

Telehealth and Tobacco: Leveraging Technology to Extend Tobacco Treatment

- Individuals with mental health (MH) and substance use disorders (SUD) use tobacco at rates **two to four times higher** than the general population and have lower quit rates.¹
- Addressing tobacco use in MH/SUD treatment settings lags behind other health care settings. On average, **fewer than 60%** of MH/SUD treatment facilities screened clients for tobacco use in 2018 and **only 42%** of MH/SUD treatment facilities had smoke-free campuses that same year.^{2,3}
- The use of telehealth offers behavioral health providers an opportunity to significantly shift these screening and service delivery in a positive direction. The good news is that **48%** of behavioral health provider organizations already use telehealth.⁴
- Early studies have also shown that smokers are approximately **1.4 times more likely** to have severe symptoms of COVID-19 and approximately **2.4 times more likely** to experience severe complications or death compared to non-smokers.⁵
- Individuals who smoke are likely more vulnerable to COVID-19 as the act of smoking increases the possibility of virus transmission from hand to mouth. Smoking products such as water pipes usually involve the sharing of mouth pieces, which may also facilitate transmission.⁶ Additionally, sharing cigarettes or smoking partially discarded cigarettes can lead to **increased risk of virus transmission** between individuals. Individuals who smoke may also be at increased risk for infection due to the need to buy cigarettes and other tobacco products in public settings more regularly, causing them to have more frequent interaction with people and thus a higher chance of exposure to COVID-19.

Introduction

Telehealth can be an effective way to support individuals with behavioral health conditions who smoke in their journey to quit. Telehealth is a well-established means of increasing access to care as well as delivering clinical interventions and health education. In addition to providing convenient and effective clinical treatment, telehealth can extend the reach of interventions, engage individuals and groups in and across various modalities, and help providers and organizations build stronger care partnerships beyond the four walls of a clinic to underserved populations such as individuals with behavioral health conditions.

Additionally, [national policy developments](#) (and [frequent policy updates](#)) have been released to aid in the widespread adoption and optimization of telehealth in response to COVID-19. These policies, coupled with technological advancements, can provide you and your organization with new opportunities to leverage virtual and digital technology to provide tobacco cessation education, screening and treatment from a distance at this time. Telehealth to support tobacco cessation can support enhanced engagement, wider care delivery, and stronger educational and preventative measures to your clinical practice.

National Council for Behavioral Health members are on the front lines providing critical mental health and substance use treatment during an unprecedented public health emergency. The resources contained in this document are intended to support behavioral health providers with the tools to begin or expand the use of telehealth as it relates to providing tobacco cessation services and incorporating best practices for billing, implementation and sustainability. This document also includes general telehealth resources and toolkits to support you in this work. This list is not exhaustive and guidance from the Trump Administration or future legislation may change the current situation at any time*. As policies vary at the state level, we encourage you to contact your [Telehealth Regional Center](#) for clarification and additional technical assistance needs.

***As ongoing guidance and policy adjustments in this realm are emerging on a rapid basis, this document will be updated accordingly. We welcome feedback on shifts, changes and challenges to best program and advocate for you and your organization's greater success around telehealth and tobacco implementation. Please feel free to email us with comments, concerns and questions at BHtheChange@TheNationalCouncil.org.**

Additional Benefits of Using Telehealth for Tobacco Cessation During the COVID-19 Pandemic

- Promotes the practice of social distancing to reduce spread – shifting visits that do not require in-person/face-to-face limits the physical contact between staff and patients and can reduce risk of spread in high-volume and high-traffic areas such as waiting rooms.
- Enables providers to explore options for continued engagement and reduced potential for exposure for those who are considered most vulnerable to COVID-19.
- Reduces the likelihood of patients participating in activities or behaviors that could increase risk of exposure, such as use of public transportation to attend appointments, attending larger in-person cessation groups, or sharing cigarettes and other tobacco products with each other.
- Offsets provider shortages that might impact the services you are able to deliver at this time.
- Creates the option for more frequent, shorter visits that support smoking cessation, regular check ins provide support and accountability.

What Can I Provide and Bill for?

Tobacco use status is embedded in most major electronic health records and evidence-based tobacco cessation counseling and pharmacotherapy covered by Medicare, Medicaid and private health plans. The Affordable Care Act (ACA) expanded tobacco cessation coverage for the Medicaid population, but gives states the ability to distinguish between the standard Medicaid and Medicaid expansion populations in terms of cessation coverage. In general, with improved coverage, providers are encouraged to submit claims for tobacco cessation services provided to patients. However, benefits are subject to specific plan policies. Providers should check with individual Medicaid, MCO and private insurance plans to determine what specific treatments are included and the extent to which these treatments are covered (Source: [American Lung Association](#)). To learn more, we strongly encourage you to explore the links under the “Additional Tobacco Billing Resources” section on the next page.

There are two available lists detailing services that you can bill for telehealth. One of the lists is in [Medicare's telehealth fact sheet](#) and includes both CPT and HCPCS codes. The second is in your CPT book under Appendix P and lists only CPT codes.

Practices may bill all Medicare-covered telehealth services using these rules. This includes new and established patient visits 99201–99215. It includes inpatient and skilled nursing services, for which CMS uses HCPCS codes in place of CPT codes. To be reimbursed through Medicare, a provider needs to be a Medicaid-eligible provider, which currently do not include tobacco treatment specialists and respiratory therapists.

You may bill via telehealth for smoking cessation using the [following codes](#). You will also need to include a [95 modifier](#) to indicate the rendering of telehealth services.

99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min

On April 30, the Centers for Medicare and Medicaid Services released [updated guidance](#) expanding the types of telehealth services that may be conducted as audio-only encounters for the duration of the COVID-19 public health emergency, including services covered by the codes listed above.

Additionally, if you perform an office visit (by telehealth) and conduct smoking cessation services, document those just as you would if you saw the patient in person. Document the history, observational exam (if relevant), and the assessment and plan. Note the additional time spent in smoking cessation counseling. If it was a level-3 established patient, code 99213-25 and 99406 (smoking and tobacco use cessation counseling visit, intermediate, 3-10 minutes).

If billed alone, 99406 and 99407 will be reimbursed, however, if tobacco cessation service occurs during an office visit (with a Medicare eligible provider i.e. a nurse practitioner doing an office visit and provides 3 minutes of counseling during the visit), providers should also add a 25 modifier to amend the office visit code, otherwise they will be bundled and only reimbursed for one of the E/M codes.

You can also refer to the [commonly-used ICD-10 codes](#) for nicotine use/dependence.

Quitlines and Telehealth

Telehealth has historically had a requirement to have a video component. As part of the emergency waiver, that has been lifted and telehealth can now be delivered over the phone. If Quitlines or Quitline staff want to take advantage of these changes and bill for audio services using the codes above, they will still need to enroll as providers and typically need a National Provider Identifier.

Virtual Prescribing for Tobacco Cessation

The specific regulations for remotely prescribing medications to aid in tobacco cessation such as nicotine replacement therapies (NRTs), varenicline, and bupropion vary greatly by state. We encourage you to review the changing [guidance on telehealth prescribing practices](#) particular to your state and contact your state public health department or pharmacy board with questions.

Additional Telehealth, Billing and Tobacco-specific Billing Resources

- [Billing Guide for Tobacco Screening and Cessation](#) - American Lung Association
 - To help stakeholders ensure both the provision of cessation services and payment for those services, this document gives an overview of tobacco cessation coverage requirements for Medicare, Medicaid and private insurance.
- [Billing Guide Addendum for Behavioral Health](#) - American Lung Association
 - This addendum to The American Lung Association Billing Guide for Tobacco Screening and Cessation strives to clarify distinctions that there are some important nuances behavioral health providers should consider for optimizing the chance of successful billing.
- [Telehealth and Tobacco Cessation](#) - American Lung Association
 - This document explores, in depth, how telehealth may be used to improve access to evidence-based tobacco cessation services.
- [Key State Indicators](#) - American Lung Association
 - A robust set of indicators that are specifically important to providing tobacco cessation counseling and pharmacotherapy via telehealth.
- [Coding for Telemedicine Services](#) – American Academy of Pediatrics
 - A current resource on coding for telehealth during COVID-19.

General Telehealth Resources

- [General Provider Telehealth and Telemedicine Tool Kit](#) - Centers for Medicare & Medicaid Services (CMS)
 - This document contains electronic links to reliable sources of information regarding telehealth/telemedicine. Most of the information is directed towards providers who may want to establish a permanent telemedicine program.
- [Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020](#) - Centers for Medicare & Medicaid Services (CMS)
 - List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth, including tobacco cessation
- [Telehealth Best Practices Resource Guide](#) - National Council for Behavioral Health
 - This document is intended to provide you with the background and resources necessary to help you begin or expand your use of telehealth.
 - [COVID-19 Telehealth Office Hours Session 1 – Adapting to Audio](#)
 - [COVID-19 Telehealth Office Hours Session 2 – Ask the Experts](#)
- [National Consortium of Telehealth Resource Centers](#)
 - The National Consortium of Telehealth Resource Centers (NCTRC) is here to ensure telehealth programs are up and running. 12 regional and 2 national TRCs

are expertly staffed and lead the advancement and accessibility of telehealth with a focus in rural healthcare.

- [COVID-19 Telehealth Toolkit](#)
- [COVID-19 Resource Page](#) – MTM Services
 - The National Council’s Strategic Partner, MTM Services, has created a series of free short videos with tips that will help you continue to serve the customers who need you most while you are operating from home, including information about providing telehealth services.
- [Free Telehealth Course Series](#) – Relias Learning
 - This telehealth series from National Council Strategic Partner, Relias, covers the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.
- [Telebehavioral Health Training and Technical Assistance](#) - SAMHSA
 - Divided into six sessions, the training provides you with the tools and resources necessary to identify and implement a telebehavioral health program. Each educational session includes a Q&A component with telebehavioral health experts and associated resources for further exploration and information.
- [Practical Guidelines for Video-based Online Mental Health Services](#) - American Telemedicine Association
 - This practice guidelines document focuses on telemental health services delivered in real-time using internet-based videoconferencing technologies through personal computers and mobile devices.
- [Telemedicine: Connect to Specialists and Facilitate Better Access to Care for Your Patients](#) - American Medical Association
 - This guide includes implementation tips as well as a reference to Current Procedural Terminology (CPT®) codes for reporting telemedicine and remote care services.
- [Home Telehealth](#) - National Telehealth Technology Assessment Resource Center
 - This toolkit looks at the component parts of a home telehealth delivery system, and the things to consider before deployment.
- [Clinician’s Guide to Video Platforms](#) - National Telehealth Technology Assessment Resource Center
 - This updated video platform toolkit is designed to help readers learn more about how video can be used to support the delivery of healthcare and improve the customer care experience
- [Guidelines for the Practice of Telepsychology](#) - American Psychological Association
 - These guidelines are meant to assist psychologists as they apply current standards of professional practice when utilizing telecommunication technologies as a means of delivering their professional services.
- [Using Telehealth for Addiction Treatment](#) - Hazelden Betty Ford Foundation
 - Basic overview of telehealth applications in behavioral health settings.

- [Telemedicine and Telehealth](#) - Office of the National Coordinator for Health Information Technology
 - Landing page for a variety of telehealth resources from the ONC.
- [Telehealth Learning Series](#) – The Addiction Technology Transfer Center (ATTC) Network
 - Free national online discussion and resource sharing opportunity for substance use disorder (SUD) treatment providers and peer support specialists faced with transitioning their services to the use of telephone and videoconferencing methods in response to COVID-19 social distancing guidelines.

Literature & Research on Telehealth and Tobacco

- [Smoking cessation and care management for veterans with posttraumatic stress disorder: a study protocol for a randomized controlled trial](#) – BMC Health Services Research
 - This randomized controlled trial was designed to test the effectiveness of integrating telehealth care management and smoking cessation with motivational interviewing for Veterans with PTSD.
- [Comparative and Cost Effectiveness of Telemedicine Versus Telephone Counseling for Smoking Cessation](#) - Journal of Medical Internet Research
 - The intent of the study was to assess the comparative effectiveness and cost effectiveness of two models for delivering expert tobacco treatment at a distance: telemedicine counseling that was integrated into smokers' primary care clinics versus telephone counseling, similar to telephone quitline counseling, delivered to smokers in their homes.
- [Telemedicine Can Be an Effective Way to Help People Quit Smoking](#) - CURE
 - Telemedicine holds promise as a convenient and effective way for clinicians to help people give up tobacco and nicotine, one group of clinicians demonstrated in a recent pilot study.
- [Telehealth-delivered group smoking cessation for rural and urban participants: Feasibility and cessation rates](#) – Addictive Behaviors
 - The objectives of this study were to provide and evaluate an evidence-based group smoking cessation program for rural/remote smokers wishing to quit through a Telehealth videoconferencing link at their local Health Centre.
- [Using social media for smoking cessation interventions: a systematic review](#) – Royal Society for Public Health
 - Social media has become one of the most influential platforms for various smoking cessation interventions. Therefore, the objective of this review is to explore the effectiveness of using social media for smoking cessation.
- [Identifying Pathways to Quitting Smoking via Telemedicine-Delivered Care](#) – Society for Health Psychology/American Psychological Association

- The purpose of this study was to test our model in which perceived health care provider autonomy support, working alliance, autonomous motivation, and perceived competence were hypothesized to mediate the effects of telemedicine on smoking cessation.

Smartphone Apps & Web-based Programs

- [The Best Quit Smoking Apps of 2019](#) - HealthLine
 - We've rounded up the best apps on iPhone and Android devices that can help you quit smoking. Between their quality, reliability, and great reviews, these apps will help you quit your habit one day at a time.
- [quitSTART App](#) – Centers for Disease Control and Prevention
 - The quitSTART app is a free smartphone app that helps you quit smoking with tailored tips, inspiration, and challenges.
- [QuitGuide App](#) – National Cancer Institute's Smokefree.gov
 - QuitGuide is a free app that helps you understand your smoking patterns and build the skills needed to become and stay smokefree. Use the app to track your cravings by time of day and location, and get motivational messages for each craving you track.
- [How to Design and Develop a Mobile Health Application](#) - mHealth Intelligence
 - Mobile health applications allow healthcare providers to connect with patients and staff more quickly and dynamically. How, then, can health systems and their development partners create an app that fulfills the expectations of both the provider and user?
- [Ex Program](#) – Truth Initiative
 - A premium tobacco cessation program that supports tobacco-free workplaces by delivering effective, innovative quitting experiences.
- [myStrength](#)
 - Highly interactive, individually-tailored applications empower myStrength users to address depression, anxiety, stress, substance use, chronic pain and sleep challenges, while also supporting the physical and spiritual aspects of whole-person health.
- [QuitGenius](#)
 - Quit Genius is a high-intensity digital behavior change program that helps employees and their family members quit smoking and vaping for good.
- [CoolQuit](#)
 - Doctors addressing the coronavirus pandemic and tobacco cessation through telemedicine support.

Sources:

¹ Prochaska, J.J., Das, S., & Young-Wolff, K.C. (2017). Smoking, Mental Illness, and Public Health. *Annual Review of Public Health, 38*, 165-185.

² Substance Abuse and Mental Health Services Administration, National Mental Health Services Survey (N-MHSS): 2018. Data on Mental Health Treatment Facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.

³ Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS): 2018. Data on Substance Abuse Treatment Facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.

⁴ The Use of Telehealth Within Behavioral Health Settings: Utilization, Opportunities, and Challenges. http://www.behavioralhealthworkforce.org/wp-content/uploads/2018/05/Telehealth-Full-Paper_5.17.18-clean.pdf

⁵ Vardavas, C. I., Nikitara, K. (2020). COVID-19 and smoking: A systematic review of the evidence. *Tobacco Induced Diseases, 18*(March), 20. <https://doi.org/10.18332/tid/119324>

⁶ World Health Organization, 2020. "Q&A on Smoking and COVID-19". Retrieved from <https://www.who.int/news-room/q-a-detail/q-a-on-smoking-and-covid-19>