

## 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 Substance Abuse and Mental Health Providers, This Means . . .**

- **Under the outpatient substance abuse benefit**, Medicaid covers medically necessary substance abuse counseling services related to tobacco dependence treatment 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 dependence treatment provided by psychiatrists, Ph.D. psychologists, and master's 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). For more details, refer to Medicaid publications at [www.dhfs.wisconsin.gov/medicaid](http://www.dhfs.wisconsin.gov/medicaid).

### **Reimbursement**

- Substance abuse or mental health services provided 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 outpatient substance abuse treatment services**, use the **ICD-9 code (305.1)** plus **HCPCS codes H0005, H0022, H0047, or T1006** with the appropriate professional modifiers.\*
- **For outpatient mental health services**, use **ICD-9 code (305.1)** plus one of the **CPT codes 90804 through 90899** with the appropriate professional modifiers.\*
- Telephone and web-based counseling are not covered.

\* Refer to Medicaid publications for Medicaid's coverage policies, including prior authorization, at [www.dhfs.wisconsin.gov/medicaid](http://www.dhfs.wisconsin.gov/medicaid)

### **Covered Medications**

*Medicaid, BadgerCare and SeniorCare 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.
- You do not need to document counseling on the prescription.



### **Did You Know?**

- 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.
- Individuals with a psychiatric diagnosis consume 45% of the cigarettes in the U.S.
- 80 percent of alcoholics smoke.

(OVER)

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## Five Simple Steps for Helping Your Patients Quit

- 1 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.
- 2 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.*
- 3 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?
- 4 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). Fee For Service (FFS) patients are required to pay a co-pay for prescription medication with a monthly maximum of \$12 per pharmacy. Co-pay does not apply to HMO enrollees.*
- 5 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 dependence are reimbursable. All Medicaid office visits are subject to a co-pay of up to \$3 except for HMO enrollees.*

### 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.



*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.*

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See [www.ctri.wisc.edu](http://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