

Medicaid and Tobacco Dependence Treatment



Wisconsin MEDICAID Changes – Simpler, Better

Changes in Medicaid, BadgerCare, and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescription medications, legend nicotine patches and nicotine gum (with a prescription).

Did You Know?

- Patients **do not** need to be enrolled in a tobacco dependence treatment counseling program to receive medication. This means that the physician does not need to document counseling on the prescription.
- Wisconsin Medicaid now covers combination therapy (more than one medication used at the same time, like bupropion plus the nicotine inhaler).
- Repeated courses of tobacco dependence treatment medications are allowed.

Covered Medications

Medicaid, BadgerCare and SeniorCare cover the following:

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—the inhaler, nasal spray, patch (written as “legend nicotine patch”) and nicotine gum (with prescription)
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine replacement therapy or bupropion plus a nicotine replacement therapy, for example.



Not normally covered: Nicotine lozenge, OTC nicotine patch.

Some HMOs cover additional medications. Questions? Contact the health plan for clarification.

Of Special Note

- Medications for tobacco dependence treatment are diagnosis-restricted.
- Pharmacists must include **an appropriate diagnostic code – for example, the ICD-9 code (305.1) Tobacco Use Disorder** – on the claim they submit to the State of Wisconsin Medicaid program.
- If the medication is prescribed for reasons *unrelated* to tobacco use, the pharmacist must comply with prior authorization guidelines from the Wisconsin Medicaid program.

Did You Know?

- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line provides free, individualized counseling for patients before, during and after the quit date.
- Patients can call **1-800-QUIT-NOW** toll-free anywhere in Wisconsin.

(OVER)

Medicaid and Tobacco Dependence Treatment

Five Simple Steps for Helping Your Patients Quit

1

ASK Identify tobacco users.

The medical assistant, nurse or physician asks every patient if he or she uses tobacco and notes the response in the electronic chart or on the paper medical record.

2

ADVISE Talk with the patient about tobacco use.

The physician (or other healthcare provider) in a clear, strong and personalized manner, urges every tobacco user to quit. Research shows that linking quitting to current health concerns--like frequent colds, heart disease, diabetes, asthma, etc.—is most effective.

3

Note: Advice to quit should be noted in the patient's medical record.

ASSESS Determine if the patient is willing to make a quit attempt at this time.

Is he or she ready to set a quit date within a month?

4

ASSIST If the patient is ready to quit, prescribe a medication unless contraindications exist.

The physician determines which medication would best help each patient, depending upon past history, amount smoked, current medications, etc. and prescribes that medication.

Note: As mentioned above, only FDA-approved, prescription medications are covered (bupropion SR, nicotine inhaler, nicotine nasal spray, legend nicotine patch, and varenicline). Fee For Service (FFS) patients are required to pay a co-pay for prescription medication with a monthly maximum of \$12 per pharmacy. Co-pay does not apply to HMO enrollees.

5

ARRANGE. Arrange follow-up including counseling.

If the clinic has a counseling program, refer the patient if appropriate (Medicaid does not cover group or telephone counseling, only face-to-face, one-on-one).

Note: Office visits for the sole purpose of treating tobacco dependence are reimbursable. All Medicaid office visits are subject to a co-pay of up to \$3 except for HMO enrollees.

For counseling, the Wisconsin Tobacco Quit Line is an excellent option.

If the patient is ready to make a quit attempt and has regular access to a phone, connect the patient to the Quit Line either through the Fax to Quit Program or by giving the patient a card or brochure with the Quit Line number. This telephone-based counseling is free and individualized. The Quit Line also has lists of local counseling programs. HMO enrollees may also have access to HMO-specific smoking dependence treatment programs and counseling.



Final note: Tobacco Dependence is a chronic disease and should be treated as such (like diabetes or hypertension). Patients often relapse and may feel discouraged because of this. Most people who eventually quit have made multiple attempts. Patients can ultimately succeed in quitting with help from medication, counseling and your support.

March 2009

See www.ctri.wisc.edu for more information about helping smokers quit.

Prepared by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health