

a guide to  
**TOBACCO CESSATION**  
GROUP VISITS



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

**ASK AND ACT**  
A TOBACCO CESSATION PROGRAM

## Table of Contents

What Are Group Visits? . . . . .	2
Why Offer Group Visits? . . . . .	2
Preparing for a Tobacco Cessation Group Visit . . . . .	3
Conducting the Group Visit . . . . .	5
Tips for Conducting Group Visits. . . . .	5
Billing for Group Visits. . . . .	6
Addressing Challenging Group Participants . . . . .	6
Additional Resources. . . . .	7
References. . . . .	7
Appendix A. Sample Templates and Forms . . . . .	8
Sample invitation letter to patients . . . . .	8
Sample script for recruitment calls for group visits . . . . .	8
Sample group visit payment and confidentiality form. . . . .	9
Sample group visit HIPAA notice . . . . .	9
Sample tobacco cessation SOAP note . . . . .	10
Appendix B. 2015 Coding Reference: Tobacco Use Prevention and Cessation Counseling. . . . .	11-13

## What are group visits?

There are several models for group medical visits. The Cooperative Health Care Clinic concept, developed by Kaiser Colorado, and the High-Risk Cohort model, developed by Masley, et al,<sup>1</sup> prove effective for chronic care patients and are the basis for this guide.

Group visits include a group educational session, plus most components of an individual visit, including one-on-one medical evaluation conducted by a physician or nurse practitioner.

*A group visit is NOT a class or a group therapy session.*

## Why offer group visits?

Group visits were identified in the Future of Family Medicine Project as one of 10 features that have a direct financial effect on practices. It was estimated that group visits have the potential to generate \$15,411 per physician per year.<sup>2</sup>

Well-organized group visits provide better access at lower costs. Research indicates they can also provide an improved quality of care and a higher level of patient and physician satisfaction.<sup>3</sup>

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# Preparing for a tobacco-cessation group visit

## How much time do you need for a group visit?

- One hour to prepare didactic materials and to coordinate with your staff
- One hour for chart reviews prior to the visit
- 15 minutes for introduction
- 30 minutes for presentation/interaction
- 30 minutes for two to three nurses/physician assistants to collect data while you meet individually with patients and document specific plans
- 30 minutes to wrap up and answer questions

### ***Eight to twelve weeks in advance:***

1. Choose a time and date that suits potential participants and staff.
  - Mid-afternoon for seniors
  - Early evenings for working adults
  - Tuesday, Wednesday, and Thursday appear to be the most popular days.
  - Saturday mornings work for about one-third to one-fourth of patients willing to participate in group visits.
2. Meet with your team and your practice or business office manager to develop an implementation plan that delineates roles for staff and health care professionals. Assign responsibilities and determine who will:
  - Develop a recruitment plan (e.g., letter, notice in the office, phone calls from receptionist, one-page flier)
  - Reserve the space for the session well in advance
3. Arrange a back-up clinical coverage plan.

### ***One month in advance:***

1. Create a template to register patients.
2. Identify and invite potential participants.
  - See Appendix B for ICD-9 CM/ICD-10 CM and CPT codes.
  - Create registries at patient visits.
  - Empower your staff to enroll patients.
  - Review pharmacy prescription data.
  - Create an Excel file or registry file of tobacco users that you can update at scheduled intervals.
  - Send a letter or email to tobacco users in your practice encouraging them to schedule an appointment for the group visit (see sample letter, page 8).

### ***Three weeks in advance:***

- Call to schedule appointments and/or leave a message regarding the opportunity (see sample script, page 8).
- Create a satisfaction survey for the group visit.

### ***One week in advance:***

- Have a receptionist call to remind patients of the group appointment.
- Order healthy refreshments.
- Make signs, name tags, and sign-in sheet.
- Obtain and organize teaching materials for your presentation.

### ***One or two days in advance:***

- Pull and review charts and medical records of those who will be attending.
- Create progress notes. An office nurse can gather the data and you can review the completed progress notes (see sample, page 10).
- Create a list of target goals for your patients to achieve.
- Prepare a cart with supplies such as pencils, blood pressure cuffs, and medical records (see “Group Visit Cart Contents” on page 4).

### ***Day of event:***

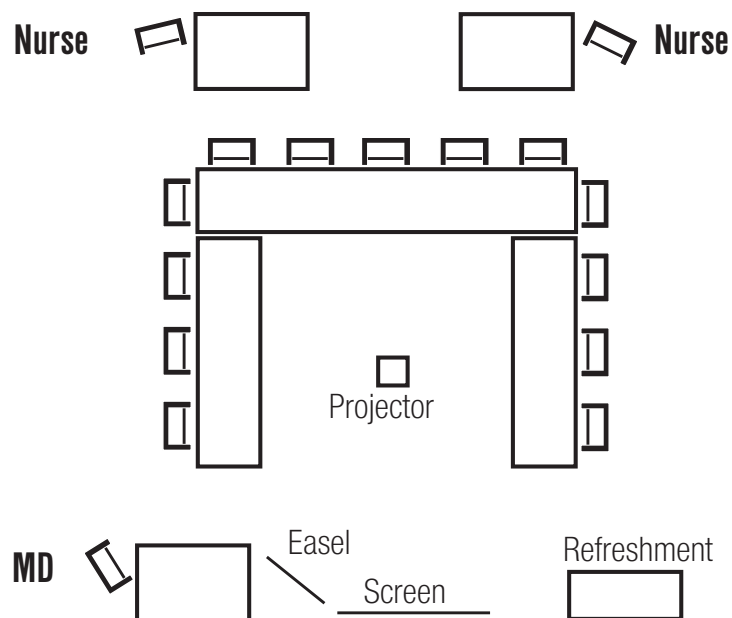
- Have at least two medical assistants or other staff members arrive early to place signs and set up the room (see sample room layout, page 4). They should bring name tags, the supply cart, the sign-in sheet, and refreshments.

## Group visit cart contents

1. Name tags for all members and staff
2. Sign-in sheets
3. Agenda outline
4. Calendar
5. Patients' medical records  
(or computers for electronic health record [EHR] systems)
6. Educational materials
7. Portable blood pressure cuffs  
(including large size)
8. Stethoscope
9. Syringes, alcohol wipes, band aids,  
and sharps container
10. Radiology request forms
11. Lab request forms
12. Health maintenance exam forms
13. Progress record sheets
14. Tape, markers, three-hole punch,  
pens, and pencils
15. Scale
16. Peak flow meters

## Group visit room layout

- Horseshoe shape works well
- Privacy curtains are optional
- Table for healthy refreshments



## Staff task checklist

### Before meeting

- Get sign-in sheet.
- Prepare, post, and make copies of agenda.
- Make sure charts are available. Review medical records with progress notes in mind.
- Stamp progress note form with group visit stamp (or open EHR group visit template). Write or stamp names of attendees on each form.
- Bring group visit cart.
- Put directional meeting signs outside room.
- Set up tables.
- Set up refreshments.
- Notify ancillary staff, as appropriate.

### As patients arrive

- Greet patients, triage for special needs or appointments after meeting, and answer questions.
- Have patients sign in or mark attendance on roster.
- Start taking vital signs, if time allows.
- Distribute handouts and forms to patients.

### During the meeting

- Look for missing charts, if needed.
- Help with presentation, as needed.
- Book appointments, as needed.

### After the meeting

- Make chart notes about patients who attended.
- Take down meeting signs.
- Note "show" or "no show" attendance for follow-up.
- Review who needs health maintenance, etc. and make a list for the next meeting.
- Return completed charts.
- Coordinate follow-up group visits.
- Maintain file of completed attendance rosters and speaker handouts, etc.
- Submit coding and/or billing.

## Patient confidentiality

Although the Health Insurance Portability and Accountability Act (HIPAA) does not prevent patients from voluntarily discussing personal health information, it is important to have patients sign a confidentiality form and HIPAA disclosure form prior to the group medical visit (see sample forms, page 9). You should have these forms reviewed by your compliance officer or legal counsel before using them. Attach a copy of your Notice of Privacy Practices to the forms. You and your staff should not discuss any patient's medical history or conditions with the group as a whole. Patients may choose to share this information on their own.

# Conducting the group visit

Have staff greet patients and collect co-payments. Ask patients to write their names on name tags, sign a HIPAA disclosure form and confidentiality form, and complete the subjective portion of the SOAP (subjective, objective, assessment, plan) note (see sample SOAP note, page 10).

Start the session on time. Welcome patients and explain the expectations for confidentiality. Introduce your staff, and ask patients to introduce themselves by first name and give a brief overview of why they are in attendance. Introductions should take no longer than 15 minutes.

Following the introductions, provide educational information on tobacco cessation, including pharmacotherapy, health benefits of quitting, and lifestyle changes. You can find information and handouts for this portion of the group visit at:

- Ask and Act Tobacco Cessation Program (AACP Quit Smoking Guide) – [www.askandact.org](http://www.askandact.org)
- FamilyDoctor.org (Tobacco Addiction Overview) – <http://familydoctor.org/familydoctor/en/diseases-conditions/tobacco-addiction.html>
- Smokefree.gov (U.S. Department of Health and Human Services website that provides information to help patients quit tobacco use) – <http://smokefree.gov/>

Encourage questions and interaction. To encourage interaction, refer questions to the group when possible. If some of the attendees have tried to quit in the past, point out that previous quit attempts can help them be more successful this time. The educational portion of the visit should take no longer than 30 minutes.

Next, explain that while the patients break for refreshments, you and your staff will conduct individual visits. Have each patient begin by meeting with a nurse or physician assistant who will do the following:

- Weigh patients, take blood pressure, etc.
- Complete subjective and objective portion of the SOAP note.
- Give immunizations, flu shots, etc.

Patients should advance from the nurses'/physician assistants' stations to your station. Conduct a brief visit with each patient in which you do the following:

- Explain again why smoking is harmful, and advise the patient to stop using tobacco.

- Discuss a treatment plan.
- Write a prescription for smoking cessation medication for those patients who are quitting tobacco use.

Have staff available to schedule appointments for those who have issues outside of the topic of the group visit. The break and individual visits should take no longer than 30 minutes.

After the break, reconvene the group for a final question-and-answer session. Thank the attendees for coming and congratulate them on their commitment to quit using tobacco.

## Tips for conducting group visits

1. You do not need to address your patients in a group any differently than you would normally address them as individuals.
  - a. Your patients already like you or they would not be coming to you for care. Just be yourself.
  - b. Your patients will value getting to spend much more time with you than they would in a typical one-on-one visit.
2. The more you practice the role of facilitator, the more you will enjoy the group visits, and the more your patients will gain from them. Facilitation involves the following:
  - a. Fostering questions and discussion
  - b. Encouraging patients to answer other patients' questions, when appropriate
  - c. Encouraging all patients to participate in discussions (e.g., asking quiet patients to offer their thoughts and questions)
  - d. Politely correcting patient answers that are incorrect by doing the following:
    - Thank the patient for his or her input.
    - Give several patients the opportunity to answer the question and stop after one gives the right (or nearly right) answer.
    - Restate the correct answer in simple language.
  - e. Periodically quizzing patients about material you have already covered to test retention and to reinforce important information
  - f. Repeating important information several times to support retention

## Addressing challenging group participants

Participant Style	Response Options
The Too-Talkative Person	<ul style="list-style-type: none"> <li>- Establish norms early. Clarify purpose, process, and time limits.</li> <li>- Refocus by summarizing the relevant points and move on.</li> <li>- Privately spend time listening to the person. Praise. Ask for help in getting others involved.</li> <li>- Assign a buddy.</li> <li>- Do not look at the person. Use body posture to engage or not.</li> <li>- Say, "I'm not going to call on someone twice until all have had a chance to speak."</li> </ul>
The "Yes, but..." Person	<ul style="list-style-type: none"> <li>- Acknowledge concerns.</li> <li>- Recruit. Ask, "Has anyone else experienced this situation?"</li> <li>- After three, "Yes, buts," state the need to move on and offer to talk after the group meeting.</li> <li>- Remind the person that the intent is to generate ideas, not critique them.</li> </ul>
The Arguer	<ul style="list-style-type: none"> <li>- Be conscious of your reactions. Keep your temper. Do not let the group get too excited.</li> <li>- Recruit. Call on others to contribute.</li> <li>- Privately ask the person how he or she thinks the group is going and ask for suggestions for improvement.</li> <li>- Ask for an information source or for him or her to share a reference later.</li> <li>- Offer to discuss the concern after the session.</li> </ul>
The Angry or Hostile Person	<ul style="list-style-type: none"> <li>- Keep in mind that fighting fire with fire will only escalate the situation.</li> <li>- Get on the same physical level, preferably sitting down.</li> <li>- Speak in a low, quiet, and clear voice.</li> <li>- Actively listen. Validate perceptions, interpretations, and/or emotions when you can.</li> <li>- Listen. Paraphrase.</li> <li>- Disarm. Ask, "At this time, what would you like us to do?" or "What would make you happy?"</li> </ul>
The Questioner	<ul style="list-style-type: none"> <li>- Do not bluff. If you do not know, just say, "I do not know, but I will find out."</li> <li>- Redirect. Say, "That is an interesting question. Who would like to respond?"</li> <li>- Offer to discuss the question later.</li> <li>- Acknowledge, "You have lots of good questions that we do not have time to address."</li> </ul>
The Know-It-All	<ul style="list-style-type: none"> <li>- Limit contributions by not calling on the person.</li> <li>- Establish guidelines at the start of the session.</li> <li>- Thank the person for positive comments.</li> <li>- Evoke the rules of debate: Each person has the right to speak two times on an issue but cannot make a second comment until other members have spoken.</li> </ul>
The Misinformed Person	<ul style="list-style-type: none"> <li>- Validate the information. Say, "I have heard many doctors say that as well."</li> <li>- Ask, "Could you investigate and come back next visit and report on this with sources and how you reached your conclusion?"</li> <li>- Provide evidence. Say, "My understanding is _____, based on _____."</li> </ul>

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## Billing for group visits

Group visits are not specifically covered by Medicare or most private health insurance plans. As part of the planning process for group visits, your practice or business office manager should contact your practice's most common health insurance plans (and your state's Medicaid plan, if you accept Medicaid) to determine coverage and billing policies.

Masley, et al, have been successful in documenting and billing for services performed for individual patients during a group visit.<sup>3</sup> Centers for Medicare & Medicaid Services (CMS) documentation points out that a physician can provide a medically necessary face-to-face evaluation and management (E/M) visit that is observed by other patients. However, the physician must not allow any activities associated with the presence of the observers, or with any subsequent group counseling encounter to impact the level of service reported for the history, examination, counseling, instruction, or medical decision making performed during the face-to-face encounter with the patient.

To bill for E/M services provided to individual patients, use an appropriate level office visit code (see AAFP's Group Visit Coding page at <http://www.aafp.org/practice-management/payment/coding/group-visits.html>) based on each patient's history and exam, and the medical decisions you document.

# Additional Resources

## American Academy of Family Physician (AAFP) Resources

Ask and Act Tobacco Cessation Program: [www.askandact.org](http://www.askandact.org)

Encourages family physicians to ASK all patients about tobacco use, and then ACT to help them quit.

Tobacco Control Toolkit: [www.aafp.org/tobacco-tools](http://www.aafp.org/tobacco-tools)

Information on Coding From the AAFP: [www.aafp.org/online/en/home/practicemgt/codingresources/groupvisitcoding.html](http://www.aafp.org/online/en/home/practicemgt/codingresources/groupvisitcoding.html)

Shared Medical Appointments/Group Visits: [www.aafp.org/about/policies/all/shared-medical.html](http://www.aafp.org/about/policies/all/shared-medical.html)

Official AAFP policy

## References

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1. Masley S, Sokoloff J, Hawes C. Planning group visits for high-risk patients. *Family Pract Manag.* 2000;7(6):33-36.
2. Spann SJ. Report on financing the New Model of family medicine. *Ann Fam Med.* 2004;2(Suppl 3):s1-s21.
3. Jaber R, Braksmajer A, Trilling JS. Group visits: a qualitative review of current research. *J Am Board Fam Med.* 2006;19(3):276-290.

# Appendix A. Sample Templates and Forms

## Sample invitation letter to patients

Date \_\_\_\_\_

Dear \_\_\_\_\_,

I would like to invite you to participate in an upcoming group medical appointment that is set up especially for my patients who use tobacco and want to quit. Many studies have shown that by participating in a group appointment, you can increase your chances of successfully making lifestyle changes, such as quitting smoking.

I have selected a limited number of my patients to participate in this appointment. If you choose to join us, you will:

- Participate in a two-hour office visit with me and other patients. In this group, we will address medical and non-medical issues related to quitting smoking.
- Pay for services, just as you do with any regular office visit.
- Keep in mind that it is possible for personal health information (for example, the diagnosis of tobacco use or health problems associated with it) to be disclosed at a group appointment. You will be asked to sign a HIPAA form during the appointment.

If you choose to participate in a group appointment, you can also continue to see me for one-on-one office visits. Also, you are free to stop participating in the group appointments at any time.

Our first group medical appointment will be held at my office from \_\_\_\_\_ until \_\_\_\_\_. I plan to have 15 to 25 patients participate in this group. Light refreshments will be provided. If you are interested, please reply by calling us at \_\_\_\_\_.

If you have any questions, please call \_\_\_\_\_ at \_\_\_\_\_. I think you will find this group appointment very helpful as you try to quit smoking, so I hope you can join us.

To your health,

Dr. \_\_\_\_\_

## Sample script for recruitment calls for group visits

Hello [Mr./Mrs./Ms.] \_\_\_\_\_,

Dr. \_\_\_\_\_ is offering a group medical appointment on \_\_\_\_\_ at \_\_\_\_\_ o'clock for patients who want to quit smoking. [He/she] asked me to call and invite you to attend. The appointment will last about two hours. This will give Dr. \_\_\_\_\_ plenty of time to review how you might successfully quit smoking and plan ways to deal with any symptoms you may have when you quit. Dr. \_\_\_\_\_ thinks that attending this group appointment would be very helpful for you.

Of course, you always have the option to see Dr. \_\_\_\_\_ in a one-on-one setting. Attending the group appointment will not change this in any way.

I also want you to understand that this group appointment will be charged just like any other appointment with Dr. \_\_\_\_\_, and the usual co-pays and insurance submission will apply. In addition, you should know that since everyone attending this appointment has a history of tobacco use, it is possible that some of your personal health information, such as your diagnosis, could be disclosed during the appointment.

Would you like me to schedule you for the group appointment at \_\_\_\_\_ o'clock on \_\_\_\_\_?

Your spouse or another family member or friend is welcome to attend this appointment with you. We look forward to seeing you.



## Sample group visit payment and confidentiality form

I have read and agree to the following:

- I agree to meet with a group of patients and my doctor. I understand that I have the choice to see my doctor in this group or individually.
- I agree to keep all information about other patients attending the group appointment private and confidential.
- I agree to be responsible for the bill and/or co-payment associated with this group appointment.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Sample group visit HIPAA notice

During a group appointment, it is possible that some of my individually identifiable health information will be disclosed. For example, at a group appointment for patients who want to quit smoking, it might be assumed that everyone attending the appointment uses tobacco. I have read and I understand the following statements about my rights.

- I know that I have the option to see my doctor individually.
- I understand that I am not required to sign this form to receive health care treatment, benefits, or payment.
- I understand that discussions about individually identifiable health information may take place during a group appointment.
- I understand it is possible that the information used or disclosed in a group appointment may be disclosed again by other participants in the group.
- I have been notified of this potential disclosure, and I voluntarily agree to participate in the group appointment.

This Group Appointment HIPAA Notice supplements the Notice of Privacy Practices originally provided to me, a copy of which is attached.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Sample tobacco cessation SOAP note

Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID #: \_\_\_\_\_

### SUBJECTIVE

#### History of Present Illness (HPI):

Years you have used tobacco? \_\_\_\_\_

Average number of cigarettes or other tobacco/nicotine products you use per day? \_\_\_\_\_

How many times have you tried to quit? \_\_\_\_\_

What methods have you used to try to quit? \_\_\_\_\_

At what time(s) of day do you use tobacco? \_\_\_\_\_

Have you experienced recent heartburn?  yes  no

Have you experienced smoker's cough?  yes  no

Do you have sinus problems?  yes  no

Are there any specific issues you want to address at this group appointment? \_\_\_\_\_

#### Review of Symptoms (ROS):

Has your activity level recently been limited by breathing issues?  yes  no

Do you have any chest pain with exercise?  yes  no

Do you have any problems with insomnia?  yes  no

**Past Med History:** (See chart for details)

**Meds:** (See chart med sheet)

### OBJECTIVE

Wt \_\_\_\_\_ BP \_\_\_\_\_ BMI \_\_\_\_\_ RR \_\_\_\_\_

Peak flow today \_\_\_\_\_

### ASSESSMENT:

Other related diagnoses? \_\_\_\_\_

### PLAN

Quit date planned

Behavioral options for quitting reviewed

Medication options reviewed. Risks, benefits, and side effects discussed and questions answered.

Rx \_\_\_\_\_

Additional Plan \_\_\_\_\_

# Appendix B. 2015 Coding Reference: Tobacco Use Prevention and Cessation Counseling

In 2014, the Patient Protection and Affordable Care Act (ACA) began requiring insurance plans to cover many clinical preventive services. Two of the covered preventive services include:

- Tobacco use screening for adults and adolescents
- Tobacco cessation counseling for adults and adolescents who use tobacco, and expanded counseling for pregnant women

## Medicare

Medicare Part B covers two levels of tobacco cessation counseling for symptomatic and asymptomatic patients: intermediate and intensive.

Two cessation attempts are covered per 12-month period. Each attempt may include a maximum of four intermediate or intensive counseling sessions. Therefore, the total annual benefit covers up to eight smoking cessation counseling sessions in a 12-month period.

The patient may receive another eight counseling sessions during a second or subsequent year once 11 full months have passed since the first Medicare-covered cessation counseling session took place.

For counseling to qualify for Medicare payment, the following criteria must be met at the time of service:

- Patients must be competent and alert at the time the counseling is provided.
- Counseling must be provided by a physician or other Medicare-recognized health care professional.

## Symptomatic Patient

Symptomatic patients are those who use tobacco and:

- Have been diagnosed with a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use
- Take a therapeutic agent for which the metabolism or dosing is affected by tobacco use, based on information approved by the U.S. Food and Drug Administration (FDA)

Both coinsurance and deductible apply.

Use the following codes for symptomatic patients.

HCPCS/CPT Code	Type of Counseling	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

ICD-9 CM Diagnosis Code	Description
305.1	Tobacco use disorder
649.0x	Tobacco use disorder complicating pregnancy, childbirth, or puerperium
989.84	Toxic effect of tobacco

ICD-10 CM Diagnosis Code	Description
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission

# Appendix B, continued

## Asymptomatic Patient

Asymptomatic patients are those who use tobacco but do not have symptoms of tobacco-related disease.

Both coinsurance and deductible are waived.

Use the following codes for asymptomatic patients.

HCPCS/CPT Code	Type of Counseling	Description
G0436	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
G0437	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

ICD-9 CM Diagnosis Code	Description
305.1	Tobacco use disorder
649.0x	Tobacco use disorder complicating pregnancy, childbirth, or puerperium

ICD-10 CM Diagnosis Code	Description
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
Z87.891	Personal history of nicotine dependence

## Medicaid

Many states offer some payment for individual cessation and treatment counseling for Medicaid patients. For example, the ACA requires states to expand Medicaid coverage of cessation services for pregnant women. You are encouraged to contact your state Medicaid office for coverage information in your specific state.

The Centers for Medicare and Medicaid Services encourage state partners to support smoking cessation by ensuring coverage of all FDA-approved smoking cessation medication (prescription and over-the-counter [OTC]) without a copayment requirement or other financial barrier.

## Private/Commercial Insurance Carriers

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

HCPCS/CPT Code	Type of Counseling	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
99381-99397	Preventive medicine services	Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/ anticipatory guidance, risk factor reduction interventions, and related plan of care
99078	Physician educational services	Group setting (e.g., prenatal, obesity, diabetes)

# Appendix B, continued

Suggested Tobacco-related ICD-9 CM Diagnosis Codes (not an all-inclusive list of applicable codes)	Description
305.1	Tobacco use disorder
649.0x	Tobacco use disorder complicating pregnancy, childbirth, or puerperium
989.84	Toxic effect of tobacco

## Self-Pay Patients and Uninsured Patients

The following resources are for patients who do not have insurance, or who have limited insurance coverage:

- Quitline: 1-800-QUIT-NOW (1-800-784-8669)
- Flexible spending accounts, if smoking cessation is an allowable expense
- Employee assistance programs (EAPs), in some cases
- Community resources and support groups
- Out-of-pocket spending
- Online resources
  - Centers for Disease Control and Prevention
    - ◆ How to Quit:  
[www.cdc.gov/tobacco/quit\\_smoking/how\\_to\\_quit/](http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/)
    - ◆ Tips From Former Smokers:  
[www.cdc.gov/tobacco/campaign/tips/](http://www.cdc.gov/tobacco/campaign/tips/)
    - ◆ Quit Smoking:  
[www.cdc.gov/tobacco/quit\\_smoking/](http://www.cdc.gov/tobacco/quit_smoking/)
  - U.S. Department of Health and Human Services
    - ◆ Smokefree.gov: <http://smokefree.gov/>
    - ◆ SmokefreeTXT: <http://smokefree.gov/smokefreetxt>

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[www.askandact.org](http://www.askandact.org)