

## Comprehensive Tobacco Prevention & Cessation Services for Medi-Cal Beneficiaries

The purpose is to inform all providers of their minimum requirements for providing comprehensive tobacco cessation services to all Health Plan of San Mateo beneficiaries. Tobacco use is the leading preventable cause of death in the United States and Medi-Cal beneficiaries have a higher prevalence of tobacco use than the general California population. Tobacco cessation services have been demonstrated to be both clinically effective and cost effective. It is DHCS's intent that providers not only assess tobacco use but also report it to HPSM, in order to more fully coordinate the beneficiary's tobacco cessation treatment.

### Services for all beneficiaries

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#### Providers must:

- Identify (initially and annually) all beneficiaries (of any age) who use tobacco products and note this use in the beneficiary's medical record.
- Complete a Staying Healthy Assessment (SHA). Each age-appropriate SHA questionnaire asks about smoking status and/or exposure to tobacco smoke.
- Ask about tobacco use status for every beneficiary at least once per year. Since the SHA must be reviewed or re-administered on an annual basis, smoking status can be re-assessed through the use of the SHA.
- Ask tobacco users about tobacco use and document it in their medical record at every visit.

Health Plan of San Mateo shall cover all FDA-approved tobacco cessation medications to non-pregnant adults of any age including:

- All seven FDA-approved tobacco cessation medications: bupropion SR, Varenicline, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, and the nicotine patch for adults who smoke or use other tobacco products. At least one FDA-approved tobacco cessation medication must be available without prior authorization;
- A 90-day treatment regimen of medications without other requirements, restrictions, or barriers.

### Services for pregnant tobacco users

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#### Providers must:

- Ask all pregnant women if they use tobacco or are exposed to tobacco smoke.
- Offer all pregnant smokers at least one face-to-face counseling session per quit attempt. Face-to-face tobacco-cessation counseling services may be provided by or under supervision of a physician, legally authorized to furnish such services under state law.
- Refer pregnant beneficiaries who use tobacco to the California Smoker's Helpline. These tobacco cessation counseling services must be covered for 60 days after delivery, plus any additional days needed to end the respective month.
- Refer to the tobacco cessation guidelines by the American College of Obstetrics and Gynecology before prescribing tobacco cessation medications during pregnancy.

## Prevention of tobacco use in children and adolescents

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### Providers must:

- Provide medically necessary tobacco cessation services, including counseling and pharmacotherapy, as it is mandatory for children up to age 21 under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The EPSDT benefit includes the provision of anticipatory guidance and risk-reduction counseling regarding tobacco use.
- Provide intervention including education and counseling, in an attempt to prevent initiation of tobacco use in school-aged children and adolescents. Services shall be provided in accordance with the [anticipatory guidance tools](#) as outlined in the American Academy of Pediatrics Bright Futures recommendations.

## Identifying Tobacco Users

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### Providers must:

Institute a tobacco user identification system, per USPSTF recommendations. Among other things, a tobacco user identification system may include:

- Adding tobacco use as a vital sign in the chart or Electronic Health Records.
- Using International Classification of Diseases (ICD)-10 codes in the medical record to record tobacco use. ICD-10 codes for tobacco use are:
  - F17.200 Nicotine dependence, unspecified, uncomplicated.
  - F17.201 Nicotine dependence, unspecified, in remission.
  - F17.210 Nicotine dependence, cigarettes, uncomplicated.
  - F17.211 Nicotine dependence, cigarettes, in remission.
  - F17.220 Nicotine dependence, chewing tobacco, uncomplicated.
  - F17.221 Nicotine dependence, chewing tobacco, in remission.
  - F17.290 Nicotine dependence, other tobacco product, uncomplicated.
  - F17.291 Nicotine dependence, other tobacco product, in remission.
  - Z87.891 Personal history of nicotine dependence.
- The full set of ICD-10 codes to record tobacco use can be found at: [ctri.wisc.edu/documents/icd10.pdf](http://ctri.wisc.edu/documents/icd10.pdf).
- A recording in the SHA or other IHEBA.
- A recording on the Child Health & Disability Prevention Program Confidential Screening/Billing Report (PM 160).
- Reviewing Nicotine Replacement Therapy (NRT) claims.

It is DHCS's intent that providers not only assess tobacco use but report it to HPSM, in order to coordinate the beneficiary's tobacco cessation treatment.

For more information or questions contact HPSM's Health Education line at **650-616-2165**

## Referrals to the California Smokers' Helpline

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### Providers must:

- Refer all beneficiaries to the California Smokers' Helpline (**1-800-NO-BUTTS**), a free statewide quit smoking service operated by the University of California San Diego, or other comparable quit line services. The California Smoker's Helpline offers self-help materials, referral to local programs, and one-on-one telephone counseling to quit smoking, vaping, or chewing tobacco. Helpline services have been proven in clinical trials to double a smoker's chances of successfully quitting. <http://www.nobutts.org/>
- Tell all beneficiaries that services are available in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), and services are available for teens, pregnant women, tobacco chewers, and vape users.
- Tell all beneficiaries that counselors are available weekdays, 7 a.m. to 9 p.m., and Saturday, 9 a.m. to 5 p.m. and online sign-ups are available 24/7.
  - 📞 English: **1-800-NO-BUTTS** (1-800-662-8887)
  - 📞 Chinese: **1-800-838-8917**
  - 📞 Korean: **1-800-556-5564**
  - 📞 Spanish: **1-800-45-NO-FUME** (1-800-456-6386)
  - 📞 Vietnamese: **1-800-778-8440**
  - 📞 Tobacco Chewers: **1-800-844-CHEW** (1-800-844-2439)
  - 📞 Vape Users: **1-844-866-8273**

## The 2008 Clinical Practice Guidelines: Treating Tobacco Use and Dependence

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### Providers should:

- Review the guidelines that provide the rationale to urge providers to make tobacco dependence a top priority during beneficiary visits: [ncbi.nlm.nih.gov/books/NBK63952/](http://ncbi.nlm.nih.gov/books/NBK63952/)

## Use Validated Behavior Change Models

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- Use the "5 A's" (**A**sk, **A**dvice, **A**ssess, **A**ssist, and **A**rrange): [improvingchroniccare.org/downloads/3.5\\_5\\_as\\_behavior\\_change\\_model.pdf](http://improvingchroniccare.org/downloads/3.5_5_as_behavior_change_model.pdf)
- Use the "5 R's" (**R**elevance, **R**isks, **R**ewards, **R**oadblocks, and **R**epetition): [ahrq.gov/prevention/guidelines/tobacco/5rs.html](http://ahrq.gov/prevention/guidelines/tobacco/5rs.html)
- or other validated behavior change models when counseling beneficiaries:

This information will be available on our website under Provider Resources: Provider QI Toolkit; Tobacco Cessation Services.

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