

TOBACCO PREVENTION AND CONTROL BRANCH **PROVIDER TOOLKIT TO TREAT TOBACCO USE AND DEPENDENCE**



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Facts About Tobacco Use

- One-third of the 3,732,276 adults in Texas who smoke will try to quit this year.¹ Regrettably, only one in 20 will be able to stay tobacco-free.
- Tobacco claims the lives of approximately 28,000 Texans every year.
- Every year, about 10,400 young Texans under age 18 become new, daily smokers.
- Of all Texas youth alive now, nearly 503,000 will ultimately die from tobacco-related diseases.²
- Each year, tobacco companies spend \$652.4 million on marketing tobacco in Texas.
- Children are three times more sensitive to tobacco industry marketing efforts than adults.
- Cigarette marketing influences underage experimentation with smoking than peer pressure.³

Although tackling the task of tobacco cessation is daunting, current data underscores the fact that a coordinated efforts of healthcare administrators, insurers, purchasers and practitioners can boost cessation success.

¹ Prevalence of Current Tobacco Use Among Adults, by Demographic Characteristics, Risk Factors / Comorbid Conditions, and Place of Residence, Texas, 2017. Prepared by Chronic Disease Epidemiology Branch, Health Promotion and Chronic Disease Prevention Section, Texas Department of State Health Services

² Centers for Disease Control and Prevention (2018). Extinguishing the Tobacco Epidemic in Texas. Retrieved from <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/texas/index.html>

³ Campaign for Tobacco-Free Kids. (2019, March 15). The Toll of Tobacco in Texas. Retrieved from <https://www.tobaccofreekids.org/problem/toll-us/texas>

About this Toolkit

Who is this toolkit for?

This toolkit is for all healthcare providers that interact with patients who use tobacco. This toolkit can be used by clinic staff, hospital staff, community health workers, doctors, dentists, counselors, and nurses.

Why is this toolkit important

Smoking is the leading cause of preventable disease and death in the United States. The Centers for Disease Control and Prevention (CDC) funds comprehensive tobacco prevention and control programs across the country to reduce the burden of disease and death that tobacco use causes.. The Texas Tobacco Quitline is part of the comprehensive state tobacco prevention and control program that provides evidence-based support to those wanting to quit using tobacco.⁴ According to recent data published by CDC, 70.7 percent of current and former adult smokers ages 18 and up in Texas reported a quit attempt in the past year.⁵

Healthcare providers play a vital role in providing cessation support to their patients. Incorporate this behavior change intervention into everyday clinical practice to help patients quit smoking. Referrals to the Texas Tobacco Quitline (TTQL) by a healthcare provider helps those who wish to quit smoking and ensures those who quit smoking stay tobacco-free. This toolkit contains the resources for a tobacco intervention based on the stages of behavior change.

Your Role in Tobacco Cessation

The U.S. Public Health Service provided evidence in 2008 that shows a clinician's advice to quit improves a patient's success in maintaining abstinence from

⁴ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

⁵ Walton, K., Wang, T. W., Schauer, G. L., Hu, S., Mcgruder, H. F., Jamal, A., & Babb, S. (2019). State-Specific Prevalence of Quit Attempts Among Adult Cigarette Smokers — United States, 2011–2017. *MMWR. Morbidity and Mortality Weekly Report*, 68(28), 621–626. doi: 10.15585/mmwr.mm6828a1

tobacco. Providing as few as three minutes of counseling doubles the success rate.⁶

How to use this toolkit

This toolkit will support your clinic's existing tobacco intervention efforts. It offers flexibility to meet the needs of different office practices, different patients, and seeks to accommodate the busiest healthcare provider. Use only those tools that fit the specific needs of your office and enlist the support of clinic staff to implement a system that ensures every patient is asked about tobacco use at every appointment. It is important to ask about tobacco use at every appointment because your intervention improves rate of successful cessation for your patients. Patients rely on your consistent support of their efforts to stay tobacco-free.

⁶Treating Tobacco Use and Dependence: 2008 Update. Content last reviewed October 2018. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

How Do I Help My Patient Quit?

Follow the Ten Key Recommendations for Clinicians

Below are the 10 key recommendations for clinicians adapted from The US Public Health Service's *Clinical Practice Guideline for Treating Tobacco Use and Dependence*.

1. Tobacco dependence is a chronic disease and requires repeated interventions and multiple quit attempts.
2. It is essential that clinicians consistently identify, and document tobacco use status at every appointment.
3. Tobacco dependence treatments are effective across a broad range of populations. You should encourage every patient willing to quit to make a quit attempt.
4. Even brief tobacco dependence treatment is effective, and clinicians should offer every patient who uses tobacco a brief treatment or intervention.
5. Individual, group, and telephone counseling are effective, and counseling's effectiveness increases with treatment intensity.
6. There are many effective medications to treat tobacco dependence and clinicians should encourage medication use by all patients attempting to quit, except when medically contraindicated or with certain populations (example: women who are pregnant).
7. The combination of counseling and medication are more effective when used together than either intervention alone.
8. Telephone quitline counseling is effective with a diverse population and has a broad reach. Clinicians should ensure patient access to quitline counseling and make referrals to the Texas Tobacco Quitline.
- 9. If a tobacco user is currently unwilling to quit, clinicians should still have motivational discussions with patients about quitting. Even asking could make a difference and increase the likelihood of quitting in the future.**
10. Tobacco dependence treatments are clinically effective and cost-effective when compared to other clinical intervention.³

Support Patients Using the Stages of Change Theory

The Transtheoretical Model (TTM) is a behavior change framework. TTM identified that individuals move through a series of five stages, known as the Stages of Change, in adoption of healthy behaviors or cessation of unhealthy ones. This theory is based on observing the behavior of smokers who were trying to quit and categorizing those behaviors into the five stages. The stages of change are not linear, and one can move forwards and backwards between these different stages. Progression or recession throughout the changes is often influenced by personal or environmental factors. For instance, a death in the family or job loss could cause an individual to regress through the stages, whereas the birth of a child could influence a person to progress quicker. By using this model of behavior change, you can assess your patient's readiness to change this behavior and determine whether a patient is willing to accept a referral to the Texas Tobacco Quitline. Below are the different stages of change and the description of willingness to change behavior based on the stage of change.⁷

⁷ Glanz, K., Rimer, B. K., & Viswanath, K. (2015). Health behavior: theory, research, and practice. San Francisco, CA: Jossey-Bass.

Precontemplation:

Person is not ready to make change in the next 60 days.

- **Example Patient Response:** "I'm not quitting anytime soon."

- **Example Provider Response:** "Okay. Quitting or even cutting back will have beneficial results on your health. Can I provide you with some resources or answer any questions?" or "What do you like and dislike about smoking?"

Contemplation:

Person intends to act in the next 60 days.

- **Example Patient Response:** "Yeah, I really need to quit but I'm not quite ready. I will once I finish this quarter at work."

- **Example Provider Response:** "I'm glad to hear that you are thinking about quitting. What's stopping you from quitting today versus instead of in a few months?"

Preparation:

Person is ready to make change in the next 30 days and might have taken some steps towards behavior change.

- **Example Patient Response:** "This is the month I'm finally going to quit." Or "I've cut back from a half a pack a day. I'm now smoking a pack a week. Baby steps."

- **Example Provider Response:** "Cutting back is definitely a good first step. Have you set a quit date? It's a great way to help hold yourself accountable."

Action:

Person has changed behavior for less than six months.

- **Example Patient Response:** "I quit two months ago and I'm feeling better. But this is really hard. I get cravings all the time."

- **Example Provider Response:** "Wonderful news! The urges are normal. Your body is still adapting to being tobacco-free. The urges should lessen over time."

Maintenance:

Person has changed behavior for more than six months.

- **Example Patient Response:** "I'm proud of myself. It's been seven months, but I still have moments that I have to fight the urge."

- **Example Provider Response:** "First off, congratulations! Quitting tobacco is hard and the urges are normal. Continue what you have been doing. Have you noticed any positive changes since you quit?"

Termination:

Person has no template to relapse and is confident in behavior change.

- **Example Patient Response:** "I now consider myself a nonsmoker. I haven't smoked or used tobacco in over a year. I don't know why I didn't do this sooner."

- **Example Provider Response:** "This is wonderful! I imagine it hasn't been easy, but this is a huge change to improve your health. Congratulations!"

You should aim to identify patients at their stage of change and meet them there.

If a patient is at the **Preparation** stage, please refer them to the Texas Tobacco Quitline. Patients in the action or maintained stage should also be referred to the quitline for additional support.

Common Patient Concerns and Sample Responses

Below are some common questions and concerns adapted from the American Lung Association.⁸

Q: I'm worried I won't be able to handle the withdrawal effects.

A: Soon after you stop smoking your body lets you know that it is recovering from smoking. Try to think of these uncomfortable feelings as "recovery effects," a sign that your body is healing itself.

Q: I know I'll gain weight and I don't want those extra pounds.

A: People differ widely when it comes to gaining weight after they stop smoking. Some people do gain a few pounds when they quit smoking but following a healthy eating plan and increasing physical activity can help you manage your weight.

Q: I've tried quitting before and it didn't work. Why should it be different now?

A: Most people who have quit for good have tried many times. Each time someone tries to quit they learn from their experiences and apply that to future quit attempts. Every quit can be a learning experience!

Q: Will e-cigarettes help me quit?

A: The Food and Drug Administration (FDA) has not found any e-cigarette or vaping device to be effective to help smokers quit. We can talk about medications that have been FDA approved to help in smoking cessation.

Q: I've cut back on the amount I smoke. Do I still need to quit if I only smoke a little?

A: No amount of smoking is safe. The best way to improve your health is to quit completely. Most people who cut back to a lower level of smoking go back to eventually using their high amount.

⁸ American Lung Association. (2019, March 4). Quit Smoking Questions and Answers. Retrieved from <https://www.lung.org/stop-smoking/i-want-to-quit/quit-smoking-qa.html>

Refer Patients to the Texas Tobacco Quitline

Behavior change interventions to promote smoking cessation have changed over the years, and some have been lengthy! This toolkit provides a simpler cessation intervention called Ask-Advise-Refer (also referred to Ask-Advise-Connect).

Ask about tobacco use at every visit.

Advise all tobacco users to quit. By talking to your patient about quitting you can have a positive influence on their decision to quit, even if the discussion is three minutes or less.

Refer tobacco users to the Texas Tobacco Quitline. If the patient is willing to make a quit attempt in the next 30 days, refer them to the Texas Tobacco Quitline.

Remember that quitting is a journey and every attempt to quit smoking is closer to quitting for good. Some patients may have up to 30 quit attempts! Every quit attempt is valuable and patients need your encouragement to learn from past quit attempts.⁹ Don't give up on your patients because quitting tobacco use is very difficult.¹⁰ Please consult the Ask-Advice-Refer flow chart in the [Appendix A](#) to see a flowchart view of this brief intervention.

"As clinicians, you are in a frontline position to help your patients by asking two questions: 'Do you smoke?' and 'Do you want to quit?'"

*-David Satcher, MD, PhD
Former U.S. Surgeon General*

⁹ Chaiton, M., Diemert, L., Cohen, J. E., Bondy, S. J., Selby, P., Philipneri, A., & Schwartz, R. (2016). Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. *BMJ open*, 6(6), e011045. <https://doi.org/10.1136/bmjopen-2016-011045>

¹⁰ Centers for Disease Control and Prevention. (2018, May 16). You Can Help your Patient Quit Tobacco Use. Retrieved from <https://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/You-Can-Help-Your-Patients-Quit-Tobacco-Use-508.pdf>

Texas Tobacco Quitline

The Texas Tobacco Quitline (TTQL) is an evidence-based tobacco cessation treatment service that can double an individual's chances of quitting tobacco. It is free, confidential and available 24/7 to Texas residents 13 years of age or older. Services are accessed by phone or online, which eliminates barriers to tobacco treatment programs such as health insurance coverage or transportation.

Callers are provided five telephone counseling calls by a highly trained "Quit Coach" who assists in developing a plan to change patterns of tobacco use, deal with cravings and develop a quit plan. A quit plan is the plan the individual and TTQL Quit Coach make to identify a quit date, prepare for the quit date, and identify smoking behavior triggers. Participants can contact TTQL for more support during the quit process and can re-enroll in services (anytime) within a 12-month period. Counseling is offered for all tobacco products, including cigarettes, cigars, smokeless tobacco, hookahs and e-cigarettes. Counseling is provided in English and Spanish and translation services are available in other languages. Motivational messaging and check-ins are offered through a Web Coach and Text2Quit, providing additional support to callers. TTQL also offers quit tobacco materials specifically for pregnant women.

A limited supply of nicotine replacement therapy (NRT), including the nicotine patch, gum or lozenge is available to eligible callers who are 18 years of age or older. All callers referred by a healthcare professional are eligible for NRT, subject to available funding, or if pharmacological tobacco treatment is covered by Medicaid or other insurance plans.

Healthcare providers can refer patients to the Quitline through fax, website portal, phone app, or by using the electronic Tobacco (eTobacco) Protocol that is integrated into the provider electronic health record (EHR) system. Once a referral is sent, the TTQL staff places an outbound call to the patient within 24 hours. Healthcare systems making referrals are notified when patients enroll in services. Fax referral form can be found at yesquit.org.

What should my patient expect after a referral?

On the referral form, patients are asked to pick a window of time for TTQL to contact them. After being referred to TTQL, patients should expect to receive a call from a 1-800 number 24 to 48 hour after a referral has been made. If the patient has selected a preferred window of time, then TTQL will attempt to contact in that

time window. Additionally, if the patient has selected to allow TTQL to leave a message, then TTQL will leave a voice message for your patient. Please counsel your patients to answer calls during this time. TTQL will attempt to contact a referred patient five times. Once TTQL has contacted your patient, there will be an intake process to collect demographic information. Once demographic information has been taken, your patient will work with a Quit Coach to select and plan for a quit date.

Texas Quitline Resources

Toll Free TTQL Number: 1-877-YES-QUIT or 1-877-937-7848.

Information on TTQL, fax referral form, and materials in Spanish and English are available at yesquit.org.

Videos on what to expect when calling a tobacco cessation quitline are available on the *Tips from Former Smokers* page on [CDC's website](http://www.cdc.gov).¹¹ These videos also review five reasons why calling a quitline can be key to your success.

Other National Quitlines

In addition to TTQL, there are national quitlines that provide specialized cessation resources in other languages and for veterans. Your patients may prefer to use these options instead of, or in addition to, TTQL.

For Spanish-speaking patients that want help quitting tobacco, **1-855-DEJELO-YA** is an additional option to TTQL.

The Asian Smoker's Helpline provides cessation services including telephone counseling in the following languages:

- Mandarin and Cantonese: **1-800-838-8917**
- Korean: **1-800-556-5564**
- Vietnamese: **1-800-778-8440**

If your patient is a veteran looking for additional support, the Veterans Administration operates a Quitline at **1-855-QUIT-VET**.

¹¹ Five reasons why calling a Quitline can be key to your success: <https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quitline/index.html>

Other Resources

Smokefree.gov

The U.S. Department of Health and Human Services' National Cancer Institute created smokefree.gov to help people quit smoking. Smokefree.gov has helpful information for the public and specific information for veterans, women, teens/youth, Spanish speakers, and 60 plus. [Smokefree Teen](https://teen.smokefree.gov/quit-vaping)¹² also has a new plan that leads youth through vaping cessation.

CDC's Million Hearts

This initiative hopes to prevent one million heart attacks and strokes within five years. Their website contains additional tools for smoking cessation. The Protocol for Identifying and Treating Patients who use tobacco is a [customizable document](https://millionhearts.hhs.gov/files/Tobacco-Cessation-Protocol.pdf)¹³ that leads clinicians through a brief clinical tobacco cessation intervention.

Additional support and materials is available on their [website](https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html)¹⁴.

Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians

This guide, produced by the U.S. Public Health Service, provides all clinicians with the tools necessary to effectively identify and assess tobacco use, treat tobacco users willing to quit, treat tobacco users who are unwilling to quit and assist former tobacco users. It summarizes the science-based methodology, research, and clinical judgment used in developing these recommendations.

The full text version of the guide is available online for free by visiting the [Agency for Healthcare Research and Quality's website](https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html)¹⁵.

e-Tobacco Protocol

An evidence-based electronic tobacco cessation referral tool in the electronic medical record (EMR) system to electronically refer patients to TTQL. The Protocol transfers the patient's name and contact information to TTQL. It can help to meet

¹² Smokefree Teen Quit Vaping: <https://teen.smokefree.gov/quit-vaping>

¹³ Million Hearts' Protocol for Identifying and Treating Patients Who Use Tobacco: <https://millionhearts.hhs.gov/files/Tobacco-Cessation-Protocol.pdf>

¹⁴ Million Heart's Tobacco Use: <https://millionhearts.hhs.gov/tools-protocols/tools/tobacco-use.html>

¹⁵ Treating Tobacco Use and Dependence: <https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html>

various metrics, create efficient tobacco cessation referral in the workflow, add value to services, and improve patient outcomes through risk reduction.

A bi-directional interface allows the patient's EMR to receive feedback after the patient has enrolled and has completed the service; the results will indicate either pending (TTQL is still trying to contact patient), accepted services, declined services, not reached, or nicotine replacement therapy provided.

The Texas Department of State Health Services partners with the Tobacco Research and Evaluation Team at The University of Texas at Austin to help healthcare systems integrate Ask-Advise-Refer into their EHR system. If your clinic is interested in having the eTobacco protocol integrated into the clinic EHR or if you would like more information, please visit [The University of Texas at Austin's website](#).¹⁶

Texas Health Steps' Escape the Vape

[Texas Health Steps](#)¹⁷ has a free class for healthcare providers about the e-cigarette epidemic among adolescents. This online class provides continuing education credits.

MD Anderson Certified Tobacco Treatment Specialist Training

MD Anderson Cancer Center has a program accredited by the Council for Tobacco Treatment Training Programs for individuals interested in becoming a Certified Tobacco Treatment Specialist. Visit their [website](#)¹⁸ to find more information.

Resources that are also in this toolkit Appendix include:

- [Resources and Further Readings](#)
- [Audio Scripts for On-Hold Messaging](#)

¹⁶ For Healthcare: <https://www.uttobacco.org/healthcare>

¹⁷ Texas Health Steps Escape the Vape: <https://www.txhealthsteps.com/static/courses/escape-the-vape/sections/section-1-1.html>

¹⁸ Certified Tobacco Treatment Specialist Program: <https://www.mdanderson.org/education-training/professional-education/continuing-education-review-courses/certified-tobacco-treatment-training-program.html>

What Happens to your Patient's Body Once They Quit Smoking?

Below are some motivating health facts for your patient.

Did you know...

Within **20 minutes** of quitting, the heart rate drops



12 hours after quitting the carbon monoxide levels in the blood drop to normal

1 year after quitting, risk of coronary heart disease is half that of a smokers



2 weeks to 3 months after quitting, lung function begins to improve

1 to 9 months after quitting, coughing and shortness of breath decreases

[Download printable PDF](#) from the American Cancer Society ¹⁹

¹⁹ <https://www.cancer.org/content/dam/CRC/PDF/Public/8352.00.pdf>

Pharmacotherapy

Pharmacotherapies for the treatment of nicotine dependence are known to double long-term quit rates and help patients who smoke. If patients are interested in quitting and do not have a medical contradiction to NRT or bupropion SR (Zyban®), pharmacotherapy may be an option for them. The medications listed below have been approved by the Food and Drug Administration for smoking cessation.³ The [Public Health Service's Clinical Guidelines for Treating Tobacco Use and Dependence](#)²⁰ has more detailed information on prescribing and dosing pharmacotherapy.

Note: E-cigarettes, vaping devices, or electronic nicotine delivery systems have not been approved by the United States Federal Drug Administration (FDA) for smoking cessation.

FDA Approved Medication

Medication	Information
Prescription Medications	
Bupropion SR 150	This medication is appropriate for first line use in treating tobacco use and is available by prescription only. Patients should start this medication one to two weeks before they quit smoking.
Varenicline	This medication is appropriate for first line use in treating tobacco use and is available by prescription only. Patients should start this medication one week before their quit date and will take for three months
Over the Counter Medications	
Nicotine Gum*	This medication is appropriate for first line use in treating tobacco use and is available only over-the-counter. Smokers should use one piece every one to two hours for the first six weeks and the gum should be used for up to 12 weeks.

²⁰ <https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html>

Nicotine Inhaler	This medication is appropriate for first line use in treating tobacco use and is available by prescription only. The recommended dose is six to 16 cartridges/day for six months.
Nicotine Lozenge*	This medication is appropriate for first line use in treating tobacco use and is available only over-the-counter. Patients should use one lozenge every one to two hours during the first six weeks of treatment.
Nicotine Nasal Spray	This medication is appropriate for first line use in treating tobacco use and is available by prescription only. Patients should use one to two doses per hour and increase as needed for symptoms.
Nicotine Patch*	This medication is appropriate for first line use in treating tobacco use and is available by prescription or over-the-counter. The dosage of this medication is individualized based on patient characteristics. ³

*Offered by the Texas Tobacco Quitline

Billing Codes Guide

Current Procedural Terminology (CPT) Codes

These codes describe a visit or procedure(s) that is administered. Payment is usually solely based on these codes and differs between insurance plans. Please check with the insurance plans you work with to find out if the following codes are valid. These codes are based on a [billing codes guide](#) put out by American Lung Association in June 2018.²¹ Information on billing for Medicaid, Medicare, and private insurance plans are discussed in detail in the billing codes guide from the American Lung Association.

Smoking Cessation Counseling

For face-to-face counseling by a physician or other qualified healthcare professional using standardized, evidence-based screening instruments and tools with reliable documentation and appropriate sensitivity.

- 99406 - For an intermediate visit of three to 10 minutes
- 99407 - For an intensive visit last longer than 10 minutes

Effective January 1, 2011, Medicare expanded coverage of tobacco cessation counseling services for any Medicare patient who smokes or uses tobacco.

Preventive Medicine, Individual Counseling

For preventive medicine counseling and/or tobacco risk factor treatment intervention provided to an individual (separate procedure).

- 99401 - Approximately 15 minutes
- 99402 - Approximately 30 minutes
- 99403 - Approximately 45 minutes
- 99404 - Approximately 60 minutes

Preventive Medicine, Group Counseling

For preventive medicine counseling and/or tobacco risk factor treatment intervention provided to a group (separate procedure).

- 99411 - Approximately 30 minutes
- 99412 - Approximately 60 minutes

²¹ American Lung Association. (2018, June). Billing Guide for Tobacco Screen and Cessation. Retrieved from <https://www.lung.org/assets/documents/tobacco/billing-guide-for-tobacco-1.pdf>

Dental Billing Codes

- D1320 - Tobacco counseling for the control and prevention of oral diseases

ICD-10 Diagnostic Codes

These are diagnosis codes, and payment is not usually received for them. The codes will provide the payers with valuable information that may in the future effect change or encourage payer-based programs. This is not an exhaustive list.

- F17.210 - Nicotine dependence, unspecified, uncomplicated
- O99.330 - Smoking (tobacco) complicating pregnancy, unspecified trimester
- O99.334 - Smoking (tobacco) complicating childbirth
- O99.335 - Smoking (tobacco) complicating the puerperium
- Z878.891 - Personal history of nicotine dependence

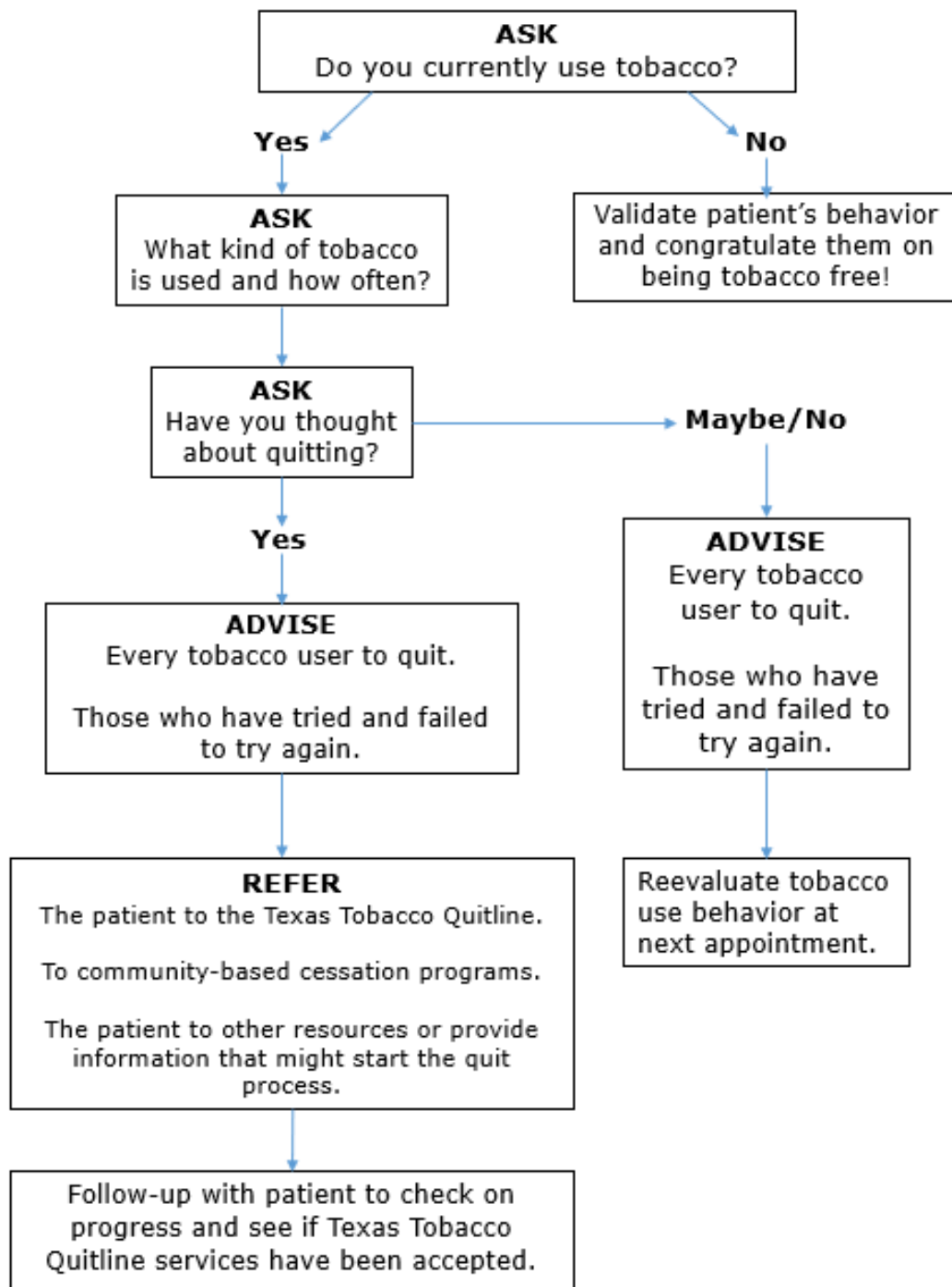
Conclusion

Smoking is the leading cause of preventable disease and death in the United States. The Texas Tobacco Quitline (TTQL) provides evidence-based support to those wanting to quit using tobacco. Healthcare providers are significant in providing cessation support to their patients. This toolkit provides healthcare providers with the resources for a tobacco intervention based on the stages of behavior change. Research shows that clinician's advice to quit improves patient's success in maintaining abstinence from tobacco. Healthcare provider's referrals to the TTQL helps patients that want to quit tobacco and ensures they stay tobacco-free.

It is important to ask about tobacco use at every appointment because your intervention improves the rate of successful cessation. Clinicians can adapt the ten key recommendations for clinicians from the [Public Health Service's Clinical Guidelines for Treating Tobacco use and Dependence](https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html)²² to provide intervention to the patients that use tobacco. This toolkit provides a simpler cessation intervention called Ask-Advice-Refer (also referred as Ask-Advice-Connect). TTQL is a free, confidential treatment service available 24/7 to Texans 13 years of age and older. Callers are offered five telephone counseling calls by highly trained "Quit Coach". A limited supply of Nicotine Replacement Therapy is also available for qualifying callers 18 years of age and older. This tobacco cessation treatment service along with clinician's intervention can double an individual's chances of quitting tobacco and staying tobacco-free.

²² <https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html>

Appendix A: Ask-Advise-Refer Flowchart



Appendix B: Smoking and Pregnancy

Facts About Tobacco Use during Pregnancy

- One in 14 women who gave birth in the United States in 2016 (7.2 percent) reported smoking during pregnancy and 3.3 percent reported in Texas.²³
- Prevalence of smoking during pregnancy in the United States was highest for women aged 20–24 (10.7 percent), followed by women aged 15–19 (8.5 percent) and 25–29 (8.2 percent).

Health Effects of Tobacco Use on Pregnancy

Smoking during pregnancy remains one of the most common preventable causes of pregnancy complications and of illness and death among infants²⁴. Women who quit smoking or using other tobacco products before or during pregnancy reduce their risk for poor pregnancy outcomes.

Mother's Risk	Baby's Risk
• Ectopic Pregnancy • Spontaneous abortion • Placenta previa • Placental abruption • Infertility • Cancers • Heart attack and stroke • Emphysema	• Decreased fetal growth • Stillbirth • Premature birth • Sudden infant death syndrome (SIDS) • Cleft palate • Cleft lip • Childhood cancers • Low birth weight

²³ Drake P, Driscoll AK, Mathews TJ. Cigarette smoking during pregnancy: United States, 2016. NCHS Data Brief, no 305. Hyattsville, MD: National Center for Health Statistics. 2018.

https://www.cdc.gov/nchs/products/databriefs/db305.htm#smoking_during_pregnancy_prevalence_state_variance

²⁴ <https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html>

How Do I Help My Patient Quit?

- Ask all women trying to get pregnant, and pregnant women or new mothers, about their tobacco use (cigarettes, cigars, little cigars, cigarillos, hookah, smokeless, and electronic cigarettes) and provide non-judgmental support for women who want to quit.
- Refer pregnant women to the Texas Tobacco Quitline (TTQL), 1-877-YES-QUIT (1-877-937-7848). TTQL provides special services and counseling for pregnant and postpartum women. Follow up with pregnant women to make sure they have initiated counseling.
- Share and use resources, such as posters, videos, and factsheets, from the [Tips from Former Smokers Campaign](https://www.cdc.gov/tobacco/campaign/tips/index.html)²⁵ from the CDC Office on Smoking and Health. The Tips® campaign features information about how smoking and secondhand smoking affect specific groups, including [pregnant women or women planning to have a baby](https://www.cdc.gov/tobacco/campaign/tips/groups/pregnant-planning.html)²⁶.
- This AAR provider toolkit can provide you with the tools and resources on how to interact with patients. The following one-pager can be used as a handout to assist your patients that are ready to quit.

²⁵ <https://www.cdc.gov/tobacco/campaign/tips/index.html>

²⁶ <https://www.cdc.gov/tobacco/campaign/tips/groups/pregnant-planning.html>

Keys for Quitting	Your Quit Plan
1) GET READY • Think about how quitting will help you and your baby. • Plan on not using any tobacco products once you bring your baby home. • Set a quit date and stick to it—not even a single puff! • Get rid of ALL cigarettes/ tobacco products and ashtrays in your home, car, or workplace. Make it hard to get a cigarette or tobacco product. Set up tobacco-free areas in your home and make your car smoke-free and tobacco-free. 2) GET SUPPORT AND ENCOURAGEMENT • Tell your family, friends, and coworkers you are quitting, and ask for their help. • Ask smokers not to smoke around you or use any other tobacco product around you. • Talk to women who quit smoking or using tobacco when they were pregnant. • Talk with your prenatal care provider about your plan to quit. For free help, call 1-877-YES-QUIT (937-7848) to be connected to the Texas Tobacco Quitline 3) LEARN NEW SKILLS AND BEHAVIORS • Try to change some of your daily habits to lower your chances/ cravings of smoking. • Plan something fun to do every day. • Practice new ways to relax. • When you want to smoke, do something else: find a way to occupy your hands, your mouth, and your mind. • Think about your reasons for quitting. 4) BE PREPARED TO HANDLE “SLIPS” • If you “slip” and smoke, don’t give up. • People who quit after they “slip” tell themselves, “This was a mistake, not a failure.” • Set a new date to get back on track. • Remember that by quitting, you are protecting your baby’s health and your own.	1. YOUR REASON TO QUIT: YOUR QUIT DATE: 2. FRIENDS AND FAMILY WHO CAN HELP YOU: 3. SKILLS AND BEHAVIORS, YOU CAN USE TO HELP YOU QUIT: 4. WAYS YOU CAN HANDLE “SLIPS” YOUR PRENATAL CARE PROVIDER Name: Telephone number: Next appointment date:

Quitting tobacco is one of the most important things you can do for you and your baby.

Follow up Plan:

Appendix C: Resources

DSHS Resources

DSHS's Tobacco Prevention and Control Program

<https://www.dshs.texas.gov/tobacco/>

Texas Tobacco Quitline

<https://www.yesquit.org/>

Information on Texas' Asthma Program

<https://www.dshs.state.tx.us/asthma/>

Information Texas' Heart Disease and Stroke Program

<https://www.dshs.texas.gov/heart/Texas-Heart-Disease-and-Stroke-Program---Home.aspx>

Information on vaccinations for pneumococcal disease

<https://www.dshs.texas.gov/immunize/Pneumococcal-Disease/>

Information on Texas' Diabetes Program

<https://www.dshs.texas.gov/txdiabetes/>

Information on Texas' Comprehensive Cancer Control Program

<https://www.dshs.state.tx.us/tcccp/>

National Resources

Centers for Disease Control and Prevention, Tobacco Information and Prevention Source (TIPS)

www.cdc.gov/tobacco/

Agency for Healthcare Research and Quality, Smoking Cessation Evidence and Resources

<https://www.ahrq.gov/evidencenow/heart-health/smoking/index.html>

American Medical Association Web site with mostly legislative information on tobacco

www.ama-assn.org

Robert Wood Johnson Foundation, Tobacco Control: Creating a Tobacco-Free Nation

<https://www.rwjf.org/en/library/collections/tobacco-control.html>

Campaign for Tobacco-Free Kids

www.tobaccofreekids.org

Society for Research on Nicotine and Tobacco

www.srnt.org

Centers for Medicare and Medicaid Services

www.cms.hhs.gov

American Cancer Society

www.cancer.org

American Heart Association

www.americanheart.org

American Lung Association

www.lungusa.org

Foundation for a Smoke-Free America

www.tobaccofree.org

ASK and ACT, a tobacco cessation program for physicians by the American Academy of Family Physician

<https://www.aafp.org/afp/2012/0315/p591.html>

Appendix D: On Hold Audio Script Examples

These are sample messages to educate about tobacco cessation if a patient is placed on hold at your clinic.

Message 1: For smokers who find it just too hard to quit, it may be encouraging to know this fact: your body begins to heal within minutes after smoking your last cigarette. That's today's Health Tip from _____ (provider name).

Message 2: Twenty minutes after putting out your last cigarette, your blood pressure and pulse rate return to normal. After just 24 hours, your chances of a heart attack decreases. After the first week, you'll start to breathe easier and your sense of taste and smell will begin to return. That's today's Health Tip from _____ (provider name).

Message 3: Only five percent of smokers who try to quit each year succeed on their own. With a little help, in the form of brief counseling, family support, and nicotine replacement drugs, the success rate jumps dramatically. In fact, a patient's chance of success doubles under a doctor's advice. If you smoke and want to stop, ask for your doctor's support. That's today's Health Tip from _____ (provider name).

Message 4: Almost all new smokers are teenagers, and everyday 3,000 light up for the first time. In fact, studies show that on average, smokers have their first cigarette at age 13 and within a few years, these young teens become "pack-a-day" smokers. Stop the lifelong habit before it starts and before it leads to illness, disease, and early death. That's today's Health Tip from _____ (provider name).

Message 5: When children and teenagers take up smoking, more than peer pressure may be at play. Recent studies show that there may be a link between depression and smoking. This link should alert parents to possible signs of depression. This may be an opportunity to talk with a teen whose tobacco use may indicate an underlying illness like depression. That's today's Health Tip from _____ (provider name).

General Informational Page



Tobacco Prevention and Control General Information

The Texas Department of State Health Services (DSHS) Tobacco Prevention and Control Branch (TPCB) works to reduce the toll of tobacco on the health, safety, and well-being of Texans.

Our Goals

- To keep young Texans from ever starting tobacco use.
- Supporting enforcement of tobacco laws.
- Helping more Texans to quit smoking and stay smoke-free.
- Eliminating exposure to secondhand smoke.
- Reducing tobacco use among high-risk populations.
- Developing and maintaining statewide capacity to support all of the above.

Contact Information

Tobacco Prevention and Control Branch

Texas Department of State Health Services
1100 West 49th Street
Mail Code 1965
Austin, Texas 78756
Phone: 512-776-7111
Fax: 512-776-7555

Tobacco.Free@dshs.texas.gov
dshs.texas.gov/tobacco

Tobacco Prevention and Control Branch

dshs.texas.gov/tobacco