

January 6, 2012

# Montana Health Care Programs Notice

## Physician, Mid-Level Practitioner, RHC, FQHC, Public Health Clinic, Hospital Outpatient, Dentist, Dental Hygienist, Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, and Chemical Dependency Providers (Licensed Addiction Counselor)

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### Smoking and Tobacco Use Cessation Counselor Services

Montana Medicaid announces that additional provider types will be allowed to provide smoking and tobacco use cessation services.

**Effective July 1, 2011**, dentists, dental hygienists, licensed psychologists, licensed clinical social workers, licensed professional counselors and chemical dependency providers were added to the list of health care practitioners permitted to perform these services.

The procedure code dental providers may bill Montana Medicaid for smoking and tobacco use cessation counseling services is:

- D1320 Tobacco counseling for the control and prevention of oral disease

Procedure codes non-dental providers may bill Montana Medicaid for smoking and tobacco use cessation counseling services are:

- 99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.

Additional information concerning these services follows on subsequent pages. Medicaid services are only covered when they are within the scope of the provider's license.

### Contact Information

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov>

## **Intermediate Tobacco Cessation Counseling (99406)**

- 3–10 minutes
- Goals of brief counseling
  - Assess patient’s readiness to quit
  - Enhance motivation to quit
  - Increase confidence that they will have support
- Reach all tobacco users including those who:
- Are willing to quit (5 As)
  - Ask about tobacco use
  - Advise tobacco users to quit
  - Assess readiness to make a quit attempt
  - Assist with the quit attempt (e.g., prescribe cessation medication)
  - Arrange follow-up care
- Are unwilling to quit (5 Rs – methods for enhancing motivation to quit)
  - Relevance
  - Risks associated with tobacco use
  - Rewards related to quitting
  - Roadblocks to quitting
  - Repetition

### **Intermediate smoking cessation counseling: 3–10 minutes**

- Ask: Introduce the topic of tobacco
  - Use general, non-threatening statement to open the discussion
- “Are you currently smoking cigarettes or using other tobacco products?”
- Advice: Provide advice to quit.
  - “I think quitting tobacco is one of the best ways to strengthen and improve one’s (your) health.” (Make it relevant to current illness if appropriate.)

### **Intermediate tobacco cessation counseling for the 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 tobacco cessation counseling for the patient ready to quit**

- Assess readiness
- Are you ready to quit? 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 triggers
  - Explore potential coping strategies
  - Discuss withdrawal symptoms
  - Discuss methods for quitting (counseling and pharmacotherapy)
  - Provide quit smoking educational material, local quit resources, and information on the Montana Tobacco Quit Line.

## **Intensive Tobacco Cessation Counseling (99407)**

- Greater than 10 or more minutes
- 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
- Reach all tobacco users who:
  - Are willing to quit (5 As)
  - Are unwilling to quit (5 Rs)

### **Topics to be discussed in intensive counseling if not ready to quit**

- Use the 5 Rs
- Education on health risks of smoking and benefits of quitting
- Decisional balance

### **If ready to quit**

- 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 (may not be relevant for hospitalized patient)
- 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, and behaviors
  - Plan coping strategies for each type of trigger

Additional information regarding assisting patients to quit using tobacco can be found in the U.S. Department of Health and Human Services, Public Health Service *Treating Tobacco Use and Dependence: 2008 Update* at [http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use08.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf).

For information concerning the Montana Tobacco Quit Line, contact Simon Habegger (406-444-5687; [shabegger@mt.gov](mailto:shabegger@mt.gov)) or go to <http://tobaccofree.mt.gov/>.

The Montana Tobacco Quit Line telephone number is 1-800-QUIT-NOW (1-800-784-8669).