. 1, 2024, CMS began allowing licensed mental health counselors, including addiction counselors and marriage and family therapists, to enroll in and independently bill for "diagnosis and treatment of mental illnesses that they are legally authorized to furnish under state law." Additionally, some Medicare services, including tobacco cessation, could be performed by auxiliary personnel such as nurses or tobacco treatment specialists under "incident to" standards.[33,34] Medicaid programs may allow a wider variety of provider types to furnish and bill for tobacco cessation services, such as dental providers, pharmacists and/or peer specialists.

Spotlight on tobacco treatment specialists. A staffing model that can be integrated into different health care settings is one in which a tobacco treatment specialist (TTS) works under the supervision of a prescribing clinician to provide a comprehensive assessment, treatment plan and behavioral counseling to patients who are being seen in the practice. A TTS is usually an allied health professional with specific training in treating tobacco use disorder. In the U.S., many TTSs receive their training through a program accredited by the Council for Tobacco Treatment Training Programs, which requires that the educational content is consistent with Clinical Practice Guidelines and competency standards developed by a job task analysis and a panel of experts. Evidence suggests that a TTS can be more effective than a health care provider who fits tobacco into other provider duties. Champions of tobacco use treatment programs can work with internal compliance and billing leaders to determine how, if at all, TTSs can bill for services depending on the setting, services rendered and license/credentials of the TTS.

Source: Adapted from: Burke MV, Ebbert JO, Schroeder DR, McFadden DD, Hays JT. Treatment Outcomes From a Specialist Model for Treating Tobacco Use Disorder in a Medical Center. Medicine (Baltimore). 2015 Nov;94(44):e1903. doi: 10.1097/MD.0000000000001903. PMID: 26554789; PMCID: PMC4915890. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4915890/

Billing for Tobacco Cessation Services Across Different Health Care Settings

In addition to billing practices varying by services and staff type, the unique billing strategies can also vary by health care setting. Table 3 offers a summary of considerations for tobacco cessation billing in different physical and behavioral health environments.

Table 3: Summary of tobacco cessation billing options by health care setting

HEALTH CARE SETTING	SERVICE CONSIDERATIONS	BILLING CONSIDERATIONS	ADDITIONAL DETAILS
Mental health outpatient	The American Psychiatric Association encourages mental health clinicians to integrate smoking and tobacco use cessation counseling into routine practice. Evidence-based practices that may already be in use can support tobacco cessation, such as motivational interviewing and cognitive-behavioral interventions to address the maladaptive behavior of smoking.[35]	Standard evaluation and management (E/M) (e.g., 99213-99215) and psychotherapy codes (e.g., 90832, 90834) may be used in lieu of or in addition to the tobacco cessation counseling codes (99406, 99407). Modifier 25 should be used if billing 99406 or 99407 with an E/M service. Modifier 59 should be used if billing 99406 or 99407 with a psychotherapy code, though same-day billing of these two services may not be allowed by all payers. Confirm with local payers whether group counseling services include tobacco cessation.	Payment for Treatment of Smoking Cessation During Outpatient Psychiatric Visits includes case studies
Primary care or pediatric	Tobacco cessation services may be provided "incident to" physician services by trained auxiliary staff such as nurses, medical assistants and/or tobacco cessation specialists.	Standard evaluation and management (E/M) (e.g., 99213-99215) may be used in lieu of or in addition to the tobacco cessation counseling codes (99406, 99407). Modifier 25 should be used if billing 99406 or 99407 with an E/M service. Pediatric providers may not bill 99406 or 99407 for time spent counseling a child's parent(s) or caregiver(s).[36] Confirm with local payers whether nursing staff providing tobacco cessation services can bill using the "nurse visit" code (99211).	Medical Billing and Coding for Tobacco Dependence Treatment Services.

Federally Qualified Health Center (FQHC)	FQHCs may want to leverage integrated workforces to support tobacco cessation efforts (e.g., by engaging primary care, behavioral health and even on-site dental professionals and pharmacists).[37] Percentage of adults screened for tobacco use and receiving cessation intervention is one of the standardized FQHC uniform data system (UDS) measures.	Tobacco cessation is considered a qualified visit under the FQHC preventive services list, which means that it is reimbursable as a distinct service under the prospective payment system (PPS). It is not separately reimbursable outside of the PPS. Tobacco cessation is documented as a professional medical service, not mental health service. FQHCs typically will be reimbursed for the full PPS amount, even if no other qualifying services are provided.	National Association of Community Health Centers: FQHC Reimbursement for Tobacco Cessation Counseling
Substance use facilities	The American Society of Addiction Medicine (ASAM) recommends that SUD programs screen all patients for tobacco use, offer evidence-based treatment and use motivational and harm reduction strategies for patients who are unsure about quitting.[38]	Payment for tobacco cessation counseling may be bundled under existing programs, such as intensive outpatient or partial hospitalization programs. Confirm with local payers whether tobacco cessation can be billed separately.	Billing Guide Addendum for Behavioral Health
Certified Community Behavioral Health Clinic (CCBHC)	CCBHCs are required to screen for tobacco use and be capable of prescribing and managing medications for tobacco use disorders; CCBHCs are encouraged to operate tobacco-free campuses.	Determine whether tobacco cessation counseling services are included in the PPS. At the time of publication of this module, five of the six CCBHC states with publicly available information covered 99406 and 99407 in their PPS rates.[39]	CCBHC Certification Criteria
Inpatient hospital setting	Interventions started during a patient's hospital stay, with regular follow-up post discharge, are effective in helping patients quit tobacco and improve their health outcomes.	Physician or non-physician practitioners, such as physician assistants, certified nurse practitioners, certified nurse midwives and certified nurse anesthetists can bill inpatient consult codes (99251-99255, 99221-99223) for assessing and treating physical complications secondary to tobacco use. Of note, other providers, like licensed clinical social workers, who can bill independently in the outpatient setting cannot in the inpatient setting.	Interventions for Smoking Cessation in People Diagnosed with Lung Cancer

Documentation Tips

To bill for tobacco cessation counseling, the provider must document medical necessity, a relevant diagnosis code and specifics regarding the types of services and/or resources provided.[40]

The following components should be included in the medical record documentation:

- Patient demographics, medical history and tobacco use status.
- Patient's willingness to attempt to quit smoking, including whether a quit date was set.
- Tobacco-related diagnosis code41 — for behavioral health providers, this will often include a "nicotine dependence" diagnosis code that falls under the ICD-10 F.17 series. (Note: Medical providers may need to select a diagnosis code representing the physical health impact of tobacco use, such as T65.2 series [toxic effective of tobacco and nicotine] Marijuana use is not considered a reimbursable diagnosis code for tobacco cessation counseling services.)
- Counseling start/end times and content, including discussions on motivation, challenges and coping strategies.
- Modality of services delivery (e.g., face-to-face or via telehealth, including whether audio-only or audiovisual).
- Pharmacotherapy options discussed, provided or prescribed to the patient, including medication names, dosages and instructions.
- Referral(s) for follow-up tobacco cessation counseling as necessary/appropriate, including type of referral (e.g., telephone counseling, group counseling, individual counseling and/or quitline).

In general, health care providers — even those who do not directly offer tobacco cessation counseling — can help increase access to tobacco use disorder treatment services by screening for tobacco use and referring patients to counseling, as needed. A counseling referral is defined as an appointment made by the health care provider or hospital either through telephone contact, fax of the electronic health record (EHR) or email. For quitline referrals, the health care provider or hospital can either fax or email a quitline referral or assist the patient in directly calling the quitline prior to discharge. The Joint Commission has developed specifications for documenting tobacco cessation counseling referrals in EHRs.[42] Sample EHR workflows for tobacco use screening can be found at "Three Epic EHR Workflows for Tobacco Use Screening."

Closing

Please contact the Center of Excellence for Integrated Health Solutions if you have any questions or concerns.

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30 National Behavioral Health Network for Tobacco & Cancer Control. (2018). *Funding peer specialists improves tobacco use in populations with mental illness* [Infographic]. https://www.bhthechange.org/wp-content/uploads/2018/01/NBHN-Medicaid-Funding-Infographic_revised-011718.pdf

31 Adapted from National Behavioral Health Network for Tobacco & Cancer Control. (2020, February 26). *Best practices for tobacco cessation billing in behavioral health settings* [PowerPoint slides]. https://www.bhthechange.org/wp-content/uploads/2020/02/Handout-2-Best-Practices-for-Tobacco-Cessation-Billing-in-Behavioral-Health-Settings-FINAL.pdf

32 National Government Services. (2024, April 15). Frequently asked questions: Smoking cessation. https://www.ngsmedicare.com/hu/evaluation-and-management?selectedArticleId=1612771&lob=97345&state=97356&rgion=0

33 Under "incident to" regulations, services are not restricted to any particular type of provider, but the personnel providing these services must operate within scope of practice and under a formal agreement that identifies the services to be provided. Care must also be provided face-to-face, under a physician's direct supervision (on the premises but not necessarily in the same room) and not in a hospital setting. Centers for Medicare & Medicaid Services. (2024, March 7). Medicare benefit policy manual: Chapter 15 – Covered medical and other health services. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf

34 American Lung Association. (2021, April). *Billing guide addendum for behavioral health.* https://www.lung.org/getmedia/5d1979a7-21cb-4e85-86d3-c53ce1a31195/billing-guide-addendum-for.pdf

35 American Psychiatric Association. (2022). *Payment for treatment of smoking cessation during outpatient psychiatric visits.* https://www.psychiatry.org/getmedia/050a8b27-6120-4363-b4ee-2bf9fa6307e8/APA-Billing-Guide-Treatment-of-Smoking-Cessation-During-Outpatient-Psychiatric-Visits.pdf Initial assessment usually involves a lot of time determining the differential diagnosis, a diagnostic plan, and potential treatment options.

36 American Academy of Pediatrics. (2022). Tobacco/e-cigarettes use/exposure coding fact sheet for primary care pediatrics. https://downloads.aap.org/AAP/PDF/coding_factsheet_tobacco.pdf

37 National Association of Community Health Centers. (2022, March). *Tobacco cessation resource guide for health centers.* https://www.nachc.org/wp-content/uploads/2022/04/TCCP-for-Health-Centers-3.23.22.pdf

38 American Society of Addiction Medicine. (2022). *Integrating tobacco use disorder interventions in addiction treatment: A guide for addiction treatment clinicians and programs*. https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/guidelines/tobacco-guide.pdf

39 The states covering tobacco cessation in their CCBHC PPS rates include Kansas, Missouri, Nevada, Oklahoma and Oregon. Payment information can change frequently, and other states may include coverage for tobacco cessation services in their CCHBC programs. Please confirm details with local payers as needed.

40 Medical Billing and Coding for Tobacco Dependence Treatment Services.

41 A more complete list of possible diagnosis codes related to tobacco use disorder can be found on pages 14-17 of the following document: *Medical Billing and Coding for Tobacco Dependence Treatment Services*. https://ctri.wisc.edu/wp-content/uploads/sites/240/2018/01/Billing-CodingResourceSet2018.pdf

42 The Joint Commission. (2023). Referral for outpatient tobacco cessation counseling. *Specifications manual for Joint Commission national quality measures (v2023B)*. https://manual.jointcommission.org/releases/TJC2023B/DataElem0320.html