

Washington State Department of Health Tobacco and Vapor Product Prevention & Control Program

The 5 A's for Tobacco Cessation, in (Clinical) Practice

Tobacco use remains the leading cause of preventable death in Washington. Quitting tobacco is difficult, but brief clinician intervention dramatically increases patients' chances at successfully quitting. This document adapts the 5 A's tobacco dependence treatment model for everyday use by clinical providers and staff.¹

1) ASK each patient about tobacco use. Include this as a vital sign, integrating prompts and reminders into the EHR workflow. See 'Integrating Tobacco Cessation into Electronic Health Records' by the American Academy of Family Physicians for an EHR template.²

Suggested diagnosis codes

As with most medical conditions, the transition to ICD-10 coding expanded the possible diagnosis codes that can be used to describe patients' tobacco use (or, more accurately, nicotine dependence). The below table maps the old ICD-9 codes to equivalent ICD-10 codes, which can be used to indicate a diagnosis for reimbursement purposes.³

ICD-9-CM (no longer billable)		ICD-10-CM (billable as of 10/1/15)	
Code	Description	Code	Description
305.1	Tobacco use disorder	F17.210	Nicotine dependence, cigarettes, uncomplicated*
		F17.220	Nicotine dependence, chewing tobacco, uncomplicated*
		F17.290	Nicotine dependence, other tobacco product, uncomplicated*
		<i>*For the above codes, replace '0' with '1' to indicate remission, '3' for withdrawal, or '8'/'9' for other/unspecified nicotine-induced disorders.</i>	
649.00	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, unspecified	099.33X	Tobacco use disorder complicating pregnancy, childbirth, and the puerperium, unspecified trimester**
		<i>**For the above code, replace the thousandths' '0' with '1' to indicate first trimester, '2' for second trimester, '3' for third trimester, '4' for childbirth, or '5' for puerperium.</i>	
989.84	Toxic effect of tobacco	T65.2XXX	Toxic effect of tobacco and nicotine***
		<i>***For the above code: (1) Replace the hundredths' digit with '1' to indicate chewing tobacco, '2' for tobacco cigarettes, or '9' for other tobacco and nicotine; (2) Replace the thousandths' digit with '1' to indicate accidental, '2' for intentional self-harm, '3' for assault, or '4' for undetermined; and (3) To the end of the code, append 'A' to indicate initial encounter, 'D' for subsequent encounter, or 'S' for sequela (e.g., T65.224S = Toxic effect of tobacco cigarettes, undetermined, sequela)</i>	
V15.82	Personal history of tobacco use	Z87.891	Personal history of nicotine dependence
V69.8	Other problems related to lifestyle	Z72.0	Tobacco use (not otherwise specified)

2) ADVISE those who use tobacco to quit. In a clear, strong, and personalized manner, urge every tobacco user to quit. Tell them, "quitting is the most important thing you can do to protect your health."

3) ASSESS the patient's willingness to make a quit attempt. Ask every tobacco user if they are willing to quit at this time. For patients unwilling to quit, help motivate the patient to quit by identifying reasons to do so, building their confidence to make a quit attempt, and following up at their next visit.

4) ASSIST the patient in their quit attempt. Offer medication and provide or refer for counseling to help the patient quit. At a minimum, suggest they try one of the following:

- Call 1-800-QUIT-NOW (1-800-784-8669)
 - Transfers to Spanish, Chinese, Korean, or Vietnamese lines and third-party translation in 200+ languages available
 - Services depend on insurance coverage, but uninsured and underinsured Washington residents are eligible for up to five free calls and a two-week supply of nicotine patches, as supplies last
- Download 2MorrowQuit, a free, research-based smoking cessation smartphone app, from www.doh.wa.gov/quit

For people with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

A combination of counseling and pharmacotherapy gives patients the best chance of quit success. The Patient Protection and Affordable Care Act (ACA) requires most insurers to offer the following tobacco cessation counseling and pharmacotherapy treatments, without cost sharing, for up to two quit attempts per year:

- Four sessions of counseling, lasting at least 10 minutes
 - Individual counseling (one-on-one with a healthcare provider)
 - Telephone-based counseling (phone discussion with a trained counselor)
 - Group counseling (a class or group clinic setting)
- FDA-approved medications (90 days per quit attempt, prescribed by a health provider)
 - Nicotine patch
 - Nicotine gum
 - Nicotine lozenge
 - Nicotine nasal spray
 - Nicotine inhaler
 - Bupropion (Zyban/Wellbutrin)
 - Varenicline (Chantix)

Possible counseling billing codes

Counseling reimbursement varies by insurer. The following codes are appropriate for the specific treatment of tobacco use and dependence⁴:

Treatment Type	Description	HCPCS/CPT Codes/Range
Tobacco cessation counseling	Smoking and tobacco use cessation counseling visit	99406 (3-10 minutes) 99407 (10+ minutes)
Initial* comprehensive preventive medicine examination <i>*For the codes to the right, replace '8' with '9' to indicate a periodic examination for an established patient</i>	Evaluation and management of an individual, including an age and gender-appropriate history, exam, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures	99383 (age 5-11) 99384 (age 12-17) 99385 (age 18-39) 99386 (age 40-64) 99387 (age 65+)
Preventive medicine, individual counseling	Preventive medicine counseling and/or risk factor reduction intervention(s)	99401 (15 minutes) 99402 (30 minutes) 99403 (45 minutes) 99404 (60 minutes)
Preventive medicine, group counseling		99411 (30 minutes) 99412 (60 minutes)
Psychotherapy	Insight-oriented, behavior modifying, and/or supportive psychotherapy	90804-90809 (office/outpatient facility) 90816-90822 (inpatient/partial hospital or residential care facility) 90853 (other, group)

5) ARRANGE follow-up visits. Schedule follow-up visits to review progress toward quitting. If a relapse occurs, encourage them to try again; insist that every try counts!⁵



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Citations:

¹ Helping Smokers Quit: A Guide for Clinicians. U.S. Department of Health and Human Services. Public Health Service. Revised May 2008. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/clinhlpsmqqt/clinhlpsmqqt.pdf>

² Integrating Tobacco Cessation into Electronic Health Records. American Academy of Family Physicians. Available at: https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/ehr-tobacco-cessation.pdf

³ www.icd10data.com

⁴ Treating Tobacco Use and Dependence: 2008 Update. Content last reviewed June 2015. Agency for Healthcare Research and Quality, Rockville, MD. Available at: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

⁵ Every Try Counts. U.S. Food and Drug Administration. Available at: <https://smokefree.gov/everytrycounts/>

