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Tobacco Cessation Documentation and Billing

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Objectives

1. The importance of charting

2. Billing options when providing tobacco cessation services within the mental health field

3. Documenting assessments, diagnosis, goals and follow up appointments

The Importance of Charting

Displays the medical necessity

- Diagnosis, treatment interventions, treatment response

Provides a story of a person's treatment

- Successes, barriers, slips/relapses
- Can provide an image for long term continuity of service

Reimbursement

- Ensuring that services are receiving payment for maintenance of program

MHA Tobacco Cessation Services

Our Tobacco Cessation Services use two different types of billing. The type of billing is dependent on the referral source.

Even though the billing codes are different, the style and content of the documentation does not change. Diagnosis, treatment provided, and treatment response should be documented in each chart.

Adult Case Management Services

- Referrals submitted by community case managers and peer support specialist
- Community mental health billing using CPST, psychosocial groups, or peer groups

Counseling and Outpatient Center

- Referrals submitted by therapist, addiction counselors, physicians, PA and nurse practitioners
- TTS billing using 99406/99407/S9453

Type of Services

Individual

- 99406 Intermediate Smoking and Tobacco Use Cessation Counseling (3-10 minutes)
- 99407 Intensive Smoking & Tobacco Use Cessation Counseling Visit (> 10 minutes)
- Able to provide services to any smoker with proper documentation.
- Reimbursements are low.

Group

- S9453 Smoking Cessation Classes (non-physician provider)
- Able to provide services to any smoker with proper documentation

Smoking Cessation Counseling Coverage

Ks Medicaid
- No limit on counseling sessions

Medicare
- Capped at 8 sessions on a 12-month period

Private insurance
- Huge variance among insurances

Mental Health Billing and Tobacco Cessation

Community mental health programs provide services that can implement tobacco cessation and reimburse at a higher rate

Smoking Cessation can meet criteria for Community Psychiatric Supportive Treatment (CPST) billing

- CPST can be used to provide face to face cessation interventions
- Psychosocial/Peer Groups Groups can also be used for smoking cessation

How do we achieve this?
Appropriate documentation shows the medical necessity for the service. Treatment plans need to reflect the necessity. Documentation must include the diagnosis, service goals, treatment interventions, and treatment response.

CPST Billing Key Terms

Accessing

Advocating

Assessing

Collaborating

Communicating

Developing

Educating

Empowering

Engaging

Goal Setting

Identifying

Implementing

Intervening

Listing

Managing

Modeling

Motivating

Planning

Prioritizing

Problem solving

Reflecting

Supporting

Diagnosis and Assessment

Assessment performed on first visit

- Gather information to diagnose using DSM-5 criteria for Tobacco Use Disorder
- Create a treatment plan goal
- Establish need for service with detailed documentation

A good detailed assessment provides the most information for an accurate diagnosis (30min-45min)

General Assessment Template

Appointment Setting:

Medical History:

Smoking History:

Fagerstrom score:

Social History:

Quit History:

Withdrawal Symptoms:

Reasons for Quitting:

Readiness/Confidence:

General Assessment Template

Appointment Setting: How did you make contact?

- Face to Face (house, community)
- Phone
- Zoom

Medical Hx: Is tobacco use continuing despite physical/psychological problems?

- COPD, MI, CVA, Cancer or other physical health diagnoses
- Sever Depression, Anxiety and other behavioral health diagnoses
- Been told by providers that quitting smoking will improve physical/mental health

General Assessment Template

Use Hx: How much have they been smoking in the last 12 months? How long have they been a smoker? Are they smoking more than intended or for longer periods of time and why?

- Consistent vs fluctuating use
- Tolerance to nicotine
- Time they spend smoking

Fagerstrom Score: A possible method that quantifies the intensity of physical addiction to nicotine.

- A key component to the assessment is the information gathered by asking the questions
  - Ex: Smoking in the bed shows hazard, Constant smoking vs Chain smoking at certain times of the day

General Assessment Template

Social Hx: How is smoking impacting their social life? Is smoking affecting their employment or ability to work? Is smoking affecting recreational activities?

- Tension in household due to use
- Purchasing cigarettes limits financial ability to perform a job or recreational activity

Quit Hx: Does the person show a pattern of persistently wanting to quit ? Has the person attempted to cut down or quit with minimal success?

- Focus on as much of the quit history as possible but pay special attention to the last 12 months. Do the reasons for quitting and relapse show a pattern?
- What tools did they use to quit? Did some cessation medication work better than others? Did a cessation medication cause any adverse reactions?

General Assessment Template

Withdrawal Symptoms: How intense are the cravings? Is nicotine being used to relieve or avoid withdrawal symptoms?

- DSM-5 Withdrawal criteria (at least 4) within 24 hours after stopping or reducing use:
  - Irritability, frustration, anger
  - Anxiety
  - Difficulty concentrating
  - Increased appetite
  - Restlessness
  - Depressed mood
  - Insomnia

General Assessment Template

Reasons for quitting: What is the person trying to address by receiving services?

- Use information in this section to develop a treatment goal

Readiness/Confidence: What can you provide to the individual ?

- Low readiness. What can be done to increase their readiness to quit?
- Low confidence: How can you improve their confidence?
- High readiness: What steps can be done to help them prepare to set a quit date?
- High confidence: How can you guide them to use their confidence to make a change?

S.M.A.R.T. Goals and Tobacco Cessation

Using information gathered in the assessment, provider and individual create a goal for their treatment using the SMART model:

- **S**pecific: Clear, direct without ambiguity
- **M**easurable: Quantifying a goal to measure progress
- **A**chievable: Making the goal realistic and attainable. The goal should challenge their abilities but remain feasible
- **R**elevance: Reasons why the goal is important to the person
- **T**ime Based: Time-frame to achieve goal

CPST Example Provider services

TTS met with <> to perform a tobacco use assessment.

TTS engaged with <> to identify current nicotine use.

TTS assessed for dual nicotine use.

TTS assessed current physical addiction using Fagerstrom assessment.

TTS and <> listed medical history.

<> and TTS engaged in a conversation about their social history and how it affects their smoking behavior.

TTS and <> reflected on past quit attempts and medications used when quitting.

TTS encouraged <> to identify withdrawal symptoms that they experience in past quit attempts.

TTS and <> engaged in a conversation about benefits perceived when smoking.

TTS and <> identified the negative impact that smoking has created in their life.

TTS assessed for readiness and confidence in quitting.

TTS and <> collaborated in creation of a treatment plan goal for cessation services.

Follow Up Appointment

Consistency, the same strategy still applies to all of the follow up appointments: Diagnosis, Treatment interventions, Treatment response

Document information on services provided.

- Motivational Interviewing: the use of open-ended questions to help a person create their own plan
- Cognitive Behavioral Intervention: Changing thoughts around smoking into a more positive framework
- Advocating for medications: Contacting providers for prescription
- Planning: Creating a cessation plan. Implementing smoking cessation to WRAP plans
- Education: How to develop coping skills? How to implement coping skills?, Insurance coverage, etc.
- Exercise sheets and documents provided to individual

Follow Up Appointment

Document interaction and treatment responses: Approach each meeting as a unique session to show an overall treatment history

- Positive engagement, accomplishments, self identified interventions/coping skills
- Struggles, Slips/Relapse
- Advice provided. Did they implement it in their plan or decline using it?

Documentation Example

Initial Meeting/Assessment: Jane Doe

Appointment Setting: TTS met with Jane in her home

Medical History: 40 y/o F with history of Diabetes, Hypertension, Schizophrenia, Generalized Anxiety

Use History: Jane started smoking at around the age of 13. Jane has been smoking around 1 pack per day (ppd) for the last year. Her use increases to about 1.5 ppd when feeling overwhelmed and severely anxious. She prefers Marlboro cigarettes but is currently only using Smoker Friendly brand due to financial limitations.

Fagerstrom Score:6-7/10

Admits to Smoking 1-1.5 packs per day (ppd), Morning cigarette would be hardest to give up, Smoking 5 minutes after waking up, Difficult to refrain from smoking in places where it is forbidden. She denies smoking more in the first hours after waking up, smoking in her bed and smoking when ill.

Initial Meeting/Assessment: Jane Doe

Social history: Jane lives with her husband who is a non-smoker. She admits to tension in the home due to her smoking. She goes outside to smoke when he is in the house.

Quit history: Jane has multiple quit attempts since starting smoking. She has quit for a couple of weeks while hospitalized. She was be able to stay tobacco free for a couple of days after discharge but would relapse due to stress and anxiety. Her longest quit was about 10 years ago when she used the patch. She was able to stay nicotine free for about 3 weeks. She wanted to quit to improve her health. She relapsed due to stress and increased anxiety caused by life events.

In the last year she has tried to quit multiple times but would relapsed within days of quitting due to worsening anxiety. She became disappointed after not succeeding and stopped making quit attempts. One of her recent quit attempts was with the use of Chantix but the medication did not help with her withdrawal or cravings.

Initial Meeting/Assessment: Jane Doe

Symptoms: She reports overwhelming cravings when she does not smoke. She also reports irritability, increased anxiety, depression, restlessness and difficulty concentrating. Jane mentioned that she smokes to avoid the discomfort of the withdrawal symptoms.

Reasons for quitting: Jane would like to quit due to her health concerns. She has not been diagnosed with COPD but she has developed increasing SOA (shortness of air) and a dry cough. Her PCP has advised her to quit multiple times to improve her breathing, diabetes and hypertension. She would also like to quit to save money. She feels the financial stress that smoking has caused her and would like to quit to use the money for recreational activities.

Initial Meeting/Assessment: Jane Doe

Readiness/Confidence: Jane rates her readiness to quit at a 10. She feels that quitting smoking will improve her health and potentially reverse the damage done to her lungs. The financial gain was also reported to be a motivating factor. She rates her confidence at a 2. She reports attempting to quit multiple times but her lack of success has dampened her self-image and caused anxiety about setting another quit date.

She reported wanting to work with TTS to receive education on how to develop coping skills specifically for tobacco cessation. She would also like information on how to plan a quit date.

After Initial Meeting/Assessment: Jane Doe

Next Steps: Diagnosis and Goal Development

Diagnosis

- Using Tobacco Use Disorder criteria
- Be as specific as possible when diagnosing to avoid denials.
- DSM-5 provides unspecified diagnosis that need to be converted to ICD-10.
- ICD-10 codes allow you to specify nicotine product of choice
- If necessary, forward information to diagnosing provider

After Initial Meeting/Assessment: Jane Doe

Creation of the goal using information gathered from Jane.

Using SMART model as a guideline we can create a treatment goal specific to Jane.

- TTS will meet with Jane on a weekly basis for the next three months to provide education about how to set a quit date to increase her confidence about smoking cessation.
- Jane and TTS will collaborate on a weekly basis for the next three months in identifying preparations and medication that could help increase motivation and decrease anxiety about setting a quit date to quit smoking
- Jane will work on improving her health in the next three months by working with TTS on a weekly basis to receive education on how to set a quit date and how to develop coping skills specific to tobacco cessation.

After Initial Meeting/Assessment: Jane Doe

Measurements for progress in their goal

Identifying a way to measure progress towards goal

- Self-reporting
- Tracking appointments
- CO monitor measurements
- Use Tracking Sheets
- Plan creating

Measurement method specific to individual treatment goal. Discuss with them how they would like to measure their progress.

Follow up Appointments with Jane

Follow up appointments need to be just as detailed as initial appointments to show the treatment interventions and treatment responses.

Follow up Appointments with Jane

Treatment Provided: TTS met with Jane to continue discussion on tobacco cessation. TTS engaged with Jane to discuss the importance of using tobacco cessation medication during a quit attempt. TTS communicated the purpose of cessation medication during a cessation attempt. TTS and Jane collaborated to identify a medication that she believes will work well for her. TTS educated Jane on how cessation medication is covered by her Medicaid. Jane and TTS problem solved how she can receive a Rx for the medication.

Treatment Response: Jane was ready when TTS arrived for their meeting at her home. Jane and TTS discussed how important tobacco cessation medication is to decrease withdrawal symptoms and to unlearn smoking behavior. Jane verbalized being unaware that medication assisted people with unlearning smoking behaviors. TTS and Jane discussed nicotine and non-nicotine meds that are FDA approved to quit smoking. Jane was not interested in using any of the non-nicotine medication but verbalized interest in using the patches due to previous success with them. She did not have interest in using any short acting NRTs at this time. Jane identified her PCP as the provider that could prescribe the patches to receive coverage.

Follow up Appointments with Jane

Treatment Provided: TTS met with Jane to start discussion about setting a quit date. TTS identified reasons for concern in regards to setting quit date. TTS intervened and engaged Jane using open ended questions to empower her to identify how she could decrease the withdrawal symptoms that were concerning her. TTS identified Jane's coping skills that could help decrease withdrawal symptoms. TTS and Jane set a goal to identify a quit date on their next appointment.

Treatment Response: Jane was ready when TTS arrived for their meeting at her house. Jane and TTS discussed the possibility of setting a quit date. Jane was apprehensive about setting a quit date due to distress caused by withdrawal symptoms. Her concern was focused on increased anxiety and depression. She was worried about the increase in symptoms causing a "mental breakdown" that could cause hospitalization.

Using open ended questions, TTS guided Jane to identify how she could change the situation to possibly avoid the concerns. Reflecting on previous meetings allowed Jane to identify that the nicotine patches could be used to possibly decrease withdrawal symptoms. Jane also identified that she could use her husband as a social support in the first few weeks after quitting smoking. She also verbalized using some of her coping skills to distract herself like watching videos online and taking her dogs for a walk. TTS and Jane planned to continue discussion next week about setting a quit date.

Follow up Appointments with Jane

Treatment Provided: TTS met with Jane to f/u about establishing a quit date. TTS engaged Jane to possibly identify a quit date. TTS supported Jane's decision to quit a couple of days ago. TTS and Jane engaged in a conversation about barriers to cessation. TTS and Jane problem solved how to address current cessation barriers.

Treatment Response: Jane was ready when TTS arrived at her home for her appointment. Jane informed TTS that she felt very confident after the last appointment. She decided to quit 3 days ago. TTS supported her choice and congratulated her success. Jane reported doing "really well" in the evenings but struggling with cravings early in the morning. Jane identified that she is still maintaining her usual morning routine. She decided to create a plan to change her morning routine by going outside before making any coffee or food. She also identified that she will be starting a new job later in the week. She reported that the job could also help distract from the cravings since she will be working in the morning.

Follow up Appointments with Jane

Treatment Provided: TTS met with Jane to follow up on her cessation. TTS engaged with Jane to identify any slips or relapses. TTS identified any triggers for cravings and how she is addressing them. TTS and Jane reflected on their time meeting together. TTS assessed for physical changes since quitting smoking. TTS supported and congratulated her progress. TTS and Jane engaged in a conversation about discharge from program.

Treatment Response: Jane was ready when TTS arrived at her house. Jane has remained tobacco free for the last 4 months. She reports occasional cravings when she sees others in her job go to the back for their smoking break. She copes by avoiding the back of the store when people are gathering during smoking breaks. She denies any other cravings.

Jane and TTS reflected on their time together. She verbalized that her lack of confidence was a factor that limited her ability to quit smoking but working with TTS on a weekly basis helped increase her confidence. She felt well informed on how to approach a quit attempt. Since quitting, she has experienced improved taste and breathing. TTS commended her for her success. TTS and Jane discussed discharge from the program. TTS discussed it as a sign of her progress. Jane was comfortable with discharge.

Key Takeaways

- Detailed documentation will show medical necessity for your services regardless if you are using 99406/99407/S9453 codes or community mental health billing.
- A detailed assessment provides you with necessary information for an accurate diagnosis and treatment plan goals.
- It is recommended to use the most detailed ICD-10 code to avoid denials.
- Follow up appointments need to also contain detailed information about the service provided and response to the treatment.

Contact Information

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