FROM THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

TOBACCO CESSATION TELEHEALTH GUIDE

The American Academy of Family Physicians (AAFP) has been a strong champion for tobacco prevention and has promoted evidence-based strategies for tobacco cessation. To support this work, it has developed a wide range of educational resources and practice support tools to help family physicians and their care teams.

AAFP

Developed in collaboration with

Pfizer

Introduction

Tobacco use remains the leading cause of preventable death in the United States with more than 480,000 lives lost annually to cigarette smoking alone, including 41,000 deaths caused by secondhand smoke.[1] There are many benefits from tobacco cessation, including decrease in mortality from heart disease and stroke; decrease in the risk of cancer in multiple organ systems; decrease in the loss of lung function; decrease in the risk of chronic obstructive pulmonary disease (COPD); benefits for the health of pregnant patients, their fetuses, and newborns; and an overall improved quality of life.[2] Smoking cessation counseling and pharmacotherapy are cost-effective means to reduce or prevent disease, more than doubling the rate of cessation compared with placebo.[2]

Role of Telehealth

While in-person, office-based cessation initiatives remain effective, telehealth is rapidly becoming an alternative modality for patient care. Telehealth services have allowed limited exposure among patients and medical staff during the COVID-19 pandemic. Medicaid, Medicare, and some private insurance carriers expanded the use of telehealth due to the public health emergency.

Telehealth can provide video clinical services that supplement those provided by state-based tobacco quitlines (e.g., 1-800-QUIT-NOW). These services expand access and improve adherence to chronic care management, such as treating tobacco dependence, and provide physicians enhanced methods of delivering evidence-based treatment.

Creating a team that assists the physician in delivering telehealth tobacco cessation services may be useful, particularly in counseling, behavioral change approaches, treatment modalities, and follow-up aspects of care. A recent study showed that telehealth can be effective in tobacco cessation treatment with similar abstinence rates as in-person counseling.[3] Telehealth may provide increased patient satisfaction and adherence to the pharmacotherapy treatment when compared to telephone counseling.[4] Telehealth counseling can also help patients feel better supported by their physicians as they attempt to quit smoking.[5] Compared with telephone counseling, telehealth video services allow clinicians to assess non-verbal cues from patients, which enhances the impact and accuracy of counseling encounters.

Cessation Insurance Coverage

The 2014 Patient Protection and Affordable Care Act (ACA) mandated coverage of preventive services, including tobacco use screening and tobacco cessation counseling for adults and adolescents. Medicare Part B covers intermediate and intensive counseling for symptomatic and asymptomatic patients.

Although the patient may not be ready to quit, the physician can recommend medication-assisted treatment and still be eligible for reimbursement using Current Procedural Terminology (CPT) codes (see Billing and Coding Table). Two cessation attempts are covered per 12-month period. Each attempt may include a maximum of four intermediate or intensive counseling sessions. For most billing purposes, counseling must be provided by a physician or other Medicare-recognized health care professional.

Private insurers are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant patients. Private payer benefits are subject to specific plan policies. Check with individual insurance plans to determine which specific interventions are included and the extent to which these interventions are covered.

Tobacco Cessation Billing and Coding

The table below provides codes for tobacco cessation, along with the type of service and a description of the code. Use a robust set of cessation resources in your patient care plan, including behavioral, pharmacotherapy, and social support strategies to achieve improved health outcomes in your patient population. Most importantly, generate an environment of support in your clinic by engaging all staff to their highest level of ability to assist patient quit attempts.

Billing and Coding Table

HCPCS/CPT Code	Type of Service	Description
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes
S9453*	Smoking cessation classes	Non-physician provider, per session

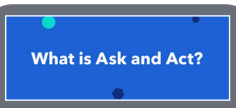
**Service is not covered by Medicare*

When billing tobacco use cessation counseling (CPT codes 99406 and 99407) with a medically necessary evaluation and management (E/M) service, append modifier -25 to the E/M code. A full list of applicable ICD-10 diagnosis codes can be found here: www.aafp.org/dam/AAFP/documents/patient_care/tobacco/codes-tobacco-cessation-counseling.pdf.

ASK and ACT Intervention

The AAFP's Ask and Act program is a successful tobacco cessation intervention (www.aafp.org/askandact) that encourages family physicians to ASK all patients about tobacco use, then ACT to help them quit. This flowchart provides steps family physicians can take to guide your patients to quit tobacco and nicotine.

ASK:
Identify the tobacco or electronic cigarette (e-cigarette) use status of your patient.



Click here to watch a video about the AAFP's Ask and Act program.

ACT:
Is your patient interested in quitting?

If NO:

- ASK what obstacles your patient has to quitting tobacco or e-cigarettes and try brief motivational interviewing.
- Advise your patient to quit.
- ASK if a conversation can be continued at a later date.

If YES:

- Counsel your patient about quitting, including advising them about behavioral change approaches, offering medication options, and formulating a maintenance plan.

Recommend that your patient perform behavioral change approaches (lasting less than 10 minutes) and offer encouragement. These approaches could include:

- Skill building: When your patient is craving nicotine, ask them to complete 10 simple activities, including deep breathing, drinking a glass of water, taking a walk, or relaxing their muscles for approximately 30-60 seconds.
- Support outside the clinic: Ask your patient to commit to a friend, family member, or colleague about their intent to quit using nicotine.
- Support inside the clinic: Encourage your patient during interactions with statements such as, ***"My staff and I will do everything we can to support you in this process."*** And then, follow up with support and encouragement.

Medication and counseling: A combination of medication and counseling improves quit rates more than either approach alone.[6]

- Identify your patient's nicotine use and develop a treatment plan with the patient's input (i.e., shared decision making). To determine nicotine use and to develop a treatment plan, ask the following questions:
  - "How soon do you smoke or vape when you wake up in the morning?"
  - "How much do you smoke or vape per day?" (Note: On average, an individual inhales about 1.1-1.8 milligrams [mg] of nicotine per cigarette and 0.5-15.4 mg in an e-cigarette [15 puffs] and consumes 144 mg of nicotine in a whole can of chewing tobacco).[7] Establish your patient's nicotine use in order to offer a replacement.

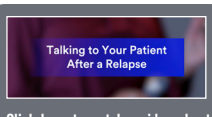
Maintenance plan: Discuss with your patient ongoing counseling and encouragement efforts.

- Encourage your patient to use quitlines (e.g., 1-800-QUIT-NOW), websites (e.g., www.smokefree.gov), text lines (e.g., text QUIT to 47848), mHealth apps, patient portals, and/or a tobacco treatment specialist.
- Follow up with your patient two to four weeks from the initial visit. Follow-up visits increase cessation rates compared with no follow-up visits.[8]
- Combination NRT with a short- and long-acting formulation and varenicline as a single agent are both first-line pharmacotherapy options.[9]

The following are Food and Drug Administration (FDA)-approved therapies and medications for smoking cessation[6]:

- **Bupropion SR**
- **Varenicline**
- **Nicotine replacement therapies:**
  - **Gum**
  - **Lozenge**
  - **Transdermal patch**
  - **Nasal spray**
  - **Oral inhaler**

These therapies and medications do not apply to vaping.



Click here to watch a video about talking to your patients about relapse.

Documentation Requirements

Smoking cessation documentation should reflect the performance of a significantly separate identifiable service when it is performed on the same date of service as an E/M service.

Elements of documentation for CPT codes 99406-99407 may include, but are not limited to:

- Type or method of tobacco use (cigarettes, pipe, chewing tobacco, etc.)
- Amount of use (i.e., asking if the use qualifies as dependence)
- Impact (personal, family, friends, health, social, financial, etc.)
- Methods and skills for cessation
- Resources available
- Willingness to attempt to quit
- If the patient is willing to attempt to quit, agreement on plan of approach
- Implementation date
- Method of follow-up
- Documentation of exact time spent in face-to-face counseling with the patient

An entry in the patient's health record stating, "I spent 11 minutes counseling the patient on tobacco use" is not sufficient to meet the standards of medical necessity and counseling and would not support the billing of 99406 or 99407.

An example of a sufficient entry in the patient's health record would be the following: "We spent 15 minutes today discussing the patient's current two-pack per day cigarette dependence; the effects of smoking on his wife's pregnancy (secondhand smoke); and a counseling plan for quitting. After discussing pharmacotherapy options, the patient elected to begin starter-pack varenicline and use the gradual quit approach."

Resources

Chronic Care Management in the Real World. *FPM.*
www.aafp.org/fpm/2015/0900/p35.pdf

Chronic Care Management Toolkit. AAFP.
www.aafp.org/ccmtoolkit

Coding Reference: Tobacco Use Prevention and Cessation Counseling. AAFP.
www.aafp.org/dam/AAFP/documents/patient_care/tobacco/codes-tobacco-cessation-counseling.pdf

Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation. AAFP.
www.aafp.org/dam/AAFP/documents/patient_care/tobacco/pharmacologic-guide.pdf

QuitClips. Pfizer.
www.quitclips.com

Telehealth as a Vehicle to Support Tobacco Cessation. American Lung Association.
www.lung.org/getmedia/0df40b1c-cca4-4f8d-b17f-1c0ef19052a1/telehealth-tobacco-cessation.pdf.pdf

Treating Tobacco Use and Dependence. Agency for Healthcare Research and Quality.
www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html

References

1. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. Public Health Service. Office of the Surgeon General. www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf. Accessed July 30, 2020.
2. U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Public Health Service. Office of the Surgeon General. www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html. Accessed July 30, 2020.
3. Nomura A, Tanigawa T, Muto T, et al. Clinical efficacy of telemedicine compared to face-to-face clinic visits for smoking cessation: multicenter open-label randomized controlled noninferiority trial. *J Med Internet Res.* 2019;21(4):e13520.
4. Richter KP, Shireman TI, Ellerbeck EF, et al. Comparative and cost effectiveness of telemedicine versus telephone counseling for smoking cessation. *J Med Internet Res.* 2015;17(5):e113.
5. Liebmann EP, Preacher KJ, Richter KP, et al. Identifying pathways to quitting smoking via telemedicine-delivered care. *Health Psychol.* 2019;38(7):638-647.
6. Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. 2008.
7. Healthline. How much nicotine is in a cigarette and other tobacco products? www.healthline.com/health/how-much-nicotine-is-in-a-cigarette. Accessed August 10, 2020.
8. Stead LF, Koilpillai P, Lancaster T. Additional behavioural support as an adjunct to pharmacotherapy for smoking cessation. *Cochrane Database Syst Rev.* 2015;(10):CD009670.
9. Barua RS, Rigotti NA, Benowitz NL, et al. 2018 ACC expert consensus decision pathway on tobacco cessation: a report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents. *J Am Coll Cardiol.* 2018;72(25):3332-3365.