

OHP smoking cessation guidelines and resources

Comprehensive summary for Legacy providers (June 2018)

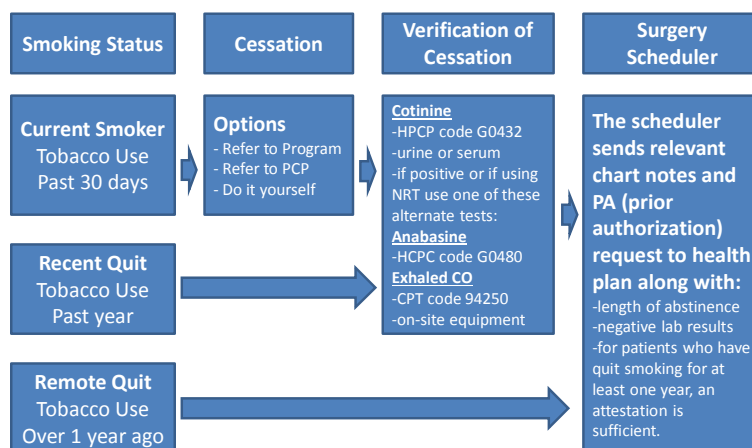
Background: Oregon Health Plan (Medicaid) has a new guideline for smoking cessation prior to elective surgery

Ancillary Guideline A4, Smoking Cessation and elective surgical procedures

- Smoking cessation is required prior to elective surgical procedures for active tobacco users. Cessation is required for at least four weeks prior to the procedure and requires objective evidence of abstinence from smoking prior to the procedure.
- Elective surgical procedures in this guideline are defined as surgical procedures which are flexible in their scheduling because they do not pose an imminent threat nor require immediate attention within one month. Reproductive (i.e., for contraceptive purposes), cancer-related and diagnostic procedures are excluded from this guideline.
- The well-studied tests for confirmation of smoking cessation include cotinine levels and exhaled carbon monoxide testing. However, cotinine levels may be positive in nicotine replacement therapy (NRT) users, smokeless tobacco and e-cigarette users (which are not contraindications to elective surgery coverage). In patients using nicotine products aside from combustible cigarettes the following alternatives to urine cotinine to demonstrate smoking cessation may be considered:
 - Exhaled carbon monoxide testing
 - Anabesine or anatabine testing (NRT or vaping)
- Certain procedures, such as lung volume reduction surgery, bariatric surgery, erectile dysfunction surgery, and spinal fusion have six-month tobacco abstinence requirements.

Process for compliance with the new guideline

Smoking Cessation Prior to Elective Surgery



www.legacyhealth.org



OHP coverage for tobacco cessation

OHP covers all FDA-approved medications for tobacco cessation, including varenicline, bupropion and all five FDA-approved forms of nicotine-replacement therapy with a prescription from a licensed medical provider. Combination drug therapy (i.e. two forms of NRT or NRT plus bupropion) is also covered without prior authorization. Non-preferred nicotine replacement (nicotine inhalers and sprays) may be subject to prior authorization. Each CCO has slight variation in coverage, but most cover 3-6 months of an appropriate medication every calendar year. Coverage of medication is not linked to behavioral counseling. At least two quit attempts with behavioral counseling are covered each calendar year.

Tobacco cessation medications covered by OHP:

Preferred nicotine replacement: nicotine gum, nicotine lozenge, nicotine patches

- Each CCO has slight variation in coverage, but most cover 3-6 months of an NRT product, including combination NRT therapy (Patch plus lozenge or Patch plus gum)
- Legacy Health recommends higher dose NRT, which if used, patients will run through their yearly NRT supply quickly, requiring prior authorization for refills.
- OHP Patients may be eligible for an additional 6 months of NRT if:
 - > They enroll in a cessation program (i.e., the tobacco Quit Line)
 - > They have quit smoking (to help with relapse prevention)

Bupropion (Wellbutrin/Zyban) tablets

- Bupropion SR: BUPROPION TAB ER 12H (twice daily dosing)
- No limitations on dosage or duration

Varenicline (Chantix) tablets:

- Each CCO has slight variation in coverage, but most cover three months of varenicline
- OHP Patients may be eligible for an additional three months of varenicline if:
 1. They enroll in a cessation program (i.e., the tobacco Quit Line)
 2. They have quit smoking (to help with relapse prevention). This enables use of the varenicline “reduce to quit” protocol:
 - > Start varenicline and in the first month reduce smoking by 50%
 - > In the second month reduce smoking by another 50%
 - > In the third month, taper and quit smoking
 - > After quitting, continue medication for an additional three months to reduce relapse. This is a total of 6 months medication therapy.
 3. Nicotrol Inhaler and Nicotrol Nasal Spray may require prior authorization

Tobacco cessation counseling coverage varies by CCO/Open Card:

Health Share of Oregon: Clackamas, Multnomah, Washington and part of Yamhill counties

- CareOregon: Unlimited telephonic quit line counseling. No prior authorization or referral required.
- Patients can call the quit line at 1-800-QUIT NOW (See “Quit for Life” Below)

Yamhill Community Care Organization: Yamhill County, Clackamas, Washington, Polk, Marion and Tillamook counties

- Yamhill CCO contracted with the Quit Line for unlimited telephonic quit line counseling. No prior authorization or referral required.
- Patients can call the quit line at 1-800-QUIT NOW (See “Quit for Life” Below)

Willamette Valley Community Health: Marion and Polk counties

- WVCH contracted with American Lung Association for telephonic counseling and online resources, no prior authorization or referral required. Additionally, local Tobacco Treatment Specialists are in-house and available for counseling.
> Patients and providers can call to sign up, refer, or request additional information at 503-584-2150 or 844-900-WVCH (9824).
- Local smoking cessation class (Freedom from Smoking Classes at Salem Hospital) are available free of charge.
> Patients can call 503-814-CHEC (2432) to learn more or sign up.

Medicaid Fee-for-Service (Oregon Open Card):

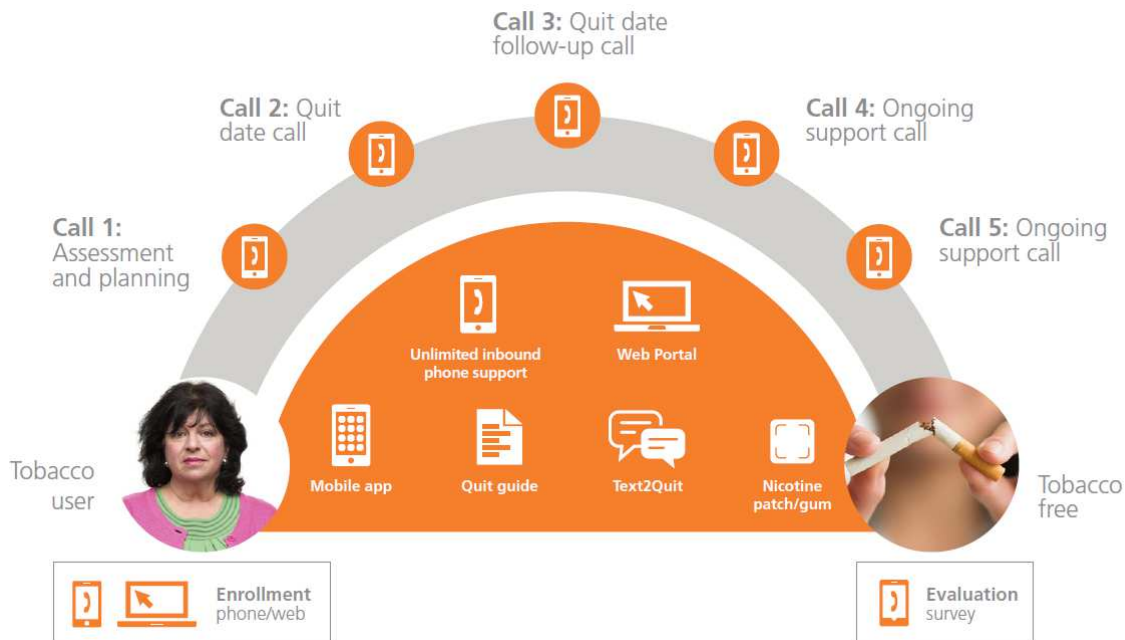
- OHP contracted with the Quit Line for unlimited telephonic quit line counseling. No prior authorization or referral required. Multiple Call program plus 8 weeks NRT (patch or gum) and re-enrollment one time every 12 weeks is allowed
- Patients can call the quit line at 1-800-QUIT NOW (See "Quit for Life" Below)

Tobacco Cessation Behavioral Counseling covered by OHP: The "Quit for Life" program

OHP members (Health Share, Yamhill CCO, and Open Card) have full access to the "Quit for Life" program which is the nation's leading tobacco-cessation program. This phone-based coaching and web-based learning support service has helped more than one-million tobacco users decide to quit for good and is offered by 26 states and more than 700 employers and health plans throughout the US. A collaboration between the American Cancer Society and Optum, the program is built on the organizations' more than 35 years of combined experience in tobacco cessation. To learn more about the Quit For Life program, visit quitnow.net/oregon. Upon calling this program, these OHP members will receive:

- Multiple outbound coaching calls and unlimited toll-free access to a Quit Coach
- Unlimited access to Web Coach, an online community that offers e-learning tools, social support, and information about quitting
- Decision support for the type, dose, and use of medicine and mail order access to the medicine
- Text2Quit – text messages personalized to each participant's quit plan
- A printed, stage-appropriate quit guide. "Stage" refers to pre-contemplation, contemplation, preparation, or maintenance. Most tobacco users fall somewhere on this continuum.
- Tailored, motivational emails sent throughout the quitting process
- After six months, quit rates are assessed by a follow-up call

The “Quit for Life” process



Easy to enroll using the Tobacco Quit Line

- Patients are referred by handout/brochure, fax referral, or e-referral
- Tobacco users connect with the quit line via web portal or phone
- Intake call is followed by subsequent outbound calls to the patient as outlined above
- Unlimited toll-free access to Quit Coach staff via phone
- Access to a web portal online learning community that integrates with Quit Coach coaching services and the Text2QuitSM text messaging program

OHP: The Oregon Tobacco Quit Line is the access point for the “Quit for Life” program

The Oregon and Washington state Tobacco Quit Lines provide free, telephone and web-based programs to help callers quit tobacco via confidential, evidence-based counseling and materials. OHP callers are eligible for enhanced, proactive cessation and may be able to access free nicotine patches or gum.

The Quit Line in Oregon is open 24 hours a day, seven days a week.

- English: 1-800-QUIT-NOW (1-800-784-8669) or www.quitnow.net/oregon
- Spanish: 1-855-DÉJELO-YA (1-855-335-35692) or www.quitnow.net/oregonsp
- TTY: 1-877-777-6534

Referring patients to the Oregon Quit Line is easy, confidential, and can be done several ways; from handing your patient a brochure to doing a fax referral or e-referral using your electronic health/medical record system. For more information on generating fax referrals, [visit the OHA website](#), or contact Dr. Charles Bentz, Medical Director of the Legacy Health Tobacco Cessation & Prevention Program at cbentz@lhs.org or contact the Oregon Quit Line Cessation Coordinator directly at 971-673-0984.

Quit for Life variations according to insurance status

The full Quit for Life program is available to OHP members by calling the Oregon Tobacco Quit Line at 1-800-QUIT-NOW. Other Oregonians have variable coverage of telephonic counseling and pharmacotherapy depending upon insurance status:

Insurance Status	Amount of Support
OHP (CCO or Open Card)	Full Quit for Life Program (See above)
Uninsured	Receives 4 counseling calls; 2 weeks of NRT
Insured: with Quit Line benefit (their insurance provider contracts with quit line)	Determined by what the health plan included in their contract with the quit line
Insured – without Quit Line benefit (insurance does not contract with quit line)	Receives 1 counseling call

Verification of cessation: timing issues

Verification of abstinence is required for at least four weeks prior to the procedure and requires objective evidence of abstinence from smoking prior to the procedure, which raises timing issues:

Procedures	Abstinence Requirement	Testing required
Elective surgical procedures are defined as those which are flexible in their scheduling because the condition does not pose an imminent threat nor does it require immediate attention within one month.	1 month	One test (urine or serum) 1 month prior to request which starts the timeline. If the scheduled date of procedure is several weeks out, an additional testing approximately a week before procedure.
Lung volume reduction surgery, bariatric surgery, erectile dysfunction surgery, and spinal fusion have 6-month smoking abstinence requirements	6 months	Testing 3-4 times during the six months is sufficient, again with evidence of testing at the beginning which starts the timeline and approximately a week before surgery
Reproductive procedures (i.e., for contraceptive purposes), cancer-related and diagnostic procedures are excluded from this guideline.		

OHP requires that members cease smoking prior to many elective procedures. For providers who wish to establish smoking cessation prior to submitting a request for an elective procedure, the timing can be problematic since they will need to do testing to show cessation, but after waiting for test results, submitting the PA request, and waiting for adjudication (up to two weeks), by the time the health plan reviews the request, the most recent test could easily be a month prior to the review, and even longer until the proposed date of service.

For procedures that require one-month abstinence, perform one test (urine or serum) one month prior to request, and it needs to be negative to start the clock. Perform another test, **usually about a week** before the scheduled procedure. If the scheduled date of procedure is several weeks out, additional testing may be required prior to procedure.

For procedures that require 6-month abstinence periods, testing 3-4 times during the six months is sufficient, again with evidence of testing negative at the beginning to start the clock and end of the six-month period, **about a week before the procedure**.

Verification of cessation: three testing options

Cotinine: Billing code HPCP G0432

- Advantage: Testing typically done locally, rapid turn-around time from your local lab
- Disadvantage: Any nicotine (including patch/gum/environmental exposure) will result in positive test
- Serum testing is preferred over urine testing as it is less susceptible to manipulation.
- Advise patient to avoid all tobacco smoke as you will interpret cotinine testing as tobacco exposure whether active or passive
- For patients that you have verified are receiving Nicotine Replacement Therapy — order a send-out test for Nicotine, Cotinine and Anabasine performed by LCMSMS.
- Reference: <https://labtestsonline.org/understanding/analytes/nicotine/tab/ask>

Anabasine: Billing code HCPC G0480

- Advantage: Very specific to patient who is smoking. Anabasine will not be positive when using nicotine replacement therapy (patch/gum/lozenge/inhaler/spray)
- Order a send-out test for Nicotine, Cotinine and Anabasine performed by LCMSMS – performed by ARUP – turnaround approximately 4-5 days

Exhaled carbon monoxide (CO): Billing code CPT 94250

- Advantage: rapid use, in office, immediate results you can document in your chart notes
- Disadvantage: Requires on-site equipment for testing
 - > Cost of CO monitor: \$1600.00
 - > To purchase Legacy-approved device:
 - Legacy Health clinics: Lawson Purchasing Customer Service, 503-415-5911
 - Others: Example <https://vitalograph.com/product/162449/breathco>
- Coding/billing for in-office exhaled CO testing:
 - > Documentation requirements: result, surgery planned, timing in relation to surgery
 - > CPT code 94250: Expired gas collection
 - 94250 is a “separate service” and should be separately billable. This charge is not bundled into E&M’s nor the smoking cessation 99406/99407 charges.
 - Reimbursement is going to vary depending on location and payer:
 - Non-facility RVU is 0.80 for clinic-owned device
 - Clinic charge: \$19.81 from Oregon Medicaid
 - Clinic charge: over \$60 for most commercial plans
 - > ICD-10 diagnosis codes: Most codes should be covered, if needed use these:
 - T65.224A Toxic effect of tobacco cigarettes, undetermined, initial encounter
 - T65.224D Toxic effect of tobacco cigarettes, undetermined, subsequent

Verification of cessation: testing specifics

Cotinine testing: Cotinine is the best indicator of tobacco smoke exposure. Cotinine is found in the saliva, blood, and urine, and can be measured by different laboratory methods (high performance liquid chromatography, colorimetric assay, gas chromatography, etc). The half-life elimination of nicotine to cotinine is two hours. Cotinine has a half-life of 15 hours. Levels for cotinine in the urine are 1,000-5,000 ng/ml. Cotinine testing can be positive in patient using nicotine replacement therapy (NRT), smokeless tobacco, and e-cigarette users or vaping.

Anabasine or anatabine testing: Anabasine is present in tobacco products, but not in nicotine replacement therapies. Patients using nicotine products aside from combustible cigarettes can have testing by exhaled carbon monoxide testing or anabasine or anatabine testing (for NRT or vaping).

Exhaled carbon monoxide (CO) testing: This tests CO in the exhaled breath and is also called the "smoking breathalyzer." This measures ppm (parts per million) of carbon monoxide in the exhaled breath. A negative level is less than 6. This is the easiest and quickest way to verify abstinence.

Second-hand smoker exposure: Urine cotinine can be present to up to 20 ng/mL from passive smoke exposure. Anabasine will not be present in second-hand smoke exposure.

Reference Values:

While using a tobacco product:

- Peak nicotine concentration: 1,000 to 5,000 ng/mL
- Peak cotinine concentration: 1,000 to 8,000 ng/mL
- Anabasine concentration: 10 to 500 ng/mL
- Nornicotine concentration: 30 to 900 ng/mL

Tobacco user after two weeks complete abstinence:

- Nicotine concentration: <30 ng/mL
- Cotinine concentration: <50 ng/mL
- Anabasine concentration: <2.0 ng/mL
- Nornicotine concentration: <2.0 ng/mL

Non-tobacco user with passive exposure:

- Nicotine concentration: <20 ng/mL
- Cotinine concentration: <20 ng/mL
- Anabasine concentration: <2.0 ng/mL
- Nornicotine concentration: <2.0 ng/mL

Non-tobacco user with no passive exposure:

- Nicotine concentration: <5.0 ng/mL
- Cotinine concentration: <5.0 ng/mL
- Anabasine concentration: <2.0 ng/mL
- Nornicotine concentration: <2.0 ng/mL

Frequently asked questions

What is the requirement?

Legacy Health follows OHA's 01/01/2017 Prioritized List of Health Services Ancillary Guideline A4 (page 265), which requires patients to quit smoking for 30 days in advance of elective surgery. For elective surgical procedures requiring prior authorization, there are two requirements when submitting an elective surgical procedure request: objective evidence of abstinence from smoking, and relevant chart notes.

What is the definition of elective surgery?

Elective surgical procedures are defined as those which are flexible in their scheduling because the condition does not pose an imminent threat nor does it require immediate attention within one month.

Are there any surgeries that are exceptions to this guideline?

Reproductive (i.e., for contraceptive purposes), cancer-related and diagnostic procedures are excluded from this guideline. Certain other procedures, such as lung volume reduction surgery, bariatric surgery, erectile dysfunction surgery, and spinal fusion have six-month smoking abstinence requirements.

Who is considered a smoker?

A smoker is anyone currently smoking cigarettes, or someone who has abstained from smoking for less than one year. For patients who have quit smoking cigarettes for at least one full year, a documented attestation is sufficient.

Why is smoking cessation prior to surgery so important? What can I tell my patients?

From the American College of Surgeons: Smoking increases your risk of problems during and after your operation. Quitting 4 to 6 weeks before your operation and staying smoke-free 4 weeks after it can decrease your rate of wound complications by 50 percent.

From the American Association of Orthopedic Surgeons: Smoking has a negative effect on fracture and wound healing after surgery. Broken bones take longer to heal in smokers because of the harmful effects of nicotine on the production of bone-forming cells.

From the American Society of Anesthesiologists: After surgery, you are much more likely to need a ventilator – a machine that breathes for you – because of your increased risk of breathing and lung problems.

What are the proof-of-abstinence testing options, issues and reference ranges?

Testing options for cigarette smoking abstinence include urine or blood tests for cotinine (a metabolite of nicotine) or anabasine (a tobacco-specific biomarker) or an exhaled carbon monoxide test. It is well-known that patients using nicotine replacement therapies (NRTs) test positive for cotinine. Therefore, either anabasine or exhaled CO tests should be ordered for those patients.

Some foods may also trigger positive cotinine values. Testing laboratories offer a reflex test for anabasine, if cotinine is detected first. Billing codes for all tests can be found on the workflow below. Neither OHA nor Legacy Health can offer a negative cutoff value for these tests because they differ depending on individual laboratories' reference ranges. For example, one laboratory's anabasine cutoff is <2 ng/mL, while another's is <3. This is because each lab's assay process has its own sensitivities. However, the unit of measurement for anabasine is extremely small, and patients abstaining from cigarette smoking ought to be below those numbers after 30 days regardless of whether the cutoff is 2 or 3 ng/mL. Anabasine tests occasionally result in false negatives because of the compound's low concentration in tobacco.

More information: Dr. Charles Bentz, Medical Director of the Legacy Health Tobacco Cessation & Prevention Program at cbentz@lhs.org.

Smoking Cessation Prior to Elective Surgery

