

# IN Brief Information for Substance Abuse and Mental Health Providers

## Wisconsin Medicaid and Tobacco Cessation

Wisconsin Medicaid now covers all FDA-medications and tobacco cessation services for the purpose of tobacco cessation.

### For Substance Abuse and Mental Health Providers, This Means . . .

- Under the **outpatient substance abuse benefit**, Medicaid covers medically necessary substance abuse counseling services related to tobacco dependence treatment on an individual or group basis, provided by physicians, Ph.D psychologists and substance abuse counselors (including masters-level therapists).
- Under the **outpatient mental health benefit**, Medicaid covers medically necessary diagnostic evaluations and psychotherapy related to tobacco-dependence treatment provided by psychiatrists, Ph.D. psychologists, and master's-level therapists.
- Wisconsin Medicaid now covers combination therapy for smokers (more than one medication used at the same time, like bupropion plus the nicotine gume). For more details, refer to Medicaid publications at [www.dhs.wisconsin.gov/forwardhealth](http://www.dhs.wisconsin.gov/forwardhealth).

### Reimbursement

- Substance abuse or mental health services provided for the sole purpose of tobacco cessation do not require prior authorization for reimbursement.
- For **outpatient substance abuse treatment services**, use the **ICD-10 nicotine dependence code (F17.200)** plus HCPCS codes **H0005, H0022, H0047, or T1006** with the appropriate professional modifiers.
- For **outpatient mental health services**, use **ICD-10 nicotine dependence code (F17.200)** plus one of the CPT codes **90804 through 90899** with the appropriate professional modifiers.
- Telephone and web-based counseling are not covered.

### 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.
- You do not need to document counseling on the prescription.



### Did You Know?

- Individuals with a psychiatric diagnosis consume **45%** of the cigarettes in the U.S.
- More than half of patients with other addictions smoke. Studies show they're **25% more likely to quit** these addictions if they also break their addiction to tobacco.
- Research shows behavioral health symptoms **improve** after quitting smoking—including levels of anxiety, stress, and depression.
- Get **FREE online training** to help your patients quit smoking, with a personalized plan and a certificate of completion at [www.HelpUsQuit.org](http://www.HelpUsQuit.org)

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

See [www.ctri.wisc.edu](http://www.ctri.wisc.edu) for more information about helping smokers quit.

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# Medicaid and Tobacco Dependence Treatment

## 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.