



AETNA BETTER HEALTH® OF VIRGINIA

Tobacco Use Cessation in Pregnant Women: Reimbursement for Screening Pregnant Women

Tobacco use remains the leading preventable cause of disease and death in the United States.¹ Every pregnant woman needs to be screened for tobacco use and be advised about the risks of smoking during pregnancy. Pregnant women who smoke have an increased risk of significant health issues for both themselves and their baby. **You are essential in identifying pregnant women who smoke and offering guidance and resources to help them quit using tobacco.**

After performing the tobacco use screening at the appointment, it is important to submit the appropriate code to confirm that the screening was completed. We have included, for your reference, a list of clinical codes to use and indicate that the screening was done. Submitting the correct code will not only confirm that the screening was completed; it will also allow you to **receive the financial reimbursement for the screening.**

Review the resources below to help make sure that your office is submitting the correct codes and receiving the appropriate reimbursement for screening all your pregnant patients for tobacco use.

¹ <https://www.fda.org>

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Smoking Cessation During Pregnancy – Provider Handout

Nicotine Delivery Products and Amount of Nicotine¹

Type of product	Amount of nicotine
Cigarette	1 mg/cigarette (1 pack = 20 cigarettes)
Hookah	Variable, 1-hour session equal to 10 cigarettes
Snus (pulverized tobacco in small bag used buccally)	Variable; 4 mg/g to 43 mg/g tobacco
ENDS (e-cigarette, vaping, vape pens, mod/pod systems)	Variable 0-36 mg/ml of liquid
Nicotine gum	2 mg, 4 mg (max is 24 pieces a day or 15 pieces a day if using with other nicotine replacement)
Nicotine lozenge	2 mg, 4 mg (max is 20 lozenges a day)
Nicotine patch	21 mg, 14 mg, and 7 mg (max one patch/24 hours)

Common Pharmacotherapy Options for Smoking Cessation

These options are covered for Aetna Better Health of Virginia members:

- Consider pharmacotherapy options for those pregnant women who are unable to quit with counseling alone.
- Assess current use of nicotine delivery systems (see above table) to set starting dose of nicotine replacement therapy.
- Discuss the risks and benefits of using medications to help with smoking cessation during pregnancy; medications should be used when there is a clear resolve to quit smoking.

Medication	Considerations	Dosage	Breastfeeding
Nicotine	<p>Efficacy of nicotine replacement therapy (NRT) for smoking cessation in pregnancy is mixed</p> <p>Use of NRT in pregnancy carries a small risk to fetus health but using NRT is safer than smoking during pregnancy</p> <p>Short acting NRT products (gum, lozenge) can be used in women with low use of nicotine on as needed basis</p> <p>Nicotine metabolism is increased during pregnancy</p>	<p>Set a quit date</p> <p>Nicotine patch: If smoke >10 cigarettes per day, start with 21 mg patch, wear during the day, remove at night. Use for 4-6 weeks and then reduce to 14 mg patch for 2 weeks and then 7 mg patch for 2 weeks, then stop</p> <p>If smoke <10 cigarettes per day, start with 14 mg patch, wear during the day, remove at night. Use for 4-6 weeks and then reduce to 7 mg patch for 2 weeks, then stop.</p>	<p>Nicotine does pass into breast milk</p> <p>Nicotine replacement patches are a safer option than continuing to smoke while breastfeeding</p> <p>Amount of nicotine that passes via breast milk is related to the</p>

¹ Tobacco and nicotine cessation during pregnancy. ACOG Committee Opinion No. 807. American College of Obstetricians and Gynecologists. *Obstetrics & Gynecology* 2020; 135: e221-9.

	<p>Consider using a nicotine patch during the day with nicotine gum or lozenge dosed as needed to reduce cravings for patients with higher levels of nicotine use</p>	<p>Nicotine gum (max 24 pieces/day; 15 pieces a day if used with patch) Chew 1 piece of gum every 1-2 hours as needed for first 6 weeks then chew 1 piece every 2-4 hours as needed during weeks 7 to 9 and then chew 1 piece every 4 to 8 hours as needed then stop.</p> <p>Nicotine lozenge (max 20 lozenges/day) Use one lozenge every 1 to 2 hours as needed during the first 6 weeks of treatment. Then reduce to 1 lozenge every 2 to 4 hours as needed in weeks 7 to 9 and finally 1 lozenge every 4 to 8 hours as needed in weeks 10 to 12 then stop. Do not exceed 5 lozenges/6 hours or 20 lozenges/day.</p>	<p>amount/dose used. Use of nicotine gum and lozenge would result in lower levels of nicotine</p>
<p>Bupropion (Zyban)</p>	<p>Antidepressant with limited data in pregnancy</p> <p>No known risk of fetal anomalies or adverse pregnancy effects</p> <p>Contraindicated in patients with pre-existing seizure disorder or at risk for seizures; potential for worsening psychiatric symptoms</p>	<p>Set a quit date</p> <p>Start therapy 1-2 weeks prior to quit date 150 mg daily x 3 days and then 150 mg twice a day Continue for 7 to 12 weeks</p> <p>If used with a nicotine patch, start patch on target quit date. Use in combination with Bupropion for 8 to 20 weeks</p>	<p>Cumulative data is limited maternal doses of bupropion of up to 200 mg are associated with low levels of detection in breastmilk, unlikely to cause adverse effects in infants</p>
<p>Varenicline (Chantix)</p>	<p>Partial agonist for nicotinic receptors in the brain</p> <p>Several small studies have not shown teratogenicity but limited data overall</p> <p>Potential effects on varenicline on labor and delivery are not known</p> <p>Patients with existing psychiatric illness should be observed for worsening of symptoms, also do not use in patients with history of seizures. Decrease dose for CrCl less than 30 ml/min</p>	<p>Set a quit date</p> <p>Initiate varenicline 1 week before the quit date or patient can begin therapy and then quit smoking between days 8 and 35 of varenicline</p> <p>Dose is titrated (Chantix Starting Month Box contains the first month of therapy) 0.5 mg by mouth daily days 1-3 0.5 mg by mouth twice a day days 4-7 1 mg by mouth twice daily until end of treatment</p> <p>Treatment is 12 weeks</p> <p>Patients who are successful after 12 weeks may be treated with an additional 12 weeks of treatment.</p>	<p>No published information on varenicline use in breastfeeding women; consider alternative drug</p>

Smoking Cessation During Pregnancy Patient Assessment

Use this flowchart to guide you through counseling with patients.

ASK: Assess tobacco use and exposure to secondhand smoke at initial and follow up appointments

- Are you a current, former or never tobacco product user*? What are your thoughts in terms of quitting?
- Are you exposed to secondhand smoke? (If yes advise smoke-free environment)

Note: Tobacco products include cigarettes, cigars, smokeless tobacco, and electronic tobacco products (i.e., vapes, mods, JUUL, Hookah)

- I smoke regularly now.
- I smoke but have cut down.

Tobacco user code: G9276

- I never smoked, no secondhand smoke exposure.

Non-tobacco user code: G9275

- I stopped when I found out I was pregnant.

Non-tobacco user code: G9275

ADVISE

SMOKING CESSATION COUNSELING: Use code 99406 3-10 MIN (\$10.51) or 99407 for >10 MIN (\$20.02)

- Provide clear, strong, nonjudgmental personalized suggestions to quit smoking as soon as possible
- Discuss health benefits of quitting smoking:
 - Help the baby get more oxygen
 - Help the baby grow better with lower risk of birth defects
 - Decrease the chances of a premature birth and NICU
 - Healthier start at life with lower risk of colic, asthma, and childhood obesity

ADVISE

SMOKING CESSATION COUNSELING: Use code 99406 3-10 MIN (\$10.51) or 99407 for >10 MIN (\$20.02)

- Congratulate on success with quitting
- Reinforce importance of avoiding tobacco/smoking during pregnancy, after birth and while breastfeeding
- Engage partner and significant others, avoid secondhand smoke

ACT: Ready to quit

- Set quit date and provide information about strategies to help them quit
- Register patient for Quitline
- Schedule follow up appointment for smoking cessation counseling
- If patient has tried and failed to quit with counseling, discuss risk/benefits of nicotine replacement therapy or other treatment options

ACT: Not ready to quit

Use the “5 Rs” to build motivation for those who are not ready to quit:

RELEVANCE:

What are some things that concern you about smoking?

RISKS:

What effect has tobacco had on your health?

REWARDS:

What will you gain by quitting tobacco?

ROADBLOCKS:

What barriers do you see that may impact your ability to quit?

REPETITION:

Assess readiness to quit at each encounter

Clinical Codes used to Identify Smokers			
Procedure Codes		Diagnostic Codes	
99212	OFFICE/OUTPATIENT VISIT EST 10-19	O99.334	SMOKING TOBACCO COMPLICATING CHILDBIRTH
99213	OFFICE/OUTPATIENT VISIT EST 20-29	O99.331	SMOKING TOBACCO COMP PREGNANCY FIRST TRIMESTER
99214	OFFICE/OUTPATIENT VISIT EST 30-39	O99.332	SMOKING TOBACCO COMP PREGNANCY SECOND TRIMESTER
99215	EVALUATION AND MGMT OF EST 40	O99.333	SMOKING TOBACCO COMP PREGNANCY THIRD TRIMESTER
99406	BEHAV/CHNG SMOKING 3-10 MIN		
99407	BEHAV CHNG SMOKING > 10 MIN		
G8457	CUR TOBACCO NON-USER		
G9275	DOC OF NON-TOBACCO USER		
G9276	DOC OF TOBACCO USER		