## Rhode Island Medicaid Insurance Tobacco Cessation Benefits









| Tobacco Cessation Treatment Coverage               |   |  |  |   |  |  |  |
|--|---|--|--|---|--|--|--|
| Benefits<br>Information<br>Contacts                | Fee-For-Service<br>(855) 697-4347<br>eohhs.ri.gov | United Healthcare<br>Community Plan<br>(800) 587-5187<br>(TTY 711)<br>uhccommunityplan.com | Tufts Health Plan<br>(866) 738-4116<br>(TTY 711)<br>tuftshealthplan.com/<br>ritogether | NHPRI<br>Neighborhood<br>Health Plan of RI<br>(800) 459-6019<br>nhpri.org | Comments   |  |  |
| Pharmacotherapy Support: Over-The-Counter          |   |  |  |   |  |  |  |
| Nicotine   | Yes   | Yes  | Yes  | Yes   | Generic required, all OTC strengths covered.   |  |  |
| patch<br>Nicotine                                  | Yes   | Yes  | Yes  | Yes   | Generic required, all OTC  |  |  |
| gum<br>Nicotine<br>Iozenge                         | Yes   | Yes  | Yes  | Yes   | strengths covered.<br>Generic required, all strengths<br>covered.  |  |  |
| Is a<br>prescription<br>required?                  | Yes   | Yes  | Yes  | Yes   | Medicaid members have access to generic OTC medications with a <i>written prescription.</i>  |  |  |
| Over the<br>Counter<br>covered?                    | Yes   | Yes  | Yes  | Yes   | Generic OTC products are covered with a <i>written prescription.</i>   |  |  |
| Length of<br>treatment                             | 365days/365                                       | 365 days/365   | 365 days/365   | 365 days/365  | No limits on length of treatment for Medicaid members.   |  |  |
| Co-pay<br>(for 90 day<br>supply)                   | No<br>(Not applicable)                            | No<br>(Not applicable)   | No<br>(Not applicable)   | No<br>(Not applicable)  | Medicaid members do not have<br>co-pays for services and<br>medications. FFS does not provide<br>a 90-day supply.  |  |  |
| Deductible<br>required?                            | No<br>(Not applicable)                            | No<br>(Not applicable)   | No<br>(Not applicable)   | No<br>(Not applicable)  | Medicaid members have no deductibles.  |  |  |
| Pharmacotherapy Support: Prescription              |   |  |  |   |  |  |  |
| Zyban<br>(Bupropion)<br>XL                         | Yes   | Yes<br>(Generic)   | Yes<br>(Generic)   | Yes<br>(Generic)  | Brand is non-formulary as it is<br>excluded from formulary per<br>State of RI Generics First policy.<br>Brand Zyban is not an exception<br>to the Generics First policy.<br>***Generic Zyban (bupropion SR)<br>is covered without restrictions.                    |  |  |
| Wellbutrin<br>SR (Brand)<br>Bupropion<br>(Generic) | Yes   | Yes<br>(Generic)   | Yes<br>(Generic)   | Yes<br>(Generic)  | Brand is non-formulary as it is<br>excluded from formulary per<br>State of RI Generics First policy.<br>Brand Wellbutrin SR is not an<br>exception to the Generics First<br>policy. ***Generic Wellbutrin SR<br>(bupropion SR) is covered without<br>restrictions. |  |  |
| Chantix®<br>(varenicline)                          | Yes   | Yes<br>(Prior Authorization)   | Yes<br>(Prior Authorization)   | Yes<br>(Prior<br>Authorization)   | Chantix is excluded from<br>formulary per State of RI Generics<br>First policy. Chantix is not an<br>exception to the Generics First<br>policy. If required a request for<br>coverage may be submitted.  |  |  |
| Nicotine<br>inhaler                                | Yes   | Yes<br>(Prior Authorization)   | Yes<br>(Prior Authorization)   | Yes<br>(Prior<br>Authorization)   | Nicotrol inhaler (brand name only<br>available) is excluded from<br>formulary per State of RI Generics<br>First policy. Nicotrol inhaler is not<br>an exception to the Generics First<br>policy. If required a request for<br>coverage may be submitted.           |  |  |
| Nicotine<br>nasal spray                            | Yes   | Yes<br>(Prior Authorization)   | Yes<br>(Prior Authorization)   | Yes<br>(Prior<br>Authorization)   | Nicotrol nasal spray (brand name<br>only available) is excluded from<br>formulary per State of RI Generics<br>First policy. Nicotrol spray is not<br>an exception to the Generics First<br>policy. If required a request for<br>coverage may be submitted.         |  |  |
| Length of<br>treatment                             | 365 days/year                                     | Chantix-180 days/365 all<br>others 365 days/365  | Chantix<br>(60 per 30 days)  | No limits<br>indicated on<br>covered<br>medications                       |  |  |  |

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|---|--|--|---|--|---|
| Deductible required?  | No<br>(Not applicable)   | No<br>(Not applicable)   | No<br>(Not applicable)  | No<br>(Not applicable)   | Medicaid Members have no copay<br>or deductibles    |
| Comments  | FFS is not<br>subject to the<br>Generics First<br>Policy and will<br>cover<br>medications as<br>long as the<br>manufacturer<br>participates in<br>CMS federal<br>rebate program. | MCO's are required to<br>follow the RI Generics<br>First Policy. Some brand<br>name drugs are only<br>available with a Prior<br>Authorization. | MCO's are required<br>to follow the RI<br>Generics First Policy.<br>Some brand name<br>drugs are only<br>available with a Prior<br>Authorization. | MCO's are<br>required to<br>follow the RI<br>Generics First<br>Policy. Some<br>brand name<br>drugs are only<br>available with a<br>Prior<br>Authorization. |   |
|   |  | C  | ounseling Support   |  |   |
| Counseling<br>support to<br>stop<br>smoking<br>covered        | Yes  | Yes  | Yes   | Yes  |   |
| What is<br>covered  | Individual,<br>group and tele-<br>phone counsel-<br>ing covered  | Individual, group and telephone counseling covered   | Individual, group and telephone counseling covered  | Individual, group<br>and telephone<br>counseling<br>covered  |   |
| Length of<br>treatment -<br># of session,<br>minutes,<br>etc. | No limits<br>indicated   | No limits indicated  | No limits indicated   | No limits<br>indicated   |   |
| Co-pay  | No (Not<br>applicable)   | No (Not applicable)  | No (Not applicable)   | No (Not<br>applicable)   | Medicaid Members have no<br>co-pays or deductibles  |
| Deductible<br>Required?                                       | No (Not<br>applicable)   | No (Not applicable)  | No (Not applicable)   | No (Not<br>applicable)   | Medicaid Members have no co-<br>pays or deductibles |

\* Healthcare providers should review specific Health Plans, benefits are subject to change.

## The Five "A"s of Intervention

Ask about tobacco use at every visit.

Advise to quit.

Assess readiness to quit/willingness to make a quit attempt.

Assist the patient willing to make a quit attempt.

Arrange follow-up/referral as follows:

- To have the Quitline contact your patients, go to <u>QuitworksRI.org</u> and complete the fax referral form or web referral form.
- For patients to refer themselves, they can call 1-800-QUIT NOW.
- For information on quit resources, patients can visit <u>QuitNowRI.com</u>.

## **Billing Codes for Tobacco Addiction Treatment**

The following list of codes for treatment of tobacco addiction is **not all-inclusive** as there may be additional codes available. **Contact the Health Plans for specific questions regarding billing of services.** 

| HCPCS/CPT Code                       | Type of Counseling              | Description   |  |  |
|--------------------------------------|---------------------------------|---|--|--|
| 99406                                | Intermediate                    | Smoking and tobacco use cessation counseling visit is greater than three minutes, but no more than 10 minutes   |  |  |
| 99407                                | Intensive                       | Smoking and tobacco use cessation counseling visit is greater than 10 minutes   |  |  |
| 99381-99397                          | Preventive medicine<br>services | Comprehensive, preventive evaluation based on age and gender to include<br>appropriate history (identify tobacco use status), examination, counseling/anticipatory<br>guidance, risk factor reduction interventions, and related plan of care |  |  |
| Suggested Tobacco<br>Diagnosis Codes | -Related ICD-10 CM              | Description   |  |  |
| F17.200                              |                                 | Tobacco use disorder  |  |  |
| 099.33                               |                                 | Tobacco use disorder complicating pregnancy, childbirth, or puerperium  |  |  |
| T65.221                              |                                 | Toxic effect of tobacco and nicotine  |  |  |

## Code Listings:

The American Academy of Family Physicians -Coding Reference for Tobacco Use Prevention and Cessation Counseling Find A Code, LLC – 2016 American Medical Association

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