

Tobacco Cessation Services for Medicaid Pregnant Women Providers enrolled in Category of Service 430, 431, 480 or 740.

Effective October 1, 2010, all states were mandated by the Centers for Medicare and Medicaid (CMS) to cover counseling and pharmacotherapy for the cessation of tobacco use by pregnant women enrolled in Medicaid. This notice provides information on the tobacco cessation services being offered by the Georgia Department of Community Health, Medicaid Division, specifically to pregnant women. The services include behavior change counseling and interventions to promote healthy habits and pharmacotherapy medications to assist pregnant women during their nicotine addiction and to increase birth outcomes.

The Department will allow certain Medicaid physicians, physician assistants, nurse practitioners and licensed nurse midwives to provide tobacco cessation counseling specifically to pregnant women. Providers enrolled in Category of Service 430, 431, 480 or 740 may bill for tobacco cessation counseling. Providers will be reimbursed for counseling sessions specific to the medical treatment of the pregnant member's tobacco use in addition to billing the appropriate Evaluation and Management (E&M) office visit. Providers may bill Current Procedure Terminology (CPT) code 99406 (counseling greater than 3 minutes up to 10 minutes) or code 99407 (counseling greater than 10 minutes) only once in a 30-day period. The codes 99406 and 99407 are to be provided by the physician face-to-face with the pregnant member for the purpose of promoting healthy habits during pregnancy. If any of the pharmacotherapy medications is prescribed by the physician, a face to face counseling session **must** be documented in the pregnant member's medical record every 30 days during the 12 week treatment period. The member may begin therapy during any trimester. Pharmacotherapy medications should be prescribed only after the risks have been discussed in the face to face counseling sessions. Only one 12 week tobacco cessation treatment period will be allowed per pregnancy. Concurrent pharmacotherapy is not allowed.

Attachment A of this message lists the medications covered in the Smoking Cessation for Pregnancy Services. Providers must complete a Prior Authorization (PA) form before prescribing any pharmacotherapy medications to the pregnant woman being treated for smoking cessation. Only one PA form is required for the 12 week treatment period. The PA form is to be faxed to SXC at 1-888-491-9742. Covered prescriptions are approved for up to a 34-day supply. Quantity limits will apply.

Attachment B to this message is the PA Form with criteria for each pharmacotherapy medication. There is no co-payment required for pregnant women enrolled in Medicaid. Group counseling for tobacco cessation program will not be reimbursed.

The tobacco cessation medications may not be FDA approved for use in pregnant women. Providers must weigh the benefits and risks associated with prescribing these medications to pregnant women. A copy of the signed PA form must be kept on file in the pregnant member's medical record.

If you should have any questions regarding prior authorization of the medication agent, please contact the SXC prior authorization unit at 1-866-525-5827. If you have questions regarding the provider counseling sessions or billing procedures, please contact either Argartha Russell at (404) 651-9606 or arussell@dch.ga.gov or Erica Dimes at 404-657-5368 or edimes@dch.ga.gov. If you have questions about Pharmacy Services please contact Adrian Washington at (404)657-9092 or awashington@dch.ga.gov.

Attachment A

SMOKING CESSATION IN PREGNACY PA SUMMARY

Preferred Agents	All generic Nicotine Gum, Nicotine Lozenge, Nicotine Patch, Bupropion SR 150mg Tablets,
Non-Preferred Agents	All branded Nicotine products, Nicotine Spray (Nicotrol), Nicotine Oral Inhaler (Nicotrol), Zyban, Chantix

LENGTH OF AUTHORIZATION: 12 Weeks per pregnancy

NOTE: *Smoking cessation medications are covered only for pregnant women. All covered medications require prior authorization (PA).*

Prior authorizations for all covered medications are approvable up to a maximum duration of 12 weeks per pregnancy. Only one product will be covered per month and concurrent therapy is not allowed.

PA CRITERIA:

- **Patient must be pregnant**
- **Patient must be diagnosed with nicotine dependence**
- **Patient must be routinely monitored**

QUANTITY LEVEL LIMITATIONS:

- **Quantity level limitations will apply to all covered products.**

Attachment B

**Smoking Cessation in Pregnancy Prior Authorization Form
Fee-for-Service Medicaid/PeachCare for Kids**

PHONE #: 866-525-5827

FAX #: 888-491-9742

Note: This form must be completed by the physician only. If the following information is NOT filled in completely, correctly, or legibly, the PA process may be delayed. Please complete a form for each member and submit to SXC Solutions, Inc.

MEMBER Last Name [Grid]	MEMBER First Name [Grid]
MEMBER ID number [Grid]	MEMBER Date of Birth AGE: [Grid]
PRESCRIBER Last Name [Grid]	PRESCRIBER First Name [Grid]
PRESCRIBER NPI# [Grid]	
PRESCRIBER Phone [Grid]	PRESCRIBER Fax [Grid]
PRESCRIBER Address [Grid]	

Check all that apply and provide all applicable information.

Member's Diagnosis:

- Pregnant with expected due date of _____
- Underlying or history of seizure disorder, bulimia, or anorexia
- Nicotine dependent - ICD-9: _____
- Underlying or history of psychiatric illness

Smoking Cessation Pharmacotherapy:

Smoking cessation medication are *only* covered for pregnant smokers and the **preferred covered products are nicotine replacement gum, lozenge, patch and buproban/bupropion [smoke deterrent] sustained-release 150 mg tablets.**

Medication Requested: _____ Strength: _____ Directions: _____

If a non-preferred covered product is being requested (Chantix, Nicoderm CQ, Nicorette, Nicotrol Inhaler, Nicotrol Nasal Spray, Zyban), please list the preferred product(s) the member has tried: _____

- Member will continue smoking cessation counseling and will be routinely monitored through face to face counseling while on pharmacotherapy.

Physician Signature (required): _____ **Date:** _____

(Stamped signature not allowed. By signing, the physician confirms the criteria information above is accurate and verifiable in patient records).

Physician Office Contact Person: _____ **Phone:** _____

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References:

1. U.S. Department of Health and Human Services. Public Health Services. Clinical practice guideline: Treating tobacco use and dependency. May 2008.
2. American College of Obstetricians and Gynecologists. Committee opinion: Smoking cessation during pregnancy. Number 471;116(5): November 2010.
3. Facts and Comparisons4.0 [database online]. Nicotine replacement therapy. Accessed October 2010.
4. Bupropion sustained-release prescribing information. GlaxoSmithKline, Inc. Research Triangle Park, NC; September 2010.