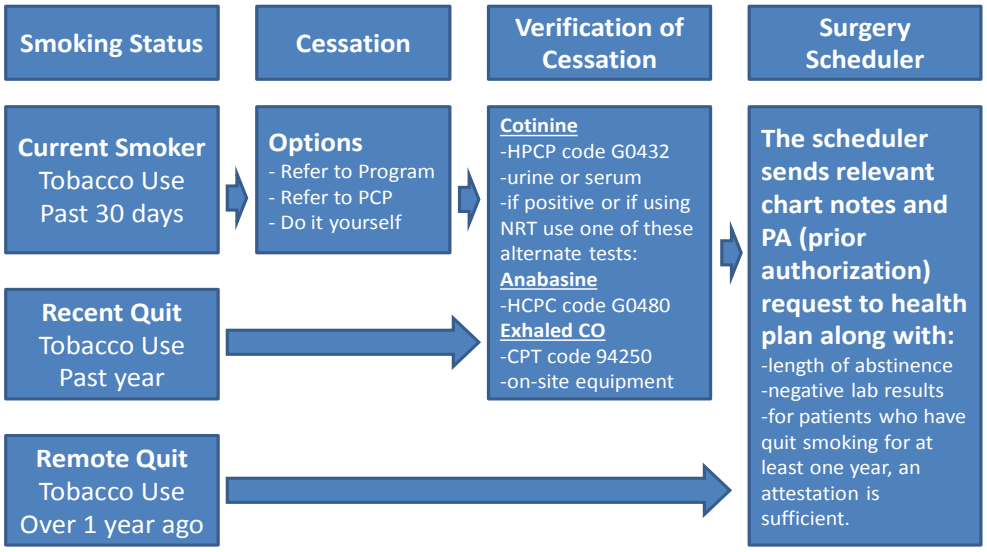
2018 OHP Guidelines: Verification of Cessation

Smoking Cessation Prior to Elective Surgery



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