



Documenting Tobacco Treatment: Best Practices for Success

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Learning Outcomes

1. Describe ways to maintain accurate records that are appropriate to the setting in which services are provided.
2. Discuss diagnostic coding for tobacco use, dependence and exposure.
3. Describe a protocol for tracking client follow-up and progress.
4. Discuss standardized methods of measuring recognized outcomes of tobacco dependence treatment for individuals and programs.

Learning Outcome 1

Maintaining Accurate Records

- Documentation and record keeping are a core component of best practices for healthcare.
- It is important to utilize codes for tobacco dependence treatment within our records and record systems in order to accurately document and obtain reimbursement for this treatment.
- It is incumbent upon the clinician to ensure that appropriate billing guidelines are followed and recognize that reimbursement of these codes may vary by payer.

Documentation

- Records rely on accurate, timely, and high-quality documentation
- Clinical Documentation
 - What to document (service type and code)
 - When to document (Prior, during, or after)
 - How to document (Paper, EMR)
 - How to utilize your documentation for
 - Clinical Care
 - Clinical Outcomes

System Strategies

- **Systems Strategy 1:** Identification system for current and former tobacco users in every clinic.
- **Systems Strategy 2:** Provide adequate training and resources for staff to provide services.
- **Systems Strategy 3:** Dedicate and assign staff to provide tobacco dependence treatment.
- **Systems Strategy 4:** Promote hospital policies that support tobacco dependence treatment.
- **Systems Strategy 5:** Ensure that health insurance packages covers tobacco dependence treatment services.

Learning Outcome 2

Appropriate Coding

- In many settings, documentation includes the use of a codification system, often tied to billing and reimbursement.
- It is important to be aware of the codification system used by your facility.

Coding systems

- **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)**
- **International Statistical Classification of Diseases and Related Health Problems (ICD-10)**
- **Current Procedural Terminology (CPT)**

DSM-5 Codes

- It contains the standard criteria and definitions of mental disorders

Tobacco Use Disorder, Mild
305.1

Tobacco Use Disorder, Moderate or Severe
305.1

Tobacco Withdrawal
292.0

Tobacco-Induced Sleep Disorder
292.85

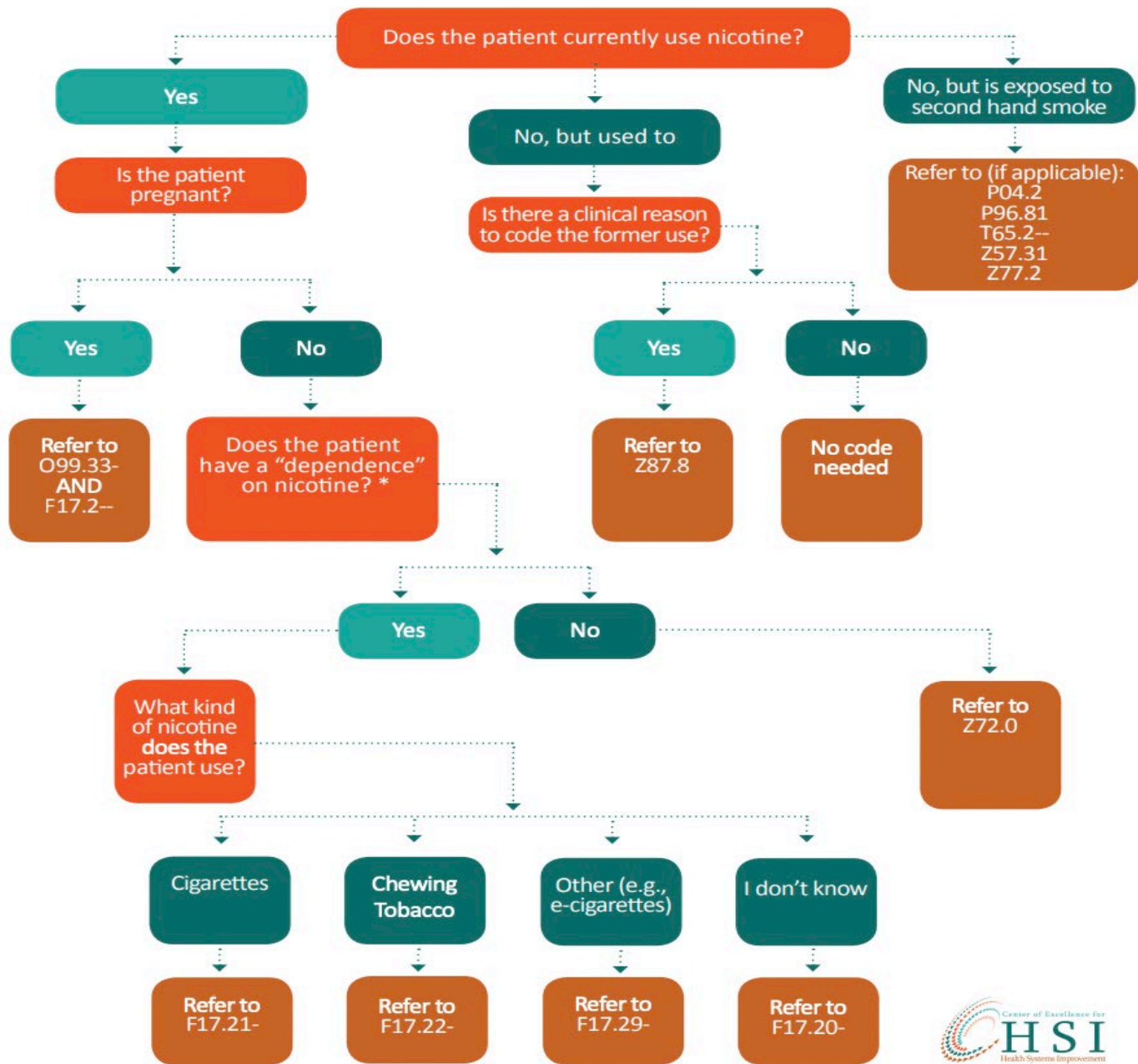
ICD-10

- ICD-10-CM codes were developed and are maintained by CDC's National Center for Health Statistics under authorization by the World Health Organization.
- It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
- ICD-10 codes are commonly used in billing, rather than DSM codes; these two codes are often cross-walked.

Four Categories of ICD-10 Nicotine Coding



Figure 2: Diagnostic Coding-at-a-Glance for Nicotine Use / Dependence



Documentation Tips

- ✓ Clinicians should be specific in documenting the **type of product used, frequency of tobacco use, any pertinent modifying factors, and any complication to support ICD-10 code selection.**
 - For example, instead of documenting “current tobacco user” document **“currently smokes a few cigarettes a week when out with friends.”**
 - Instead of documenting “current smoker” or “smokes 1PPD,” it is recommended that the clinician document “Smokes 1 PPD cigarettes without complications” or **“Smokes 1 PPD cigarettes with nicotine-induced COPD.”**
- ✓ Documentation of non-tobacco users might include **“non-smoker - no exposure”** or **“patient denies tobacco exposure.”**
- ✓ When possible, use structured data fields within your electronic health record (EHR) for recording tobacco use and/or dependence, as free-text information in narrative notes is not searchable, and is more difficult to find or view by other members of the care team and billing/coding team.

ICD-11

- **Description of nicotine use disorder**
- “Disorders due to use of nicotine are characterized by the pattern and consequences of nicotine use. Nicotine is the active dependence-producing constituent of the tobacco plant, *Nicotiana tabacum*. Nicotine is used overwhelmingly through smoking cigarettes. Increasingly, it is also used in electronic cigarettes that vaporize nicotine dissolved in a carrier solvent for inhalation (i.e., “vaping”). Pipe smoking, chewing tobacco and inhaling snuff are minor forms of use. Nicotine is a highly potent addictive compound and is the third most common psychoactive substance used worldwide after caffeine and alcohol. Nicotine Dependence and Nicotine Withdrawal are well described, and Nicotine-Induced Mental Disorders are recognized.”

CPT Codes

- **Current Procedural Terminology (CPT)** is a U.S. standard for coding medical procedures, maintained and copyrighted by the American Medical Association (AMA).
- These codes are a method of documenting **what service** or **procedure** was performed by a provider during a given visit.
- Similar to ICD coding, CPT is used to standardize medical communication across the board – but where ICD-10 focus on the diagnosis, **CPT instead identifies the services provided, and are used by insurance companies to determine how much providers will be paid for their services.**

Documentation Tips for the CPT

- ✓ Asked about tobacco use and given information on benefits of quitting
- ✓ Assessed the willingness to quit (stages of change)
- ✓ Provided support for quit attempt
- ✓ Follow-up scheduled
- ✓ Time spent documented (these codes are time based)

Learning Outcome 3

Tracking Progress: Protocols

- Setting up a protocol for your organization should follow other similar protocols used for assessing client progress.
- Tracking progress reflects the first “A” in the 5As: Asking every patient at every visit about tobacco use.
- Train staff on tracking progress and documenting it to ensure that everyone is following the protocol.
- Review client records regularly to examine adherence to the protocol.

Implement a Protocol for Tracking Client Follow-Up and Progress

- Tracking services provided is part of tracking client progress. Research demonstrates how the number of sessions and contacts with a client can make a difference.
- Meta-analysis (2000): Effectiveness of and estimated abstinence rates for number of person-to-person treatment sessions (n = 46 studies)

Number of Sessions	Number of Arms	Estimated Odds Ratio (95% C.I.)	Estimated Abstinence Rate (95% C.I.)
0-1 session	43	1.0	12.4
2-3 sessions	17	1.4 (1.1, 1.7)	16.3 (13.7, 19.0)
4-8 sessions	23	1.9 (1.6, 2.2)	20.9 (18.1, 23.6)
>8 sessions	51	2.3 (2.1, 3.0)	24.7 (21.0, 28.4)

Tracking Client Follow-up

- When following up with the patient who has recently quit, we want to ask about and document the following:
 - The **benefits**, including potential health benefits, he/she is experiencing or may experience from quitting.
 - Ask: (What are you noticing?)
 - Any **successes** the patient has had in quitting (i.e., reduced withdrawal symptoms, etc.)
 - Ask: (What has been working well for you?)
 - Any **problems** encountered or anticipated threats to maintaining abstinence (e.g., depression, weight gain, increased alcohol, other smokers, etc.)
 - Ask: (What has been challenging for you?)
 - A **medication check-in**, including effectiveness and side effects.
 - Ask: (Tell me how the medication is working.)

Protocol for Tracking Progress

- Progress in tobacco dependence treatment could mean:
 - Changes in motivation:
 - Increased importance for quitting
 - Increased confidence about quitting
 - Increased readiness for the change
 - Movement along the Stages of Change
 - More “change talk”

Tracking Progress: Motivation

- Example:
- Client Name: _____
 - **Motivation Interview Scaling scores:**
 - **Importance:** _____
 - **Confidence:** _____
 - **Readiness:** _____
 - **Stage of Change (Please circle one):**
 - Client is unwilling to consider a quit attempt: **Precontemplation**
 - Client is willing to discuss a quit attempt, but not a date: **Contemplation**
 - Client has set a date and is making preparations: **Preparation**
 - Client has quit and is in the first weeks/six months of the quit: **Action**
 - Client quit over six months ago: **Maintenance**

Tracking Progress: Nicotine Dependence Levels

- Fagerstrom Score(s):
 - Visit Date: _____ Score
 - Visit Date: _____ Score
- Other ways to track dependence level:
 - No. cigarettes smoked per day for the last week: _____ or
 - No. cans of snuff used per day for the last week: _____

Learning Outcome 4

Describe standardized methods of measuring recognized outcomes of tobacco dependence treatment

- Identified multiple types of effective cessation medications
- Established a strong dose-response relation between counseling intensity and outcome
- Shown that treatment can be delivered via diverse routes (in-person, via telephone, tailored messages)
- Shown that these treatments work in different populations of smokers

Intensity of Interventions

Meta-analysis (2000): Effectiveness of and estimated abstinence rates for various intensity levels of session length (n = 43 studies)

Level of Contact	Number of Arms	Estimated Odds Ratio (95% C.I.)
No contact	30	1.0
Minimal counseling (< 3 minutes)	19	1.3 (1.01, 1.6)
Low-intensity counseling (3-10 minutes)	16	1.6 (1.2, 2.0)
Higher intensity counseling (> 10 minutes)	55	2.3 (2.0, 2.7)

Counseling Comparison

Meta-analysis (2000): Effectiveness of and estimated abstinence rates for various types of format (n = 58 studies)

Format Number	Number of Arms	Estimated Abstinence Rate (95% C.I.)
No format	20	10.8
Self help	93	12.3 (10.9, 13.6)
Proactive telephone counseling	26	13.1 (11.4, 14.8)
Group counseling	52	13.9 (11.6, 16.1)
Individual counseling	67	16.8 (14.7, 19.1)

Describe standardized methods of measuring recognized outcomes of tobacco dependence treatment

- **Key questions:**

- What are we measuring?
 - Typically impact of policy and impact of interventions.
- How will we measure it?
 - Often with quantitative and qualitative data.
- What are the standard methods for measurement and evaluation?
 - How do we define tobacco use cessation

Evaluation begins with a Question

- What is the effect of X on Y?
 - What is the effect of a six weeks educational program on quit rates?
 - What is the effect of three counseling sessions post quit date on abstinence?

Developing a PICOT Question

- P= Patient or problem
- I = Intervention, prognostic factor, or exposure
- C= Comparison
- O= Outcomes
- T= Time of Study

Example

- **P**opulation: Persons who are tobacco dependent
- **I**ntervention: Receipt of the 5As
- **C**omparison: Those receiving “treatment as usual”
- **O**utcomes: Number of people reporting a quit date
- **T**ime: Measures over the course of three visits in a six-month period

Tobacco Use Abstinence

- 7-day Point Prevalence
 - No tobacco use not even puff for past 7 days
- Prolonged Abstinence
 - No tobacco use after initial grace period (about 2 weeks after quit day) or no tobacco use between two follow-up periods
- Continuous Abstinence
 - No tobacco use from quit day to time of follow-up
- Treatment Failure
 - Using tobacco on 7 consecutive days or using tobacco at least once per week over 2 consecutive weeks

Summary

- It is important that we know the appropriate codes for documenting services delivered in our respective organizations.
- Documentation assists us with monitoring patient progress and conducting follow-up.
- Measuring progress of patients and program impact is a part of our work.
- Collection of good data helps us achieve these objectives.

Thank you



- **Appendix**

- ICD-10

Table 2. Nicotine Use Codes

Z72.0	Tobacco Use
Excludes1 (See Box 1: ICD-10 Coding Note below for guidance)	
Z87.891*	History of tobacco dependence
F17.---	Nicotine and tobacco dependence
O99.33-	Tobacco use during pregnancy (see additional guidance on page 8 re: O99.33-)

* Z Codes are not billable, they are used to provide information regarding reasons for an encounter.

Table 3. Nicotine Dependence Codes

The following table displays a complete list of ICD-10 Nicotine Dependence Codes.

Code	Description
F17-	Nicotine dependence
F17.20-	Nicotine dependence, unspecified
F17.200	... uncomplicated
F17.201	... in remission
F17.203	... with withdrawal
F17.208	... with other nicotine-induced disorders
F17.209	... with unspecified nicotine-induced disorders
F17.21-	Nicotine dependence, cigarettes
F17.210	... uncomplicated
F17.211	... in remission
F17.213	... with withdrawal
F17.218	... with other nicotine-induced disorders
F17.219	... with unspecified nicotine-induced disorders
F17.22-	Nicotine dependence, chewing tobacco
F17.220	... uncomplicated
F17.221	... in remission
F17.223	... with withdrawal
F17.228	... with other nicotine-induced disorders
F17.229	... with unspecified nicotine-induced disorders
F17.29-	Nicotine dependence, other tobacco product (use this series for Electronic Nicotine Delivery Systems [ENDS])
F17.290	... uncomplicated
F17.291	... in remission
F17.293	... with withdrawal
F17.298	... with other nicotine-induced disorders
F17.299	... with unspecified nicotine-induced disorders
Excludes1: (See Box 1, for guidance)	
Z87.891	History of tobacco dependence
Z72.0	Tobacco use
Excludes2:	
O99.33	Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium
T65.2	Toxic effect of nicotine

- **ICD-10**

Table 4. Codes for Tobacco Use During Pregnancy, Childbirth, and the Puerperium

Code	Description
O99.33	Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium
O99.330	... unspecified trimester
O99.331	... first trimester
O99.332	... second trimester
O99.333	... third trimester
O99.334	... childbirth
O99.335	... the puerperium

Use a secondary code from category F17.--- *Nicotine dependence*, to identify the type of nicotine dependence.

Table 5. Tobacco Exposure Codes

Code	Description
P04.2	Newborn (suspected to be) affected by maternal use of tobacco*
P96.81	Exposure to (parental) (environmental) tobacco smoke in the perinatal period*
T65.2---	Toxic effect of tobacco and nicotine**
Z57.31	Exposure to environmental tobacco smoke - Occupational*
Z77.22	Exposure to second hand tobacco smoke (acute) (chronic)*

*Refer to complete ICD-10 code set for Excludes notes
 **Refer to complete ICD-10 code set to select correct 5th, 6th and 7th digits

• ICD-11

NE61	Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source, not elsewhere classified Harmful effects of or exposure to liquid nicotine ▾	(+)
PL00	Drugs, medicaments or biological substances associated with injury or harm in therapeutic use Injur or harm in therapeutic use by nicotinic acid derivatives	(+)
PB36	Unintentional exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source Unintentional exposure to or harmful effects of nicotine patches, gum or similar preparations	
PE95 ^{&XM6BN2}	Assault by exposure to or harmful effects of nicotine patches, gum or similar preparations	
PD05	Intentional self-harm by exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source Intentional self-harm by exposure to or harmful effects of nicotine patches, gum or similar preparations	
PH56	Exposure to or harmful effects of undetermined intent of other or unspecified substances chiefly nonmedicinal as to source Exposure to or harmful effects of undetermined intent of nicotine patches, gum or similar preparations	

• ICD-11

6C4A.2Z	Nicotine dependence, unspecified
6C4A.3	Nicotine intoxication
6C4A.4	Nicotine withdrawal
6C4A.Z	Disorders due to use of nicotine , unspecified
5B5C	Vitamin B3 deficiency nicotinic acid deficiency ▼
QE12	Hazardous nicotine use
6C4A.1Z	Harmful pattern of use of nicotine , unspecified
6C4A.20	Nicotine dependence, current use
6C4A.Y	Other specified disorders due to use of nicotine
6C4A.0	Episode of harmful use of nicotine
6C4A.10	Harmful pattern of use of nicotine , episodic
6C4A.11	Harmful pattern of use of nicotine , continuous
6C4A.21	Nicotine dependence, early full remission
6C4A.22	Nicotine dependence, sustained partial remission
6C4A.23	Nicotine dependence, sustained full remission

• ICD-11

NE61	Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source, not elsewhere classified Harmful effects of or exposure to liquid nicotine ▾	(+)
PL00	Drugs, medicaments or biological substances associated with injury or harm in therapeutic use Injur or harm in therapeutic use by nicotinic acid derivatives	(+)
PB36	Unintentional exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source Unintentional exposure to or harmful effects of nicotine patches, gum or similar preparations	
PE95 ^{&XM6BN2}	Assault by exposure to or harmful effects of nicotine patches, gum or similar preparations	
PD05	Intentional self-harm by exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source Intentional self-harm by exposure to or harmful effects of nicotine patches, gum or similar preparations	
PH56	Exposure to or harmful effects of undetermined intent of other or unspecified substances chiefly nonmedicinal as to source Exposure to or harmful effects of undetermined intent of nicotine patches, gum or similar preparations	

CPT Codes: Preventive Medicine

- **A1. Initial or Periodic Comprehensive Preventive Medicine Examination**
- **New Patient**
 - **99383** Initial comprehensive preventive medicine.
 - Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender-appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years).
 - **99384** Adolescent (age 12–17 years).
 - **99385** Adult (age 18–39 years).
 - **99386** Adult (age 40–64 years).
 - **99387** Adult (age 65 years and older).

CPT Codes: Preventive Medicine

- **Established Patient**

- **99393** Periodic comprehensive preventive medicine.
- Reevaluation and management of an individual, including an age- and gender-appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years).
- **99394** Adolescent (age 12–17 years).
- **99395** Adult (age 18–39 years).
- **99396** Adult (age 40–64 years).
- **99397** Adult (age 65 years and older).

CPT Codes: Preventive Medicine

- **A2. Counseling and/or Risk Factor Reduction Intervention.**
- These codes are used to report services provided to individuals at a separate encounter for the purpose of promoting health and preventing illness or injury. As such, they are appropriate for the specific treatment of tobacco use and dependence. They are appropriate for initial or follow-up tobacco dependence treatments (new or established patient). For the specific preventive medicine counseling codes, the number of minutes counseled determines the level of billing (codes **99400–99404** for 15 to 60 minutes of counseling).

CPT Codes: Preventive Medicine

- **Preventive Medicine, Individual Counseling**
 - **99401** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
 - **99402** Approximately 30 minutes.
 - **99403** Approximately 45 minutes.
 - **99404** Approximately 60 minutes.

CPT Codes: Preventive Medicine

- **Smoking Cessation Counseling**

- These codes are for face-to-face counseling by a physician or other qualified health care professional, using “standardized, evidence-based screening instruments and tools with reliable documentation and appropriate sensitivity.”
- **99406** For intermediate visit of between 3 and 10 minutes.
- **99407** For an intensive visit lasting longer than 30 minutes.

- **Preventive Medicine, Group Counseling**

- **99411 Preventive medicine counseling** and/or intervention to treat the risk factor of tobacco use provided to an individual (separate procedure); approximately 30 minutes.
- **99412** Approximately 60 minutes.

CPT Codes: Psychiatric Therapeutic Procedures/Codes for Billing

- The psychiatric therapeutic procedure billing codes are typically used for insight-oriented, behavior modifying, and/or supported psychotherapy.
- This refers to the development of insight of affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality, or any combination of the above to provide therapeutic change.
- All of the counseling interventions for tobacco dependence demonstrated to be effective in this Guideline fall under these headings.

CPT Codes: Psychiatric Therapeutic Procedures/Codes for Billing

- It should be noted that these billing codes can be modified for those patients receiving only counseling (psychotherapy) and for others that receive counseling (psychotherapy), medical evaluation, and management services.
- These evaluation and management services involve a variety of responsibilities unique to the medical management of psychiatric patients, such as:
 - medical diagnostic evaluation (e.g., evaluation of comorbid medical conditions, drug interactions, and physical examinations);
 - drug management when indicated;
 - physician orders; and
 - interpretation of laboratory or other medical diagnostic studies and observations.
- **Thus, the use of a psychiatric therapeutic billing code with medical evaluation and management services would be appropriate for the clinician who provides both of the key tobacco dependence interventions documented as effective in the Guideline: counseling and medications.**

CPT Codes: Psychiatric Therapeutic Procedures/Codes for Billing

- In documenting treatment for tobacco dependence using the psychiatric therapeutic procedure codes, the appropriate code is chosen on:
 - the basis of the type of psychotherapy (e.g., insight-oriented, behavior modifying, and/or supportive using verbal techniques);
 - the place of service (office vs. inpatient);
 - the face-to-face time spent with the patient during the treatment (both for psychotherapy and medication management); and
 - whether evaluation and management services are furnished on the same date of service as psychotherapy.

CPT Codes: Psychiatric Therapeutic Procedures/Codes for Billing

- **B1. Office or Other Outpatient Facility**

- Insight-oriented, behavior modifying, and/or supportive psychotherapy.
- **90804** Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
- **90805** With medical evaluation and management services.
- **90806** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
- **90807** With medical evaluation and management services.
- **90808** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.
- **90809** With medical evaluation and management services.

CPT Codes: Psychiatric Therapeutic Procedures/Codes for Billing

- **B2. Inpatient Hospital, Partial Hospital, or Residential Care Facility**
 - Insight-oriented, behavior modifying, and/or supportive psychotherapy.
 - **90816** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient.
 - **90817** With medical evaluation and management services.
 - **90818** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient.
 - **90819** With medical evaluation and management services.
 - **90821** Individual psychotherapy, insight-oriented, behavior modifying, and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient.
 - **90822** With medical evaluation and management services.

CPT Codes: Psychiatric Therapeutic Procedures/Codes for Billing

- **B3. Other Psychotherapy**
 - **90853** Group psychotherapy (other than a multiple-family group).
- **C. Dental Code –CDT Codes**
 - **D1320** Tobacco counseling for the control and prevention of oral disease.