

Tobacco Treatment Reimbursement Guide

A Guide for Kentucky Mental and Behavioral Healthcare Providers

Tobacco Use and Mental Illness

- People living with mental illnesses (MI) are 2-3 times more likely to use tobacco than the general population.^{1, 2}
- People living with MI suffer disproportionate rates of tobacco-related illnesses such as cancer, lung, and cardiovascular disease.³
- Life expectancy is reduced by up to 15-25 years among tobacco users living with MI compared to the general population.³
- Kentucky continues to rank highest among the states in the nation for tobacco use prevalence with nearly 42% of people living with MI being current tobacco users.⁴
- Although approximately 70% of people who use tobacco want to stop, tobacco use continues to be the leading cause of preventable death and disability among people living with MI.^{3, 5, 6}

Barriers to Tobacco Treatment

- Systematic barriers to providing tobacco treatment in clinical settings include insufficient training and education, misconceptions by providers about tobacco treatment, inadequate health information technology, insufficient time to engage patients in treatment, and lack of reimbursement for tobacco treatment.⁷
- Among behavioral healthcare providers, barriers include: competing priorities, complex staffing and cross-discipline coordination, believing that tobacco treatment is not a behavioral health issue, and feeling inadequately prepared or trained to deliver tobacco treatment.⁸
- Kentucky Medicaid allows only two attempts to stop tobacco use per year (with each attempt covering up to four counseling sessions), yet, people living with MI often require more intensive treatment approaches.⁹

Providers may refer clients to these covered tobacco dependence treatment programs:



- **Freedom from Smoking Online:**
<https://www.freedomfromsmoking.org/>
- **Kentucky's Tobacco Quitline:**
<https://www.quitnowkentucky.org/en-US/>
- **Quit Now Kentucky:**
<https://www.get-quit.com/>

- **Become an Ex:**
<http://www.becomeanex.org/>
- **My Last Dip:**
<http://mylastdip.com/>



Resources

Coverage

Kentucky law requires that all health benefit plans must provide coverage for FDA-approved cessation medications and all forms of tobacco treatment services, for a total of up to 8 sessions annually.¹⁰

Tobacco Treatment Specialist Training

The University of Kentucky BREATHE program offers an online Tobacco Treatment Specialist training which is accredited by the Association for Treatment of Tobacco Use Disorders (ATTUD).

[UK BREATHE TTS Training:](https://www.uky.edu/breathe/tobacco-treatment/tobacco-treatment-specialist-training)

<https://www.uky.edu/breathe/tobacco-treatment/tobacco-treatment-specialist-training>

[National Certificate in TT Practice:](https://www.naadac.org/NCTTP)

<https://www.naadac.org/NCTTP>

[Accredited TT Training Programs:](https://ctttp.org/accredited-programs/)

<https://ctttp.org/accredited-programs/>

For more information, please contact Dr. Zim Okoli at (859) 323-6606 or ctokol1@uky.edu. More resources are available at www.uky.edu/bhwell

This work was supported, in part, by the Cabinet for Health and Family Services' Department for Public Health Tobacco Prevention and Cessation Program under Agreement titled "Enhancing Tobacco Dependence Treatment in Community Mental Health Centers."

Kentucky Medicaid & MCO Tobacco Treatment Benefits

	Dosage	Fee for Service 1-800-635-2570	Aetna Better Health of KY 1-855-300-5528	Anthem 1-855-661-2028	Humana CareSource 1-855-743-1242	Passport 1-877-903-0082	WellCare 1-866-635-7045
Nicotine Transdermal Patches	7mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
	14mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
	21mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
Nicotine Gum		Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
Nicotine Lozenge		Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
Nicotine Inhaler		Yes w/ PA	Yes w/ Rx	Yes w/ Rx	Yes w/ PA	Yes w/ PA	Yes w/ PA
Nicotine NS Spray		Yes w/ PA	Yes w/ Rx	Yes w/ PA	Yes w/ PA	Yes w/ PA	Yes w/ PA
Bupropion SR	150mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
Bupropion XL	150mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
	300mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
Chantix	0.5mg	Yes w/ Rx	Yes w/PA	Yes w/PA	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
	1.0mg	Yes w/ Rx	Yes w/PA	Yes w/PA	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx

Providers should review specific health plans for quantity limits which vary and are subject to change.

Billing Codes

In accordance with Public Health Service 2008 Guidelines, Kentucky Medicaid will allow two (2) individual tobacco cessation counseling attempts per year and each attempt can include up to four (4) intermediate or intensive sessions, for a maximum benefit of eight (8) sessions per year.

HCPCS/CPT Code	Type of Counseling	Description
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than ten (10) minutes
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)

Suggested Tobacco-related ICD-10 CM Diagnosis Codes	Description
F17.20	Tobacco use disorder
099.33	Tobacco use disorder complicating pregnancy, childbirth, or puerperium
T65.2	Toxic effect of tobacco and nicotine

Recommendations to Enhance Services

- Tobacco treatment programs that often work for individuals without MI, may not fully support individuals living with MI.
 - Tailored tobacco treatment programs with longer durations (greater than 3 months) combining pharmacotherapy with behavioral therapy are necessary to optimize success.¹¹
- Increase access and availability of tobacco treatment services for people living with MI.
 - Currently, tobacco cessation coverage and reimbursement allows up to two cessation attempts¹² per year (eight sessions total). However, on average, more than six quit attempts are necessary for successful cessation. We recommend increasing the allowances for cessation attempts to at least eight counseling sessions per quit attempt for those living with MI.
- We recommend recognizing all certified Tobacco Treatment Specialists as providers who can bill for their services.¹³
 - Currently, tobacco treatment specialists are not among the list of clinicians who can bill for tobacco treatment services.
- We recommend that Medicaid require tobacco treatment services be billed separately, decoupled from bundled services in mental and behavioral healthcare systems.

For more information, please contact Dr. Zim Okoli at (859) 323-6606 or ctokol1@uky.edu. More resources are available at www.uky.edu/bhwell

References

1. Lawrence D, Mitrou F and Zubrick SR. Smoking and mental illness: results from population surveys in Australia and the United States. *BMC public health*. 2009;9:1-14.
2. Lipari RN and Van Horn S. Smoking and mental illness among adults in the United States. *The CBHSQ report*. 2017.
3. Prochaska, J. J., Das, S., & Young-Wolff, K. C. (2017). Smoking, Mental Illness, and Public Health. *Annual review of public health*, 38, 165–185. <https://doi.org/10.1146/annurev-publhealth-031816-044618>
4. Centers for Disease Control and Prevention (CDC) (2013). Vital signs: current cigarette smoking among adults aged ≥ 18 years with mental illness - United States, 2009-2011. *MMWR. Morbidity and mortality weekly report*, 62(5), 81–87.
5. Reitsma MB, Fullman N, Ng M, Salama JS, Abajobir A, Abate KH, Abbafati C, Abera SF, Abraham B and Abyu GY. Smoking prevalence and attributable disease burden in 195 countries and territories, 1990–2015: a systematic analysis from the Global Burden of Disease Study 2015. *The Lancet*. 2017;389:1885-1906.
6. Babb S, Malarcher A, Schauer G, Asman K and Jamal A. Quitting smoking among adults—United States, 2000–2015. *Morbidity and Mortality Weekly Report*. 2017;65:1457-1464.
7. Rojewski AM, Bailey SR, Bernstein SL, Cooperman NA, Gritz ER, Karam-Hage MA, Piper ME, Rigotti NA and Warren GW. Considering Systemic Barriers to Treating Tobacco Use in Clinical Settings in the United States. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*. 2019;21:1453-1461.
8. Rogers ES, Gillespie C, Smelson D and Sherman SE. A Qualitative Evaluation of Mental Health Clinic Staff Perceptions of Barriers and Facilitators to Treating Tobacco Use. *Nicotine & Tobacco Research*. 2017;20:1223-1230.
9. Schroeder SA, Morris CD. Confronting a neglected epidemic: tobacco cessation for persons with mental illnesses and substance abuse problems. *Annual Review of Public Health*, 2010; 31:297-314.
10. Kentucky General Assembly. 907 KAR 3:215. Tobacco cessation coverage and reimbursement. Accessed June 22 2022 at <https://apps.legislature.ky.gov/law/kar/titles/907/003/215/>
11. Khara, M., & Okoli, C. T. (2011). The Tobacco-Dependence Clinic: Intensive Tobacco-Dependence Treatment in an Addiction Services Outpatient Setting. *The American Journal on Addictions*, 20(1), 45-55.
12. Chaiton, M., Diemert, L., Cohen, J. E., Bondy, S. J., Selby, P., Philipneri, A., & Schwartz, R. (2016). Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. *BMJ open*, 6(6), e011045.
13. Kentucky Medicaid Fee-For Service Behavioral Health & Substance Abuse Services Outpatient (Non-Facility) Fee Schedule (2020). Accessed July 27, 2022 at <https://chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/BHOutpatientNonFacilityFeeSchedule2020.pdf>

For more information, please contact Dr. Zim Okoli at (859) 323-6606 or ctokol1@uky.edu. More resources are available on BH WELL's website at www.uky.edu/bhwell.

This work was supported, in part, by the Cabinet for Health and Family Services' Department for Public Health Tobacco Prevention and Cessation Program under Agreement titled "Enhancing Tobacco Dependence Treatment in Community Mental Health Centers."