

Medicaid Billing for Tobacco Cessation Treatment-Medical Settings

In 2015, the Ohio Medicaid smoking rate was 40.1%ⁱ. This is nearly double the 2015 overall adult smoking rate in Ohio of 21.6%ⁱⁱ. As a provider, you can make an impact on reducing tobacco use by asking your patients if they smoke, providing even brief counseling, pharmacotherapy and referral to cessation resources. Ohio Medicaid covers tobacco cessation treatment for patients enrolled in Medicaid fee-for-service and Medicaid Managed Care. The Ohio Department of Health created the following chart to assist providers.

Service (code)	Medicaid Fee-for-Service		Medicaid Managed Care Plan (MCP) (Providers are encouraged to check with each MCP with questions about billing instructions or coverage policies.)				
	Modifier Required	Reimbursed Amount	Buckeye Community Health Plan	CareSource	Molina Healthcare of Ohio	Paramount Advantage	United Healthcare Community Plan
99406 Individual Tobacco Counseling (greater than 3 and up to 10 minutes)	Requires Modifier 25*	\$9.43	Yes	Yes	Yes	Yes	Yes
99407 Individual Tobacco Counseling (greater than 10 minutes)	Requires Modifier 25*	\$19.00	Yes	Yes	Yes	Yes	Yes
S9453 Smoking Cessation classes, non-physician provider, per session	---	\$14.52	Yes	Yes	Yes	Yes	Yes
Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs) Service Codes: 99406 and 99407	T1015 w/ a U1 modifier when eligible provider renders the service (FQHC or RHC medical service)	FQHCs and RHCs may be paid their pre-established per visit payment amount for FQHC or RHC medical services	Yes	Yes	Yes	Yes	Yes
Medications	FDA Approved		FDA Approved				



Quit Line Services	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now
Pharmacotherapy restrictions	No restrictions	No restrictions	Chantix – prior authorization required after 6 months/year; Nicotrol is non-preferred - requires a 30 day trial of gum, lozenge or patches and a clinical reason for both oral inhaler and nasal inhaler; quantity limits for gum, lozenge, & patches	Step therapy required for Chantix, Prior Authorization required for Nicotrol inhaler and spray	Chantix- 2 times a year limit for smoking cessation trials that have to be 6 months apart	Chantix – limited to 6 months/year, Nicotrol requires prior authorization
Provider Services	1-800-686-1516	1-866-296-8731	1-800-488-0134	1-855-322-4079	1-800-891-2542	1-800-600-9007

*Only required if an office visit is performed on the same day as tobacco cessation service.
 -No Copays for Fee-for-Service or Medicaid Managed Care.

Value-Based Purchasing (VBP)

Ohio’s models for VBP (episodes of care and patient-centered medical homes) include tobacco use as a significant risk factor. Payment is risk-adjusted for this variable. **Subsequently, it is in the clinician’s best interest to use an ICD-10 code to document the tobacco use status of all patients seen.** F17 codes are used if the patient is dependent on tobacco. Z codes are used if the patient is not dependent on tobacco. Additionally, identification of this code on a claim will allow for feedback to clinicians and hospital systems as it relates to tobacco use.

General Medicaid Fee-for-Service Considerations

All codes must be billed through a Medicaid provider.

Medicaid fee for service allows the following provider types to receive reimbursement for tobacco cessation counseling: advanced practice nurses, clinics, dentists (please refer to the *Medicaid Billing for Tobacco Cessation Treatment-Dental Settings*), freestanding birth clinics, outpatient hospital clinics, physicians, physician assistants and psychologists. Independently licensed social workers, clinical counselors, chemical dependency counselors, and marriage and family therapists can also receive reimbursement for tobacco cessation counseling. Dependently licensed practitioners may provide these services incidental to a physician service or under physician supervision. Providers billing on professional claims utilizing CPT procedure codes MUST include modifier 25 to be identified as a separately identifiable service. CPT procedure codes not accompanied by modifier 25 will be considered incidental to patient visit and may be rejected. FQHC or RHC claims for smoking cessation services rendered by an eligible practitioner of FQHC medical services (see OAC Chapter 5160-28) should be submitted as an FQHC or RHC medical visit using T1015 with a U1 modifier and procedure code 99406 or 99407.

Medicaid Managed Care Plans (MCPs)

All MCPs are required to cover tobacco cessation counseling and medications. Limits and prior authorization requirements may vary by health plan. Providers can contact the MCP's Provider Services Department at the phone number identified on page 1 of this document with questions or concerns. FQHCs and RHCs may submit a claim to ODM for a supplemental (wraparound) payment if the amount the MCP pays for tobacco cessation services is less than the FQHC or RHC's pre-established per visit payment amount for FQHC or RHC medical services.

Effective Screening for Tobacco Dependence

The "gold standard" approach to tobacco cessation treatment is known as *The 5As Model*ⁱⁱⁱ.

- **ASK** the client about smoking status
- **ADVISE** to quit smoking with personalized messages
- **ASSESS** willingness to quit
- **ASSIST** with motivational interviewing, self-help materials, problem solving, skills training, and social support. This could also involve making referrals to other treatment providers.
- **ARRANGE** to follow-up during subsequent visits

The 5As can be incorporated into existing practice protocols in a number of ways, often depending on the size of the office and shared responsibilities in patient treatment.

Medications

Ohio Medicaid covers all seven of the FDA approved medications for tobacco cessation – five forms of nicotine replacement therapy (patches, gum, lozenges, inhalers and sprays), antidepressants, and nicotinic receptor agonists. Prescriptions are required for all medications, including over-the-counter medications.^{iv} The cessation medication coverage does not have significant lifetime limits, annual limits, or limits of duration of treatment.

Ohio Tobacco Quit Line

The telephonic delivery of counseling services is an evidenced-based strategy for tobacco cessation. The Ohio Tobacco Quit Line, through the Ohio Department of Health, offers tobacco cessation counseling services for Ohioans. Those seeking assistance with quitting tobacco products can be referred to 1-800-QUIT-NOW. Participants enrolled in the program are offered a five-call proactive counseling series and access to nicotine replacement therapy, if eligible. Please email tobaccoprevention@odh.ohio.gov with any questions or concerns.

ⁱ Ohio Medicaid Assessment Survey, 2015, <http://grc.osu.edu/OMAS>

ⁱⁱ Behavioral Risk Factor Surveillance System, 2015, <https://www.cdc.gov/brfss/index.html>

ⁱⁱⁱ <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>

^{iv} Ohio Medicaid Pharmacy Program, <http://pharmacy.medicaid.ohio.gov/>