June 14, 2023

» Oregon Nicotine Treatment and Recovery:

Expert Panel Meeting

A SOCIAL IMPACT COMPANY

»redegroup

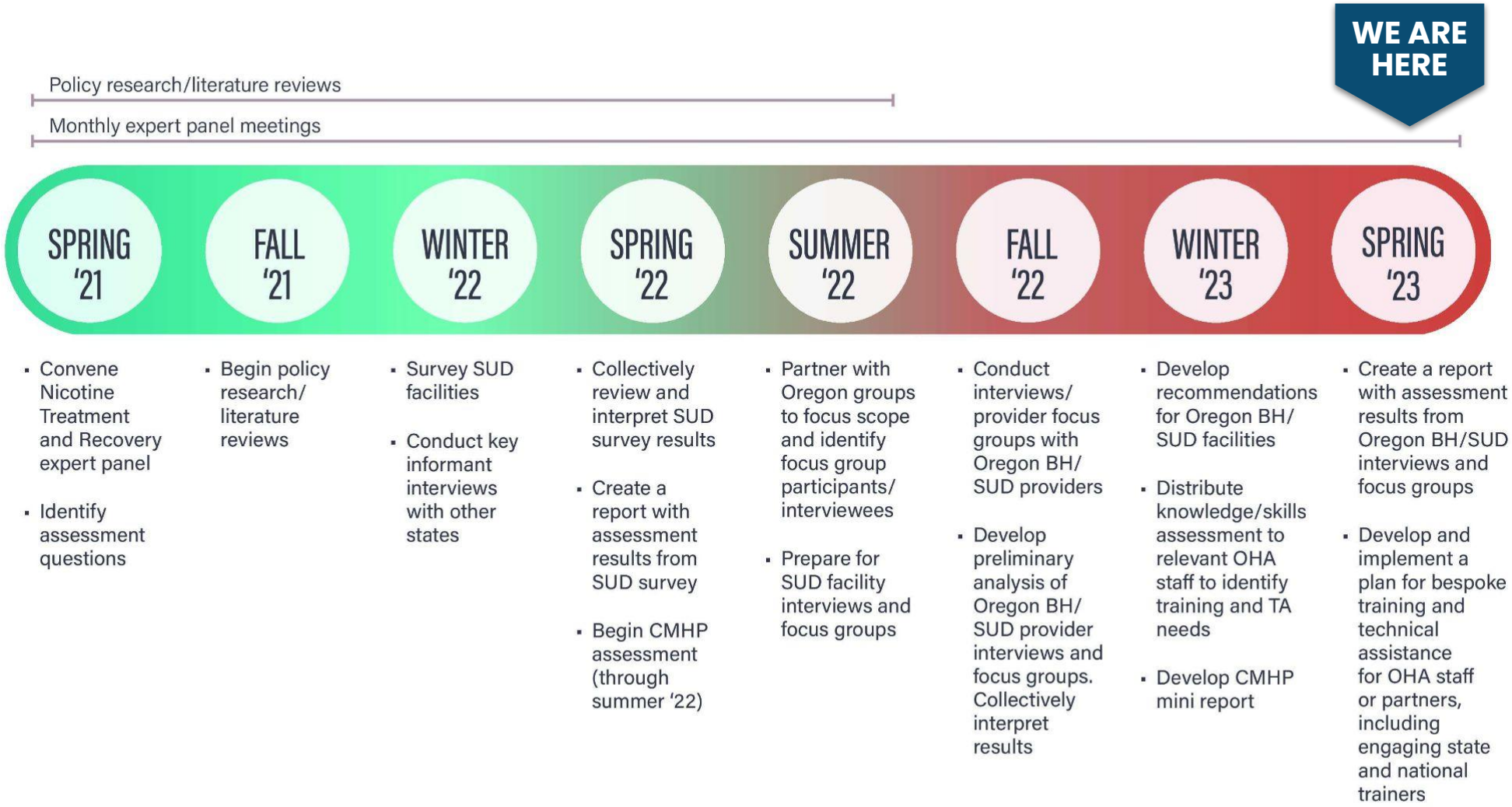
» Introductions

- Name
- Pronouns (optional)
- Organization
- Icebreaker question (optional): Are you looking forward to anything this summer?

» NiTR Expert Panel Agenda: June 14, 2023

Topic	How	Lead	Time
Welcome/ Introductions	Everyone shares their name, pronouns, and organization, optional icebreaker question	Beck	12:00-12:15
Updates	Rede team share updates on current activities	Beck	12:15-12:30
Billing Guide	Update progress on billing guide, next steps, gather feedback	Katie	12:30-12:50
Direct Service Staff	Review preliminary data from the direct service staff focus groups	Beck	12:50-1:20
Wrap Up	Review next steps	Beck	1:20-1:30

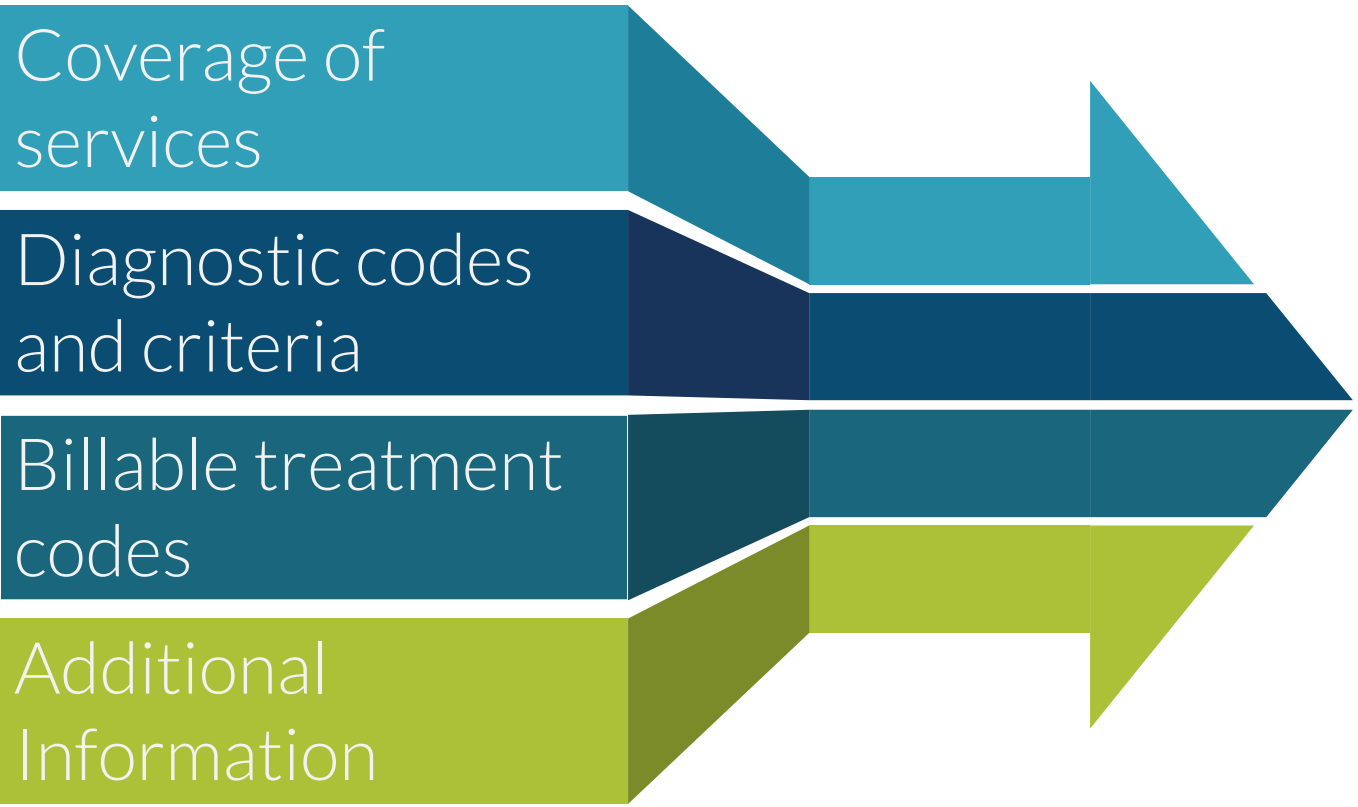
Project timeline



» Project updates

- DSS focus groups
- Presentations
- Dr. Williams training
  - “Now I view tobacco in a different way, it is not ethical to not address it/to ignore it.”

» Tobacco cessation billing guide



Five page billing guide for behavioral health and integrated primary care providers crosswalked with:

- Jan. 2023 Prioritized List of Health Services
- Mar. 2023 Medical-Dental Fee Schedule
- Apr. 2023 Behavioral Health Fee Schedule

Prepared by Rede Group, May 2023

Billing Guide for Tobacco and Nicotine Use and Cessation

Please note: this billing guide is intended for behavioral health providers and primary care clinics with integrated behavioral health services. This guide focuses on billing Oregon Medicaid. Coverage requirements for Medicare and private insurance are listed below. Please check a patient's eligibility for services if using this guide when billing an insurer other than Medicaid.

Coverage of Services

Coverage by Insurance Type

Medicaid and CCOs
Coverage of counseling and tobacco cessation medications are required as part of the ACA's Essential Health Benefit under preventive and wellness services (ALA, 2018). Oregon is a Medicaid expansion state, and no cost-sharing is permitted. Coordinated Care Organizations and Managed Care Plans may have tobacco cessation services and programs. This rule does not limit or prescribe services a Prepaid Health Plan provides to clients receiving OHP benefits.

Medicare
Two cessation attempts are covered every 12 months. For each cessation attempt, providers may bill up to four intermediate or intensive counseling sessions (ALA, 2021).

Private Insurance
Private insurers are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women. Private payer benefits are subject to specific plan policies. ORS 743A.170 requires that "health benefit plans" provide at least $500 in payment, coverage, or reimbursement for tobacco-use cessation programs.

Per Oregon Administrative Rule 410-130-0190, tobacco treatment interventions may include one or more of these services: basic, intensive, and telephone calls.

Basic Treatment

- Generally provided during a visit for other conditions, and additional billing is not appropriate.
- Brief interventions during visit for other conditions, including < 6 minutes of support, encouragement, and counseling needed to assist with tobacco cessation efforts.
- Ask, advise, assess, assist, and arrange.

Intensive Treatment

- Covered if a documented quit date has been established.
- Limited to ten sessions every three months.
- Treatment is reserved for those clients who are not able to quit using tobacco with the basic intervention measures.
- Treatment may include (a) multiple treatment encounters (up to ten in a three-month period), (b) behavioral and tobacco cessation therapy products (e.g., nicotine patches, oral medications intended for tobacco cessation treatment and gum), (c) individual or group counseling, six minutes or greater.

Telephone Calls

- Can be reimbursed as a replacement for face-to-face counseling sessions with clients who are in intensive treatment.
- Treatment requirements include (a) the call must last six to ten minutes and provide support and follow-up counseling, (b) the call must be conducted by the provider or other trained staff under the direction or supervision of the provider, (c) enter proper documentation of the service in the client's chart.

Diagnostic Codes and Criteria

ICD-10-CM Codes:
These codes provide the diagnosis, or the reason for seeking healthcare. They are combined with CPT or HCPCS codes. The ICD-10 codes in this billing guide are F17 and Z diagnosis codes.

F17 and Z Codes:

Per the American Lung Association (2018), the first decision a provider must make when diagnosing for tobacco use is whether to use an ICD-10 F17 code or a Z code. The F17 codes are from the Mental and Behavioral Disorder category. The F17 codes are used if the patient is dependent on tobacco. The Z codes are used if there is NOT dependence on tobacco. The Z codes cannot be combined with an F17 code.

Diagnostic Coding with Tobacco Dependence

F17.200	Unspecified product, uncomplicated
-201	In remission
-203	With withdrawal
-208	Other nicotine induced disorders
-209	Unspecified nicotine induced disorders
F17.210	Cigarettes, uncomplicated
-211	In remission
-213	With withdrawal
-218	Other nicotine induced disorders
-219	Unspecified nicotine induced disorders
F17.220	Chewing tobacco, uncomplicated
-221	In remission
-223	With withdrawal
-228	Other nicotine induced disorders
F17.230	Other tobacco product, uncomplicated
-231	In remission
-233	With withdrawal
-238	Other nicotine induced disorders
-239	Unspecified nicotine induced disorders

Diagnostic Coding without Tobacco Dependence

Z71.6	Tobacco abuse counseling (medical advice)
Z72.0	Problems related to lifestyle and tobacco use
Z87.891	History of nicotine or tobacco dependence

Billable Treatment Codes

Individual Counseling, Classes, Screening, and Peer Services

Code	Description	Authorized User
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	CADC, CADC Intern, LHCP with 60 hours of SUD training
99407	Smoking and tobacco use cessation counseling visit; intermediate, greater than 10 minutes	CADC, CADC Intern, LHCP with 60 hours of SUD training
H0004	Behavioral health counseling and therapy, per 15 minutes	Certified SUD Program
H0038	Self-help/peer services, per 15 minutes	Certified SUD Program
S9453	Smoking cessation classes, per session *Not billable for Medicaid or Medicare members*	Qualified Nonphysician
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter *use for ASAM level of care tool*	CADC, CADC Intern, or Licensed LPC/LMFT with 60-hour AOD credential

Group Therapy or Counseling

Code	Description	Authorized User
90853	Group therapy; no time limit **Billable for Medicare and Private Insurance members**	Licensed QMHP
H0005	Alcohol and/or drug services; group counseling by a clinician **Billable for Medicaid members**	CADC, CADC Intern, LHCP with 60 hours of SUD training, Certified SUD Program

For telehealth, online, and phone-based care in a physical health visit, add modifier 95 to CPT codes. For telehealth, online, and phone based care in a behavioral or mental visit, add modifier GT to HCPCS codes H0004 or H0005 (Encounter Type: BH/MH Visit, Place of Service: DC Phone).

Additional Information

American Society of Addiction Medicine (ASAM) Level of Care Tool:
This is NOT a standalone assessment but can be completed either in conjunction with an assessment or as needed for referral to higher level of care. Because an ASAM is a type of assessment, it should only be completed in collaboration with the client (i.e., should gather appropriate information from the client to inform the tool). Like any other kind of assessment, information can be gathered in person, via telephone, or via video/telehealth.

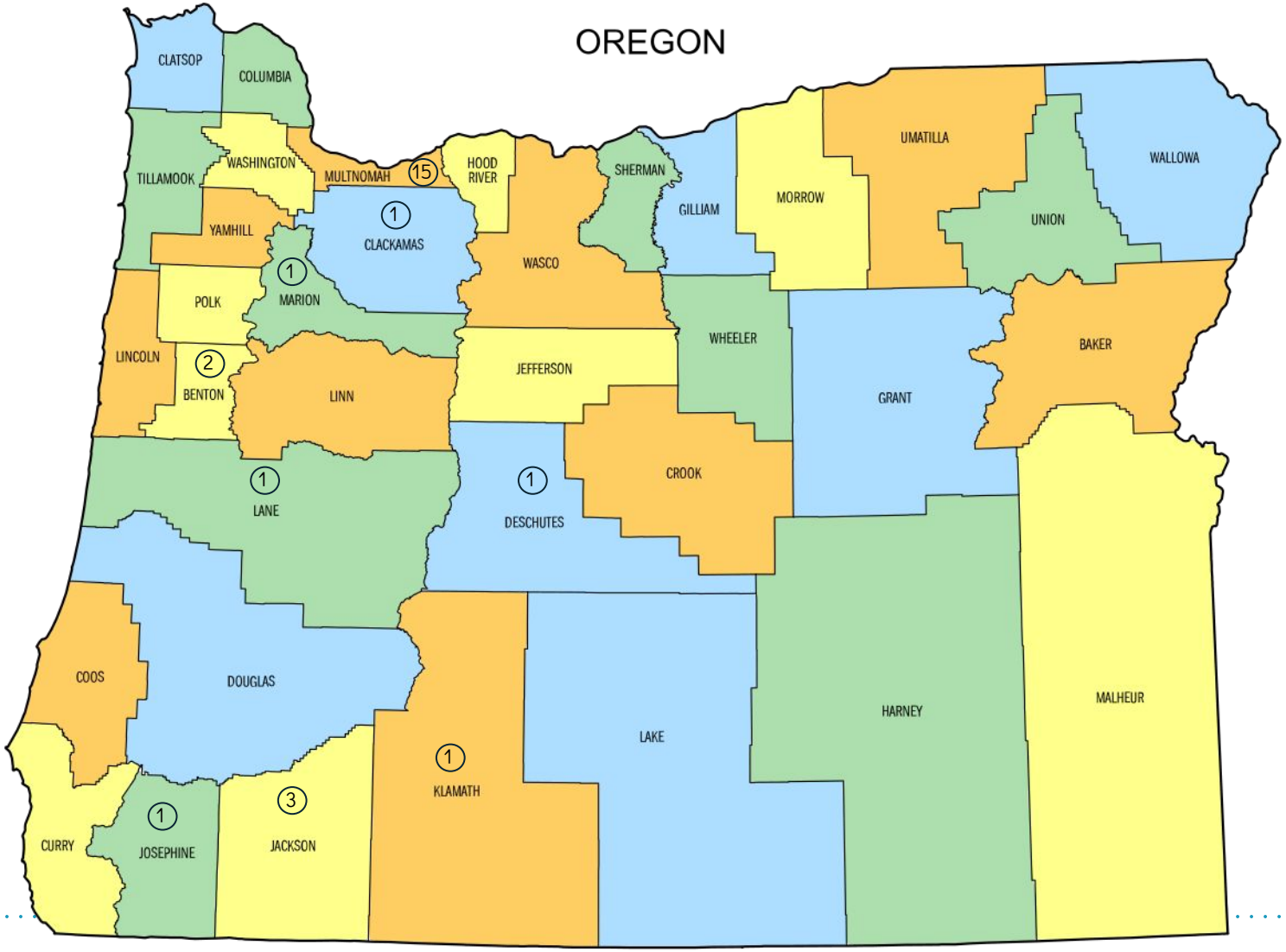
- If most of the session was spent doing individual therapy, bill for individual therapy as usual. Include a brief description of completing ASAM as part of the service note, including that most of the session was spent on individual therapy.
- If most of the session was spent on another service (ex. case management), bill for that service as usual. Include a brief description of completing ASAM as part of the service note, including that most of the session was spent on the other service.
- If you complete ASAM as part of a 180-day or other assessment update, bill for a regular assessment along with adding or changing a diagnosis.
- If you complete ASAM as a stand-alone service, bill T1023. Write a GIRPP service note as usual, listing completion of ASAM as primary intervention, and refer the reader to the ASAM itself for additional information.

Nicotine Replacement Therapy (NRT) Coverage:
There are a variety of available resources to understand NRT coverages in Oregon and nationwide. Per the CDC, Oregon is considered to have comprehensive NRT coverage under Medicaid. For patients with Medicare or private insurance, coverages may vary.

- State Medicaid Coverage of NRT
- Medicare Coverage of NRT Fact Sheet
- NRT Prescribing Instructions for Oregon Pharmacists

» Direct service staff: Asynchronous focus groups

26 participants



Feelings about cigarette smoking/commercial tobacco/nicotine use

"I am disappointed with the tobacco industry as a whole. It is the number one killer when it comes to addictive substances and the damages or sudden death can come many years after a person has quit using. I was a smoker and then I chewed tobacco for many years. I never got into vaping but I see that many young adults and under age youth use vaping products. We truly won't be able to understand the harm that vaping causes until we have collected many years of data and by that time many people will have suffered."

Organizational norms about commercial tobacco use

- Many participants (n=11) reported that commercial tobacco use was normalized in their workplaces
- Nearly one-third of participants commented on commercial tobacco use as harm reduction
- There were mixed responses about smoking vs. vaping

» Culture and policies about vaping

"At all 5 of our locations smoking is allowed in designated areas. Vaping is allowed in clients rooms. There is definitely a difference in the opinion of vaping vs smoking"

"Vaping is encouraged at our sober living homes as a harm reduction/quitting technique. We allow smoking outside in designated smoking areas and we allow vaping inside/outside. Personally I know vaping is even more difficult to quit than smoking so I don't promote vaping at all. We still don't know what the long term effects of vaping will be."

» Cessation norms

"I don't think a lot of attention is put on educating and working towards smoking reduction/abstinence. We deal with a lot of symptoms that need constant addressing that are much more immediately pressing. Although we would love for the residents to have a healthier lifestyle I think right now the focus is primarily on crisis control. "

"As clinicians we encourage our clients to quit smoke and provide resources and educational information to help them quit. I also work with nurses and doctors, who also discuss Nicotine Use Disorder and educate us on ways we can help our clients quit."

» Organizational policies

Participants reported a wide variety of commercial tobacco-free campus policies at their facilities. Variations included:

- No written policy
- Designated tobacco use ("smoking") area the on campus
- Tobacco-free indoors with tobacco use allowed 10 or 25 feet away from buildings or 50 feet away from campus
- A completely tobacco-free campus
- Policies that prohibit all use of vapes
- Policies that allow vaping
- Compliance with "state law."
- Providing established smoking breaks for clients

» Barriers to providing treatment

"Since nicotine usage is so socially normative, it's almost joked about to quit or reduce, especially if they are not near the contemplation stage of quitting. Thus, I feel it makes it a slight bit more challenging for those who may be on the fence to either open up about or follow through with cessation tactics."

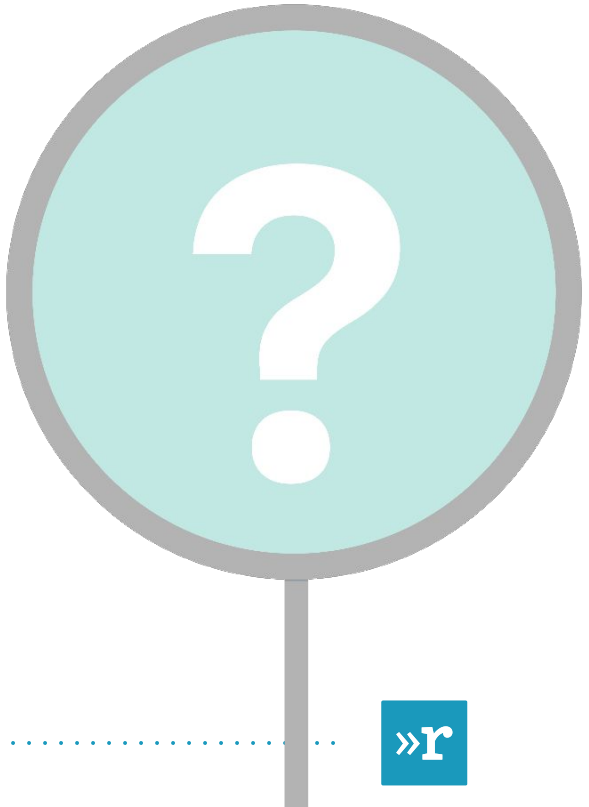
» Ways to increase cessation

"I do know that clients that smoke, have a 80% higher chance of relapsing on their drug of choice and I think more education and information like this should be provided to our client's."

"If policies were changed then things would absolutely be different concerning commercial tobacco use and our clients. As of now there is no a policy in place that encourages clients or staff to not use commercial tobacco products. The culture there at our facility is smoke if that is your desire. Harm reduction is seen as a positive so if smoking is the only vice left than so be it."

» Focus group results reflection

- What is a finding that stands out to you?
- Are there any recommendations you'd make based on these data?



» Next steps

- Complete final reports for DSS focus groups, CMHPs, etc.
- Write project plan and timelines for new activities
- Add guidance for youth to billing guide and work with Health Services Division to finalize/disseminate