

Wisconsin Medicaid and Tobacco Cessation



Changes in Medicaid, BadgerCare, and SeniorCare have made it easier to treat patients who use tobacco. Medicaid now covers all prescriptions and office visits for the purpose of tobacco cessation.

This Means . . .

- Patients **do not** need to be enrolled in a tobacco cessation counseling program to receive medication.
- You **do not** need to document counseling on the prescription.
- Wisconsin Medicaid now covers combination therapy for smokers (more than one medication used at the same time, like bupropion plus the nicotine gum).
- Repeated courses of tobacco cessation treatment are allowed.

Reimbursement

- Office visits for the sole purpose of tobacco cessation do not require prior authorization for reimbursement.
- Use the ICD-10 code (F17.200 Nicotine dependence, unspecified, uncomplicated) plus 99201-99205 for new patients and 99211-99215 for established patients. For the complete list of nicotine and tobacco ICD-10 codes go to: <https://ctri.wisc.edu/providers/billing-codes/>
- Treatment can be provided by any Medicaid-certified physician, nurse practitioner or physician assistant, or ancillary staff under the direct on-site supervision of a physician and is reimbursed when billed by the supervising physician. Group therapy, telephone and web-based counseling are not covered. Group therapy for tobacco cessation is only covered under BadgerCare and Wisconsin Medicaid outpatient mental health services and outpatient substance abuse services. HMO enrollees may have access to an on-going counseling program through their HMO.

Covered Medications

Medicaid, BadgerCare and SeniorCare cover all 7 FDA-approved tobacco-cessation medications:

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—patch, gum, lozenge, inhaler, & nasal spray
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine-replacement therapy, for example.
- To be covered, all medications (including over-the-counter) require a prescription.
- Enrollment in a smoking-cessation counseling program is not required.



Did You Know?

- Adult smoking among Wisconsin Medicaid recipients is 50 percent higher than the adult population as a whole.
- Wisconsin Medicaid recipients are often not aware of treatments available to them.
- 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.

(OVER)

Questions? Contact: www.dhs.wisconsin.gov/forwardhealth or call 800-947-9627 (Provider Services)

See www.ctri.wisc.edu for more information about helping smokers quit.

Updated by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health, July 2016

Medicaid and Tobacco Cessation

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 documents the response in the electronic chart or the patient's 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 documented 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 clinician 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 lozenge, nicotine inhaler, nicotine nasal spray, legend nicotine patch, and varenicline).

5
ARRANGE.

Arrange follow-up including counseling.

If the clinic has a counseling program, refer the patient if appropriate (Medicaid does not cover group or telephone counseling, only face-to-face, one-on-one).

Note: Office visits for the sole purpose of treating tobacco dependence are reimbursable.

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. This telephone-based counseling is free and individualized. The Quit Line is an excellent "treatment extender" to what you provide in your office.



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.

Questions? Contact: www.dhs.wisconsin.gov/forwardhealth or call 800-947-9627 (Provider Services)

See www.ctri.wisc.edu for more information about helping smokers quit.

Updated by the UW Center for Tobacco Research and Intervention, July 2016