Rhode Island Medicaid Insurance Tobacco Cessation Benefits









Tobacco Cessation Treatment Coverage

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

Benefits Information Contacts	Fee-For-Service (855) 697-4347 eohhs.ri.gov	United Healthcare Community Plan (800) 587-5187 (TTY 711) uhccommunityplan.com	Tufts Health Plan (866) 738-4116 (TTY 711) tuftshealthplan.com/ ritogether	NHPRI Neighborhood Health Plan of RI (800) 459-6019 nhpri.org	Comments
Deductible required?	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid Members have no copay or deductibles
Comments	FFS is not subject to the Generics First Policy and will cover medications as long as the manufacturer participates in CMS federal rebate program.	MCO's are required to follow the RI Generics First Policy. Some brand name drugs are only available with a Prior Authorization.	MCO's are required to follow the RI Generics First Policy. Some brand name drugs are only available with a Prior Authorization.	MCO's are required to follow the RI Generics First Policy. Some brand name drugs are only available with a Prior Authorization.	
		C	Counseling Support		
Counseling support to stop smoking covered	Yes	Yes	Yes	Yes	
What is covered	Individual, group, and tele- phone counsel- ing	Individual, group, and telephone counseling	Individual, group, and telephone counseling	Individual, group, and telephone counseling	
Length of treatment – number of sessions, minutes, etc.	No limits indicated	No limits indicated	No limits indicated	No limits indicated	
Co-pay	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid Members have no copays or deductibles
Deductible Required?	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid Members have no copays 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 QuitworksRl.org and complete the fax referral form or web referral form.
- For patients to refer themselves, they can call 1-800-QUIT NOW.
- $\bullet \ \ \text{For information on quit resources, patients can visit } \underline{\text{\bf QuitNowRl.com}}. \\$

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 services	Comprehensive, preventive evaluation based on age and gender to include appropriate history (identify tobacco use status), examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care

Suggested Tobacco-Related ICD-10 CM Diagnosis Codes	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