OVERVIEW

According to the American Lung Association, an estimated 440,000 Americans die each year from diseases caused by smoking. Smoking is responsible for an estimated one in five deaths in the United States (U.S.) and costs the U.S. at least $150 billion each year in healthcare costs and lost productivity.

Tobacco use has been cited as a risk factor for cancer, heart disease, stroke, pregnancy complications, and chronic obstructive pulmonary disease. Seventy percent of the 50 million smokers in the United States today have made at least one prior attempt to quit, and approximately 46 percent try to quit each year. Unfortunately, most of these efforts are unsuccessful. Smoking cessation counseling is typically only offered to patients already suffering from tobacco-related diseases. This failure to assess and intervene consistently with tobacco users exists in the face of substantial evidence that even brief smoking cessation treatments can be effective. To help increase the opportunities for Members to receive such treatments, Oxford Health Plans has in place a policy to reimburse physicians for counseling their patients about tobacco and smoking cessation.

All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates.

INITIAL COUNSELING SESSION

1. **Ask** all patients if they use tobacco
   - Expand the vital signs record to include documentation of smoking status.
   - Inquire what age first smoked, pack years (# of packs per day x’s # years smoked), and number of previous quit attempts.

2. **Advise** every patient who smokes to quit. Advice should be:
   - **Clear:** “I think it is important for you to quit smoking now, and I can help you.”
   - **Strong:** “As your physician, I know that quitting smoking is the most important thing you can do to protect your health now and in the future”.
   - **Personal:** Tie tobacco use to current health/illness, and/or its social and economic costs, motivation level/readiness to quit and/or the impact of tobacco use on children and others in the household: “You’ve already had one heart attack” or “You know your children need you”.

3. **Assess** willingness to make a quit attempt for smoking cessation:
   - Patient willing to make quit attempt
   - Patient unwilling to make a quit attempt

4. **Assist** in quit attempt:
   **Patient uses tobacco and is now willing to attempt to quit:**
   - Agree on a quit date, ideally within two weeks
   - Encourage patient to inform family, friends, and co-workers of plans to quit smoking and ask for their support
   - Anticipate challenges such as nicotine withdrawal symptoms, particularly in the critical first few weeks, and discuss coping strategies
   - Advise patient to remove smoking products from the home, car, and work place; ask the patient to avoid smoking in these areas prior to quitting
   - Alcohol use is strongly associated with relapse; counsel abstinence while quitting
   - Review previous quit attempts – what helped, what led to relapse
   - Distribute appropriate materials on smoking cessation techniques with counseling
   - Provide contacts with recognized supportive resources (see below)
   - Counsel total cessation; tapering is not effective
   - Assess need for Nicotine Replacement Therapy (see guide below)
   - Assist patient in planning for quit date
   - To prevent relapse, schedule follow-up counseling at initial counseling session (within one to three weeks of the quit date)

Oxford Approved: Q3 1997
Reviewed/Revised: Q3 1999, Q4 2000, Q4 2002
### INITIAL COUNSELING SESSION cont’d

**Patient uses tobacco and is not willing to attempt to quit:**

Provide intervention aimed at motivating patient to quit:

- Encourage patient to indicate why quitting is personally relevant
- Ask the patient to identify potentially negative consequences of smoking
- Ask patient to identify potentially positive consequences of stopping tobacco use
- Ask patient to identify barriers to quitting and note elements of quitting that can address these barriers

Motivational intervention should be repeated every time an unmotivated patient has a clinic visit.

5. **Arrange** Follow-up: Schedule follow-up, preferably within the first week after the quit date

### FOLLOW-UP COUNSELING SESSION

Schedule a follow-up contact, preferably within the first week after the quit date

1. **For successfully abstinent patients – Deliver Relapse Prevention**
   - Congratulate their success at remaining abstinent
   - Reinforce their decision to quit; encourage them to remain abstinent
   - Review and reinforce physical, social, and emotional benefits of remaining abstinent

2. **For patients who have relapsed – reassess willingness to quit**
   - Provide or arrange additional intervention
   - Evaluate for more intensive psychosocial treatment
   - Review for appropriate use of nicotine replacement therapy; consider revising therapy or dose
   - Inform patient that most smokers quit successfully only after multiple attempts
   - Relapsed patients unwilling to quit currently should receive a brief intervention to promote motivation

### IMPORTANT TOPICS FOR ALL COUNSELING SESSIONS

The counselor should provide the patient:

1. **Supportive communication:** (talking points)
   - Cessation treatment is effective
   - Half of all that have ever smoked have successfully quit
   - Most who succeed at quitting do so only after several quit attempts
   - Patient has strengths and has made life achievements

2. **Basic information:**
   - The addictive nature of smoking and time course of withdrawal
   - Specific immediate and long-term health risks of continued smoking (shortness of breath, asthma, fetal risk, infertility, impotence, heart disease, stroke, and cancer)
   - There are risks of second-hand smoke to children, pregnant mothers, the elderly and infirm

3. **Recognition of danger situations:**
   - Being around other smokers
   - Time pressure
   - Arguing
   - Negative moods
   - Drinking
4. **Dosing instructions:**
   - Appropriate use of nicotine replacement, if applicable

5. **Developing coping skills:**
   - Anticipation and avoidance of danger situations
   - Lifestyle changes to reduce stress and produce pleasure (exercise/sports; hobbies/handiwork; deep breathing)
   - Positive activities that distract attention from smoking urges

6. **Positive incentives to quit:**
   - Improved health
   - Improved sense of well being
   - Freedom from addiction and social stigma
   - Financial savings
   - Improved sense of smell and taste
   - Sets a good example to family and children

7. **Patient’s fears:**
   - Weight gain
   - Negative mood or depression
   - Lack of support from family and friends

8. **Availability of help:**
   - Efficacy of alternative treatments (hypnosis, acupuncture; see below)
   - How to reach clinician
   - Resources for further information and follow-up, and how to find out about more intensive programs, if desired

### PHARMACOTHERAPIES

- Nicotine withdrawal typically begins six to twelve hours after quitting, with a peak reported at one to three days. In 60 percent of smokers, the symptoms last three to four weeks.
- Many successful quitters do not require nicotine replacement therapy (NRT)
- **Nicotine replacement should be accompanied by support counseling.**
- **No smoking while on NRT**

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>GUM</th>
<th>PATCH</th>
<th>BUPROPION SR</th>
<th>NASAL SPRAY</th>
<th>NASAL INHALER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
<td>Over the counter</td>
<td>Over the counter</td>
<td>Prescription</td>
<td>Prescription</td>
<td>Prescription</td>
</tr>
<tr>
<td>Dosing</td>
<td>2 mg for patients smoking less than 25 packs/day</td>
<td>4 mg patients smoking more than 25 packs/day</td>
<td>Individualize treatment based on previous experience with patch, amount smoked, degree of addictiveness</td>
<td>Begin 1-2 weeks before quitting. 150 mg q AM for 3 days, then increase to 150 mg b.i.d. (for 7-12 weeks)</td>
<td>One dose equals 0.5 mg per nostril. 8-40 doses/day</td>
</tr>
<tr>
<td>Duration</td>
<td>Up to 12 weeks</td>
<td>Varies</td>
<td>Up to 6 months</td>
<td>3-6 months</td>
<td>Up to 6 months</td>
</tr>
</tbody>
</table>

Oxford’s medical policy states that nicotine cessation aids are not covered. However, some Oxford pharmacy plans do cover these products. Please verify with each Member their individual prescription plan coverage.


Oxford Approved: Q3 1997
Reviewed/Updated: Q3 1999, Q4 2000, Q4 2002
OTHER THERAPEUTIC OPTIONS

• Behavioral modification therapy has proven quite successful, particularly when combined with nicotine replacement for those with high-nicotine dependence
• Aversion therapy is not recommended, even as part of a comprehensive cessation program
• Non-aversive techniques, both cognitive and behavioral, are frequently used in combination as part of comprehensive treatment program
• Clonidine is an efficacious smoking cessation treatment that should be administered under a physician’s supervision as a second-line agent (Does not have FDA approval)
• Nortriptyline has been proven to be an effective treatment (Does not have FDA approval)
• Antidepressants (aside from bupropion), anxiolytics, benzodiazepines, silver acetate, and mecamylamine have no proven beneficial effects on smoking cessation
• Neither routine screening CXR nor sputum cytology is recommended as screening for smoking cessation; these tests are expensive and have not increased life expectancy or quality of life, even for smokers.

BILLING FOR SMOKING CESSATION COUNSELING

• The code G9016 ($30) in addition to a Regular Office Visit code will cover one initial counseling session over and above the reimbursement for an annual physical examination or a separate office visit.
• The code G9016-TS ($25) in addition to a Level 1 or 2 Office Visit code will cover one follow-up counseling session in the context of an office visit.
• Oxford will allow two counseling sessions each calendar year per patient
• This may be billed by any provider type
• This benefit does not require precertification
• This benefit does not require any additional supporting documentation

RESOURCES

<table>
<thead>
<tr>
<th>American Cancer Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>800-ACS-2345</td>
</tr>
<tr>
<td><a href="http://www.cancer.org">www.cancer.org</a></td>
</tr>
<tr>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>800-4-CANCER</td>
</tr>
<tr>
<td><a href="http://www.nci.nih.gov">www.nci.nih.gov</a></td>
</tr>
<tr>
<td>State of Connecticut</td>
</tr>
<tr>
<td>Quit Line:</td>
</tr>
<tr>
<td>866-END-HABIT (866-363-4224)</td>
</tr>
<tr>
<td>Quitnet:</td>
</tr>
<tr>
<td><a href="http://www.TobaccoFreeCT.com">www.TobaccoFreeCT.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>American Heart Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>800-242-8721</td>
</tr>
<tr>
<td><a href="http://www.americanheart.org">www.americanheart.org</a></td>
</tr>
<tr>
<td>American Lung Association</td>
</tr>
<tr>
<td>800-586-4872</td>
</tr>
<tr>
<td><a href="http://www.lungusa.org">www.lungusa.org</a></td>
</tr>
<tr>
<td>State of New Jersey</td>
</tr>
<tr>
<td>Quit Line:</td>
</tr>
<tr>
<td>866-NJ-STOPS (866-657-8677)</td>
</tr>
<tr>
<td>Quitnet:</td>
</tr>
<tr>
<td><a href="http://nj.quitnet.com">http://nj.quitnet.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency for Healthcare Research and Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>800-358-9295</td>
</tr>
<tr>
<td><a href="http://www.ahrq.gov">www.ahrq.gov</a></td>
</tr>
<tr>
<td>Office on Smoking and Health Centers for Disease Control &amp; Prevention</td>
</tr>
<tr>
<td>800-CDC-1311 (800-232-1311)</td>
</tr>
<tr>
<td><a href="http://www.cdc.gov/tobacco">www.cdc.gov/tobacco</a></td>
</tr>
<tr>
<td>State of New York</td>
</tr>
<tr>
<td>Quit Line:</td>
</tr>
<tr>
<td>888-609-6292</td>
</tr>
<tr>
<td>Quitnet:</td>
</tr>
<tr>
<td><a href="http://www.nysmokefree.com">www.nysmokefree.com</a></td>
</tr>
</tbody>
</table>
We value your input on our guidelines. If you have any questions or comments, please e-mail bminta@oxfordhealth.com or write to:

Oxford Health Plans
Quality Management
Attn: Belinda O. Minta, MPH
44 South Broadway
White Plains, NY 10601
The following screening and chart documentation tools are designed to assist the clinician in screening for tobacco use and in documenting counseling sessions. You may reproduce these pages and incorporate them into your medical practice and records keeping.

### Smoking Cessation Form

<table>
<thead>
<tr>
<th>Patient Name ___________________________</th>
<th>ID Number ___________</th>
<th>Sex _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date ___________</td>
<td>Age 1st smoked _____</td>
<td>Pack/hrs. _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AHRQ Recommendation</th>
<th>Initial Visit</th>
<th>Follow-up Visit</th>
<th>Follow-up Visit</th>
</tr>
</thead>
</table>

**Date:**

**Tobacco history:**

**Advise to quit:**

**Review risks to health:**
- Asthma
- Stroke
- Cancer
- Fetal risk
- Heart disease
- Lung disease
- Impotence
- Infertility
- Impact on spouse, children

**Review rewards of quitting:**
- Improved health
- Money savings
- Improved sense of smell and taste
- Freedom from addiction and social stigma

**Set a quit date:**

**Discuss a quit plan:**
- Plan support network
- Removal of all cigarettes and ashtrays
- Review previous quit attempts:
  - What helped?
  - What led to relapse?
  - Identify triggers to smoking

**Coping with craving:**
- Exercise, handiwork, deep breathing, plan activities, drink liquids, adopt hobbies

**Things to avoid:**
- Alcohol, company of smokers, stress

**Pharmacology:**
- Nicotine Replacement Therapy (NRT):
- Other:

**Arrange follow-up visit:** (Ideally within 2 wks. of Quit Date) Follow-up Date:

**Provide educational materials:** Self-help booklets, etc.
Patient Nicotine Dependence Evaluation

This questionnaire is the standard analysis for estimating a smoker’s physical dependence (or addiction) to nicotine, the drug in tobacco. While not always accurate or reliable, the test can often give an understanding of the degree of nicotine addiction and can help guide your physician in determining whether you would benefit from nicotine replacement therapy and what would be an appropriate dosage.¹

**Instructions:** Circle the number in the “Points” column that corresponds to your answer to each question.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How soon after you wake up do you smoke your first cigarette?</td>
<td>Within 5 minutes.</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>6–30 minutes.</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>31–60 minutes.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>After 60 minutes.</td>
<td>0</td>
</tr>
<tr>
<td>2. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., church, library, movies, airplanes, etc.)?</td>
<td>Yes.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>0</td>
</tr>
<tr>
<td>3. Which cigarette would you hate most to give up?</td>
<td>The first one in the morning.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>All others.</td>
<td>0</td>
</tr>
<tr>
<td>4. How many cigarettes do you smoke per day?</td>
<td>10 or less.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>11–20.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>21–30.</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>31 or more.</td>
<td>3</td>
</tr>
<tr>
<td>5. Do you smoke more frequently during the first hours after waking than during the rest of the day?</td>
<td>Yes.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>0</td>
</tr>
<tr>
<td>6. Do you still smoke if you are so ill that you are in bed most of the day?</td>
<td>Yes.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL SCORE:**

<table>
<thead>
<tr>
<th>Scoring Level of Addiction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
</tr>
<tr>
<td>Very Low</td>
</tr>
</tbody>
</table>

¹Orleans CT, Glynn TJ, et al: Minimal -Contact Quit Smoking Strategies for Medical Settings in Nicotine Addiction. CT, Orleans and J Slade (eds.); New York, Oxford University Press. 1993