

**Policy terminated because Medicaid covers codes in the same manner as
Health Choice.**

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1.0 Description of the Procedure, Product, or Service

Tobacco is the single greatest cause of disease and premature death in America today, and is responsible for more than 430,000 deaths each year. Nearly 25 percent of adult Americans currently smoke, and 3,000 children and adolescents become regular users of tobacco every day. The social costs of tobacco-related death and disease approach \$100 billion each year. However, more than 70 percent of all current smokers have expressed a desire to stop smoking; if they successfully quit, the result will be both immediate and long-term health improvements. Clinicians have a vital role to play in helping smokers quit.

A guideline released by the U.S. Department of Health and Human Services Public Health Service Department titled "Treating Tobacco Use and Dependence," identified a number of key findings that clinicians should utilize:

- a. Tobacco dependence is a chronic condition that often requires repeated intervention. However effective treatments exist that can produce long-term or even permanent abstinence.
- b. Because effective tobacco dependence treatments are available, every recipient who uses tobacco should be offered at least one of these treatments:
 1. Recipients willing to try to quit tobacco use should be provided with treatments that are identified as effective in the guideline.
 2. Recipients unwilling to try to quit tobacco use should be provided with a brief intervention that is designed to increase their motivation to quit.
- c. There is a strong dose-response relationship between the intensity of tobacco dependence counseling and its effectiveness. Treatments involving person-to-person contact (via individual, group, or proactive telephone counseling) are consistently effective, and their effectiveness increases with treatment intensity (e.g., minutes of contact).
- d. Three types of counseling and behavioral therapies were found to be especially effective and should be used with all recipients who are attempting tobacco cessation:
 1. Provision of practical counseling (problem solving/skills training);
 2. Provision of social support as part of treatment (intra-treatment social support);
 3. Help in securing social support outside of treatment (extra-treatment social support).
- e. Numerous effective pharmacotherapies for smoking cessation now exist. Except in the presence of contraindications, these should be used with all recipients who are attempting to quit smoking. Providers should encourage the use of over-the-counter nicotine patches. In the 2000 Clinical Practice Guideline, five **first-line** pharmacotherapies were identified that reliably increase long-term smoking abstinence rates:
 1. Bupropion SR
 2. Nicotine gum
 3. Nicotine inhaler
 4. Nicotine nasal spray
 5. Nicotine patch

Note: More recently, Varenicline has been identified as another effective first-line pharmacotherapy.

Two **second-line** pharmacotherapies were identified as efficacious and may be considered by clinicians if first line pharmacotherapies are not effective:

1. Clonidine
2. Nortriptyline

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary **AND**

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Physician office services related to smoking cessation include appropriate assessment of smoking status, counseling to quit, medication management and referral to community resources. Physician office services are covered components of evaluation and management services.

Medications for smoking cessation that require a prescription are eligible for coverage under the NCHC pharmacy benefits. Applicable copayments and limits may apply

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or

- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

“Medical detoxification” programs utilizing injections (anti-cholinergic block method) to reduce cravings or stop withdrawal symptoms are considered to be not medically necessary, as well as experimental and investigational. As such, these services are ineligible for coverage. Any associated screening or diagnostic services performed as a component of such services are non-covered.

Acupuncture for smoking cessation is considered to be experimental/ investigational and not medically necessary. Acupuncture for this indication is not covered.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for smoking cessation services.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

Claim Type

Professional (CMS-1500/837P transaction)

A. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

B. Procedure Code(s)

CPT Codes
99406
99407

HCPCS Codes
S9453
S9075 with a primary diagnosis of 305.1

Note: These services are not part of the 26 mental health visits or six (6) preventative mental health visits

C. Modifiers

Providers are required to follow applicable modifier guidelines.

D. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

E. Place of Service

Office

F. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

G. Reimbursement

Providers must bill their usual and customary charges.