Medicaid and the Expanded Smoking Cessation Counseling Benefit

Donna Shelley, MD, MPH
New York University School of Medicine
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Disclosure Statement

I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas.
Learning Objectives

1. Assess the tobacco use disparities in the Medicaid population and the importance of NYS Medicaid’s expansion of the smoking cessation counseling benefit.
2. Discuss key components for intermediate and intensive smoking cessation counseling.
3. Using the Medicaid benefit, describe how health care providers can effectively counsel and treat their patients for tobacco use.
Distribution of Insurance Status, 2008-2009

**U.S.**
- Medicaid 16%
- Medicare 12%
- Uninsured 17%
- Individual 5%
- Employer 49%
- NSD Other Public 1%

**New York**
- Medicaid 21%
- Uninsured 14%
- Medicare 12%
- Individual 4%
- Employer 49%

SOURCE: Kaiser Commission on Medicaid and the Uninsured, 2010
Medicaid’s Role: New York State

Medicaid Enrollment and Spending in New York, FY 2007

<table>
<thead>
<tr>
<th>Category</th>
<th>Enrollment</th>
<th>Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled</td>
<td>13%</td>
<td>43%</td>
</tr>
<tr>
<td>Elderly</td>
<td>11%</td>
<td>29%</td>
</tr>
<tr>
<td>Adults</td>
<td>36%</td>
<td>17%</td>
</tr>
<tr>
<td>Children</td>
<td>40%</td>
<td>11%</td>
</tr>
</tbody>
</table>

SOURCE: Kaiser Commission on Medicaid and the Uninsured, 2010
Medicaid Enrollees are Sicker Than the Low-Income Privately-Insured

Percent of Enrolled Adults:

- Health Conditions that Limit Work:
  - Medicaid: 49%
  - Low-Income and Privately Insured: 27%

- Fair or Poor Health:
  - Medicaid: 48%
  - Low-Income and Privately Insured: 16%

Smokers with Medicaid in New York

- 48% of all smokers are on Medicaid or have no health insurance.
- 15.5% of New Yorkers smoke, while 30% of New York Medicaid recipients are smokers.
- Smokers on Medicaid were more likely to have attempted to quit smoking in the past year than those with private insurance.
- However, smokers with Medicaid were less likely to quit smoking successfully than those with private health insurance.

Smoking in New York State: Income

**Smoking Status New York 2010**

- Smoke Everyday
- Smoke Somedays
- Former Smoker

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Everyday</th>
<th>Somedays</th>
<th>Former Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>16.2%</td>
<td>6.7%</td>
<td>19.6%</td>
</tr>
<tr>
<td>$15,000 - $24,999</td>
<td>14.3%</td>
<td>7.4%</td>
<td>25.4%</td>
</tr>
<tr>
<td>$25,000 - $34,999</td>
<td>15.2%</td>
<td>4.8%</td>
<td>25.9%</td>
</tr>
<tr>
<td>$35,000 - $49,999</td>
<td>12.8%</td>
<td>6.2%</td>
<td>27.5%</td>
</tr>
<tr>
<td>$50,000 +</td>
<td>7.8%</td>
<td>4.5%</td>
<td>29.3%</td>
</tr>
</tbody>
</table>

Smoking in New York City: Insurance Status

- Private: 13%
- Medicare: 15.60%
- Medicaid: 20.90%
- Medicaid: 20.10%
- Other: 20.10%
- Other: 20.10%
- Other: 14.30%
- Other: 21.20%
- Other: 16.20%
- Uninsured: 16.30%
- Uninsured: 20.90%
- Uninsured: 24.60%

Current Smoker

Former Smoker

SOURCE: Bureau of Epidemiology Services, NYC DOHMH
Cost-Benefit of Smoking Cessation Treatment

• Health plans investing $35-$410 per participant in a one-year cessation program generated a positive return on investment (ROI) within two years.

• After 5 years, the ROI per cessation service recipient for the health plan is $750- $1,120

• Insurers with higher member retention, like Medicaid, would likely achieve faster gains.

Health Impact and Cost-Effectiveness

Treating tobacco use is one of the top three most important and cost-effective preventative services.

**Brief one-time counseling:**
Saves $65 per smoker counseled and $1,100 in Quality Adjusted Life Years (QALY)

**Repeated counseling:**
Saves >$500 per smoker counseled and $2,000 in QALY

Treating Tobacco Use in the Medicaid Population

- 2008 Public Health Service Clinical Practice Guideline Update
  - Treat tobacco use as a chronic disease
  - Deliver brief clinical interventions and tailored assistance at each visit
  - Use the 5 A’s as a framework to discussing tobacco use
  - Offer approved smoking cessation medications
  - For patients unwilling to quit, increase motivation to quit by using the 5 R’s
The 5 As: Treating Tobacco as a Chronic Disease

**ASK**
Do you currently use tobacco?

**YES**
- **ADVISE** to quit

**NO**
- **ASK** Have you ever used tobacco?

**YES**
- **ASSESS** Have you recently quit? Any challenges?
  - **YES**
    - **ASSIST** Provide relapse prevention
  - **NO**
    - **ASSIST** Encourage continued abstinence

**NO**
- **ASSESS** Are you willing to quit now?
  - **YES**
    - **ASSIST** Provide appropriate tobacco dependence treatment
  - **NO**
    - **ASSIST** Intervene to increase motivation to quit

**ARRANGE FOLLOW UP**
Intervention as a Covered Health Benefit

**Recommendation:** Providing tobacco dependence treatments (both medication and counseling) as a paid or covered benefit by health insurance plans has been shown to increase the proportion of smokers who use cessation treatment, attempt to quit, and successfully quit. Therefore, treatments shown to be effective in the Guideline should be included as covered services in public and private health benefit plans. (Strength of Evidence = A).

Counseling to Treat Tobacco Use

Brief interventions have been proved effective in increasing a patient’s motivation to quit

<table>
<thead>
<tr>
<th>Level of contact</th>
<th>Number of arms</th>
<th>Estimated odds ratio (95% C.I.)</th>
<th>Estimated abstinence rate (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No contact</td>
<td>30</td>
<td>1.0</td>
<td>10.9</td>
</tr>
<tr>
<td>Minimal counseling (&lt; 3 minutes)</td>
<td>19</td>
<td>1.3 (1.01, 1.6)</td>
<td>13.4 (10.9, 16.1)</td>
</tr>
<tr>
<td>Low intensity counseling (3-10 minutes)</td>
<td>16</td>
<td>1.6 (1.2, 2.0)</td>
<td>16.0 (12.8, 19.2)</td>
</tr>
<tr>
<td>Higher intensity counseling (&gt; 10 minutes)</td>
<td>55</td>
<td>2.3 (2.0, 2.7)</td>
<td>22.1 (19.4, 24.7)</td>
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Meta-analysis (2000): Effectiveness of and estimated abstinence rates for various intensity levels of session length (n = 43 studies)

## Smoking Cessation Counseling and the Medicaid Reimbursement

<table>
<thead>
<tr>
<th>Medicaid Benefit</th>
<th>Counseling Service Reimbursable for the Following Provider Types:</th>
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<tbody>
<tr>
<td><strong>Counseling:</strong></td>
<td>• Physician (MD or DO)</td>
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<tr>
<td></td>
<td>• Registered Nurse Practitioner (RNP)</td>
</tr>
<tr>
<td></td>
<td>• Licensed Midwife (LM)</td>
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<tr>
<td><strong>Medication:</strong></td>
<td>• Article 28 Hospital Outpatient Departments (OPDs)</td>
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<tr>
<td></td>
<td>• Diagnostic and Treatment Centers (D&amp;TCs)</td>
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<tr>
<td></td>
<td>• Federally Qualified Health Centers (FQHCs), including school-based FQHCs that bill using Ambulatory Patient Groups (APGs)</td>
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<tr>
<td></td>
<td>• Nicotine replacement therapies: patch, gum, nasal spray and inhaler (lozenge is excluded), Bupropion (Wellbutrin or Zyban) and Varenicline (Chantix)</td>
</tr>
<tr>
<td></td>
<td>• Two 3 month courses are covered per year</td>
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<td></td>
<td>• Combination therapy is allowed</td>
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<td></td>
<td>• Applicable to all Medicaid beneficiaries</td>
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<tr>
<td></td>
<td>• Six face-to-face counseling sessions during any 12 continuous months</td>
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<tr>
<td></td>
<td>• Counseling may be group or individual counseling sessions</td>
</tr>
</tbody>
</table>
# Smoking Cessation Counseling and the Medicaid Reimbursement

<table>
<thead>
<tr>
<th>ICD-9 Diagnostic Code</th>
<th>Evaluation &amp; Management (E&amp;M) or Appropriate Preventive Medicine Codes</th>
<th>Counseling Sessions</th>
<th>CPT Code</th>
<th>Office-Based Practitioners</th>
<th>Article 28 &amp; FQHCs (that bill APGs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>305.1 Tobacco Use Disorder</td>
<td>Bill with or without E&amp;M code. Smoking cessation may be the sole reason for visit.</td>
<td>Each Medicaid beneficiary will be allowed 6 face-to-face counseling sessions during any 12 continuous months.</td>
<td>99406 Intermediate SCC, 3 to 10 minutes.</td>
<td>$10.00</td>
<td>OPD - $20.00 D&amp;TC - $17.00 (Approximate statewide averages)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>99407 Intensive SCC, greater than 10 minutes.</td>
<td>$19.00 – Individual SCC $9.50 – Group SCC</td>
<td>OPD $20.00 – Individual $10.00 – Group D&amp;TC $17.00 – Individual $8.50 – Group (Approximate statewide averages)</td>
</tr>
</tbody>
</table>

Individual Smoking Cessation Counseling

- CPT Procedure Code
  - 99406 (3-10 minutes)
  - 99407 (>10 minutes)
- Documentation must support the charges, medical necessity of the services and the diagnosis code that is used
**Group Smoking Cessation Counseling**

- **CPT Procedure Code**
  - 99407 (>10 minutes)
- **Group sessions include up to 8 patients**
  - Minimum of 2 patients and a maximum of 8
  - Billing amount is applied to each patient in session
  - Session must be over 10 minutes
- **All group sessions must be identified with the HQ modifier (Goes on the claim)**
  - HQ modifier designates that the session is a group
What Can You Do in 3 Minutes?
ASK, ADVISE, REFER

ASK
about tobacco USE

ADVISE
 tobacco users to QUIT

REFER
to other resources

Patient receives assistance, with follow-up counseling arranged, from other resources such as the tobacco quitline

ASSIST

ARRANGE
3 minute counseling strategy

STEP 1: ASK

- ASK about tobacco use
  - “Do you, or does anyone in your household, ever smoke or use any type of tobacco?”
  - “We like to ask our patients about tobacco use, because it has the potential to interact with many medications.”
  - “We like to ask our patients about tobacco use, because it contributes to many medical conditions.”
STEP 2: ADVISE

ADVISE tobacco users to quit (clear, strong, personalized)

- “It’s important that you quit as soon as possible, and I can help you.”
- “Occasional or light smoking is still harmful.”
- “I realize that quitting is difficult. It is the most important thing you can do to protect your health now and in the future. I have training to help my patients quit, and when you are ready, I will work with you to design a specialized treatment plan.”
STEP 3: REFER

- REFER tobacco users to other resources

Referral options:
- A doctor, nurse, pharmacist, or other clinician, for additional counseling
- A local group program
- The support program provided free with each smoking cessation medication
- Outside NY toll-free quit line: 1-800-QUIT-NOW
- IN NEW YORK 1-866-NYQUI TS
Intermediate Smoking Cessation Counseling

- 3-10 minutes
  - CPT Code 99406

- Goals of brief counseling
  - Assess patient’s readiness to quit
  - Enhance motivation to quit
  - Increase confidence that they will have support

- Targets smokers who
  - Are willing to quit (5 A’s)
  - Are unwilling to quit (5 R’s)
  - Have recently quit (Relapse prevention)
Intermediate Smoking Cessation Counseling: 3-10 Minutes

• **Ask: Introduce the topic of smoking** (1 minute)
  - Use general, non-threatening statement to open the discussion
  - “I’m going to start discussing smoking more with my clients here at the clinic.”
  - “Are you currently smoking cigarettes or use other tobacco products?”

• **Advice: Provide advice to quit** (1 minute)
  - “I think quitting smoking is one of the best ways to strengthen and improve one’s (your) health.”
  - Provide quit smoking educational material, local quit resources, and information on the NY State Quitline.
Intermediate Smoking Cessation Counseling: 3-10 Minutes for patient not ready to quit

- **Assess** readiness
  - Are you ready to quit? If no:
  - Explore ambivalence and enhance motivation
    - Provide information (available resources)
    - Ask noninvasive questions to identify reasons for tobacco use and concerns about quitting
    - Raise relevance (health concerns, consequences)
    - Demonstrate empathy and foster communication
    - Leave decision to the patient
    - DO NOT provide a treatment plan
Intermediate Smoking Cessation Counseling: 3-10 Minutes for patient ready to quit

**Assess readiness**
- Are you ready to quit in the next month? If yes:
  - Assess tobacco use history (2 minutes)
    - Current use
    - Past quit attempts (What led to relapse in the past?)
  - Facilitate quitting process (6 minutes)
    - Discuss importance of identifying triggers
    - Explore potential coping strategies
    - Discuss withdrawal symptoms
    - Discuss methods for quitting (counseling and pharmacotherapy)
    - Make referral for additional counseling
Intensive Smoking Cessation Counseling

• 10 or more minutes
  ▪ CPT code 99407

• Goals of intensive counseling
  ▪ Assess patient’s readiness to quit
  ▪ Increase patients’ motivation and confidence in quitting
  ▪ Explore smoking history and behavioral aspects
  ▪ Educate and discuss treatment options

• Targets smokers who
  ▪ Are willing to quit (5 A’s)
  ▪ Are unwilling to quit (5 R’s)
  ▪ Have recently quit (Relapse prevention)
Topics to be Discussed in Intensive Counseling

• Not Ready to Quit
  ▪ Use the 5 R’s and open-ended questions
  ▪ Education on health risks of smoking and benefits of quitting
  ▪ Decisional balance
# Intensive Counseling: 5 R’s for patients not ready to quit

| **Relevance** | Encourage the patient to indicate why quitting is personally relevant. Motivational information has the greatest impact if it is relevant to patient:  
- Disease risk, family/social situation, health concerns, age, gender, etc. |
| **Risks** | Clinician should ask patient to identify potential negative consequences of tobacco use. Clinician should highlight the risks associated with tobacco use.  
*Acute Risks:* Shortness in breath, exacerbation of asthma or bronchitis, increased risk of respiratory infections, harm to pregnancy, impotence, infertility.  
*Long-term Risks:* Heart attacks and strokes, lung and other cancers, chronic obstructive pulmonary disease, osteoporosis, and long-term disability.  
*Environmental Risks:* Increased risk of lung cancer and heart disease in spouses, increased risk for low birth weight, sudden infant death syndrome (SIDS), asthma, middle ear disease, and respiratory infections in children of smokers. |
| **Rewards** | Clinician should ask patient to identify potential benefits of quitting tobacco.  
Examples of rewards:  
- Improved health  
- Saving money  
- Setting a good example for children  
- Feeling better physically  
- Improved appearance including reduced wrinkles/aging of skin and whiter teeth. |
| **Roadblocks** | Clinician should ask patients to identify barriers or impediments to quitting and provide treatment that could address barriers.  
Examples of barriers:  
- Withdrawal symptoms  
- Fear of failure  
- Being around other tobacco users  
- Enjoyment of tobacco  
- Lack of support  
- Depression  
- Limited knowledge of effective treatment options |
| **Repetition** | The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting.  
Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful and that you will continue to talk about their tobacco use with them. |
Topics to be Discussed in Intensive Counseling

• Preparing to Quit
  ▪ Prepare environment for being smoke-free
  ▪ Review past quit attempts-what led to relapse in past
  ▪ Social support
  ▪ Set a quit date

• Dealing with Withdrawal
  ▪ Review withdrawal symptoms and rationale for use of pharmacotherapy
  ▪ Plan coping strategies for withdrawal

• Dealing with Triggers
  ▪ Review sources of triggers: physical, thoughts, feelings, behaviors
  ▪ Plan coping strategies for each type of trigger
Documentation of Counseling

- 99406 and 99407 documentation must go beyond writing “counseled for tobacco use”
- Provide detailed notes on counseling session
  - Include topics discussed, plan of care, medication, counseling techniques utilized, follow-up plan
- Since it is a timed service, start and stop time will ensure payment and deter any future audits
Appropriate Documentation

Evidence-Based Counseling Techniques Should be Used as a Guide to Documenting SCC

**STEP One: ASK about Tobacco Use**
- **Suggested Dialogue**
  - Do you ever smoke or use any type of tobacco?
  - I take time to talk with all of my patients about tobacco use—because it’s important.
  - Condition X often is caused or worsened by exposure to tobacco smoke. Do you, or does someone in your household smoke?
  - Medication X often is used for conditions linked with or caused by smoking. Do you, or does someone in your household smoke?

**STEP Two: ADVISE to Quit**
- **Suggested Dialogue**
  - Quitting is the most important thing you can do to protect your health now and in the future. I have training to help my patients quit, and when you are ready I would be more than happy to work with you to design a treatment plan.
  - What are your thoughts about quitting? Might you consider quitting sometime in the next month?
  - Prior to imparting advice, consider asking the patient for permission to do so—e.g., “May I tell you why this concerns me?” [then elaborate on patient-specific concerns]

**STEP Three: ASSESS Readiness to Quit**
- **Does the patient now use tobacco?**
- **Is the patient now ready to quit?**
  - **YES**
  - **NO**
- **Did the patient once use tobacco?**
  - **YES**
  - **NO**

**STEP Four: ASSIST with Quitting**
- **Assess Tobacco Use History**
  - Current use: type(s) of tobacco used, amount
  - Past use:
    - Duration of tobacco use
    - Changes in levels of use recently
  - Past quit attempts:
    - Number of attempts, date of most recent attempt, duration
    - Methods used previously—What did or didn’t work? Why or why not?
    - Prior medication administration, dose, compliance, duration of treatment
    - Reasons for relapse

- **Discuss Key Issues** (for the upcoming or current attempt)
  - Reasons/motivation for wanting to quit (or avoid relapse)
  - Confidence in ability to quit (or avoid relapse)
  - Triggers for tobacco use
  - Routine and situations associated with tobacco use
  - Stress-related tobacco use
  - Concerns about weight gain
  - Concerns about withdrawal symptoms

- **Facilitate Quitting Process**
  - Discuss methods for quitting: pros and cons of the different methods
  - Set a quit date: ideally, less than 2 weeks away
  - Recommend Tobacco Use Log
  - Discuss coping strategies (cognitive, behavioral)
  - Discuss withdrawal symptoms
  - Discuss concept of “slip” versus relapse
  - Provide medication counseling: compliance, proper use, with demonstration
  - Offer to assist throughout the quit attempt

- **Evaluate the Quit Attempt** (at follow-up)
  - Status of attempt
  - “Slips” and relapse
  - Medication compliance and plans for discontinuation

**STEP Five: ARRANGE Follow-up Counseling**
- **Monitor patients’ progress throughout the quit attempt.** Follow-up contact should occur during the first week after quitting. A second follow-up contact is recommended in the first month. Additional contacts should be scheduled as needed. Counseling contacts can occur face-to-face, by telephone, or by e-mail. Keep patient progress notes.
- **Address temptations and triggers; discuss strategies to prevent relapse.**
- **Congratulate patients for continued success.**

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*Relapse prevention interventions are not necessary if patient has not used tobacco for many years and is at no risk for re-initiation.*

Steps to Translating Medicaid Policy into Practice

1. Implement clinical reminder system
2. Ensure that staff (clinical and administrative) receive training on 2008 Update on Tobacco Use Treatment Guidelines
3. Implement tobacco use referral systems
Steps to Translating Medicaid Policy into Practice

4. Identify tasks for key personnel
   - Billing department and administrators
     - Ensuring correct CPT and ICD-9 codes are in electronic or paper charts
   - Providers
     - Medical directors and practice administrators communicate and educate on billing and reimbursement updates
     - Educate re who can bill for counseling services
       - MDs/DOs, RNP, LM
   - Cessation Centers
Frequently Asked Questions on the Medicaid Reimbursement Update

• Can I bill for both 99406 and 99407 if I’ve counseled a patient for more than 10 minutes?
  ▪ No, only one procedure code may be billed per day per patient

• What if my claim is denied?
  ▪ You can resubmit or appeal, make sure you are using the correct code

• We know DRs, NPs, and LMs qualify for reimbursements, do PAs?
  ▪ No, PAs cannot bill Medicaid for any services including SCC. However, PAs can provide SCC in a practitioners office (physician, RNP, or LM) or in an Article 28 clinic. The clinic or practitioner bills and receives payment for the SCC services.
Frequently Asked Questions on the Medicaid Reimbursement Update

- Is in-patient counseling reimbursable?
  - No, it is not, SCC codes are for out-patient counseling only
- Is Chantix covered immediately or does the patient have to try other cessation methods first?
  - Yes, Chantix is covered immediately. Chantix is treated the same as other Medicaid covered medications for smoking cessation.
- Can you receive reimbursement for relapse prevention?
  - Yes as long as it doesn’t exceed 6 sessions in any 12 continuous months
Frequently Asked Questions on the Medicaid Reimbursement Update

• If a parent of the patient is counseled, can the provider be reimbursed?
  ▪ A parent(s) can be in attendance during the SCC session; however, the child has to be a smoker in order to bill for SCC services and proper documentation needs to be in the medical record to support the length of time and information included during the counseling session.

• Does the HCPO need to document what was discussed during the smoking cessation counseling session to receive reimbursements?
  ▪ Yes, the length of time, as well as specific evidenced based intervention provided during the counseling session, eg. current tobacco use, pharmacotherapy, withdrawal symptoms, 5R’s, etc. (See STEPs Four and Five on RX for Change, “Tobacco Cessation Counseling Guidesheet”)

• If a surgeon counsels a patient at the post-op visit, will that qualify for reimbursement or is it part of global billing for the surgery?
  ▪ No, under these circumstances SCC services should be part of the global billing for the surgery.
More Questions on NYS Medicaid SCC Reimbursement?

- Smoking cessation counseling billing questions
  - eMedNY Call Center (800) 343-9000
- Policy questions
  - Division of Financial Planning and Policy (518) 473-2160
- New York State Medicaid Updates
  - April 2011
  - May 2011
Thank you