



519.18 TOBACCO CESSATION SERVICES

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**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

## 519.18 TOBACCO CESSATION SERVICES

### BACKGROUND

Tobacco use increases the risk for cancers, coronary artery disease, vascular disease, chronic pulmonary disease, and infertility, which increases the need for health care services.

West Virginia Medicaid offers tobacco cessation services to assist members to discontinue use of tobacco products. Through West Virginia Medicaid, participants have access to tobacco cessation medications, coaching, or counseling. Using evidence-based programs can more than double success rates of tobacco cessation.

### POLICY

West Virginia Medicaid makes nicotine replacement therapy and other agents support tobacco cessation available with no prior authorization requirements. To obtain the agents, the member must have a prescription from their treating health care provider/prescriber. Prescribers are encouraged to promote participation in the tobacco cessation program available for their patients.

Effective November 1, 2024, only Medicaid members in Fee for Service are eligible for enrollment in the West Virginia Bureau for Public Health Quitline which can be reached by calling 800-QUIT-NOW (800-784-8669). Medicaid members enrolled in Managed Care Plans should contact their plan for information about enrolling in their tobacco cessation coaching program.

Smoking cessation agents fall into three general categories: Nicotine Replacement Therapies (NRT), Zyban (bupropion), and Chantix (varenicline). Drugs may be combined for concurrent use, unless contraindicated. All agents are first line therapies and will be covered for 12 weeks\*\*.

The products covered, and their daily maximum limits include:

- Nicotine gum – 24 pieces per day
- Nicotine patches – 1 patch per day
- Nicotine lozenges – 20 lozenges per day
- Nicotine inhalers – 16 cartridges per day
- Bupropion – 300 mg. daily
- Varenicline – 2 mg. daily

Quantity Limits and step therapies may apply as specified above. These agents are limited to 12 weeks of therapy. Additional therapy over 12 weeks is allowed with justification from the members health care provider.

\*\*Regarding continuation of therapy and multiple quit attempts: Prior authorization for continuation of therapy beyond 12 weeks requires a written letter from the prescriber briefly addressing the efficacy of the current therapy, the reason a longer than typical course of therapy is required and the readiness of the member to quit.

Medicaid understands that it is common for patients to fail multiple attempts at tobacco cessation. Coverage for multiple attempts per year is available; however, documentation must be provided with the prior authorization request. [Tobacco Cessation Extension Form](#)

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In addition, West Virginia Medicaid may reimburse physicians, physicians assistants (PAs), and/or advanced practice registered nurses (APRNs) for tobacco cessation counseling to symptomatic members using Current Procedural Terminology (CPT) codes 99406 or 99407. These sessions are face-to-face, time-sensitive, and must be documented in the member's medical record and available to the Bureau for Medical Services (BMS) or its designee upon request. The documentation must include:

- Time: The amount of time spent counseling the member face-to-face
- Type of tobacco: The type of use, cigarettes, chewing tobacco, or vaping
- Amount: The amount of tobacco the member uses.
- Impact: The personal, family, and health impact of the member's tobacco use
- Cessation methods: The methods and skills the member will use to quit smoking, such as behavior change interventions
- Resources: The resources available to the member
- Willingness: The member's willingness to quit smoking
- Plan: The plan of action agreed upon with the member
- Follow-up: The method of follow-up agreed upon with the member

This service can be billed on the same day as evaluation and management services if the evaluation and management service is significant and separately identifiable from the tobacco cessation counseling. The evaluation and management service must be billed with the appropriate modifier to indicate the additional service.

Non-covered services are not eligible for a West Virginia Department of Human Services (DoHS) Fair Hearing. See [42 § 431.220 When a hearing is required](#) for more information.

### GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

**Tobacco Cessation Services:** Medications and counseling provided to discontinue the use of tobacco.

### REFERENCE

West Virginia State Plan [Section 3.1-A\(4\)\(d\)](#) references smoking cessation services for pregnant women.

### CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	Tobacco Cessation Services	January 15, 2016
Entire Chapter	Added specific NRT and smoking cessation agents, added specific CPT codes covered for counseling, and formatted paragraphs.	March 1, 2020
Entire Chapter	Updated specific NRT and smoking cessation agents.	January 1, 2022
Entire Chapter	Updated NRT section and removed prior authorization for first 12 weeks. Removed limit on 99406 and 99407.	March 16, 2023

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Entire Chapter	<p>Updated Nicotine Replacement Therapies (NRT) section and removed references to PA requirement for NRT and related agents unless 12 weeks of therapy are exceeded</p> <p>Added documentation requirements for 99406 and 99407.</p>	November 15, 2024
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