



TOBACCO DEPENDENCE TREATMENT RECORD

Medical Record Tracking Tool

Please maintain in the patient file. This tool is designed to be a working record for all WellCare members.

Member Name _____

Date of Birth _____

Subscriber ID # _____

THE 5 As: EVIDENCE-BASED PRACTICE GUIDELINES

1. **Ask** about tobacco use at every encounter.
2. **Advise** to quit through clear personalized messages.
3. **Assess** willingness to quit.
4. **Assist** with quitting.
5. **Arrange** follow-up and support.

1. ASK: TOBACCO-USE STATUS

Does not use tobacco

Former User: Date of most recent quit attempt: _____ Years using Tobacco: _____

Currently Uses Tobacco. If smoking, how many years smoking? _____

1 st Cigarette of Day:	<input type="checkbox"/> within 5 min (3 pts)	<input type="checkbox"/> 6–30 min (2 pts)	<input type="checkbox"/> 31–60 min (1 pt)	<input type="checkbox"/> 61+ min (0 pts)	Score 1: _____
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Cigarettes Per Day:	<input type="checkbox"/> >31 (3 pts)	<input type="checkbox"/> 21–30 (2 pts)	<input type="checkbox"/> 11–20 (1 pt)	<input type="checkbox"/> 1–10 (0 pts)	Score 2: _____
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A score of ≥4 = a high level of dependence. Smoking Index Score: _____

2. ADVISE: EFFECTIVE COUNSELING – SPECIAL POPULATIONS

CHILD & ADOLESCENT

- Children should be screened for smoking risks beginning by 5 years of age.
- Screen at every encounter, away from parent.
- Counseling should be developmentally appropriate and relevant across various age groups.
- Discuss peer and family use, personal responsibility, and short- and long-term risks.
- Warn of harmful effects and the ease with which experimentation progresses to addiction and regular use.
- Anticipate risk – be aware of populations at increased risk of tobacco initiation.

PRENATAL AND POSTPARTUM

- Augmented pregnancy-tailored counseling (e.g., 5–15 minutes) and self-help materials are recommended for pregnant smokers, as brief interventions are less effective in this population.
- Advice to quit should be clear, strong and personalized with unequivocal messages about the benefits of quitting for both the patient and baby.
- Focusing on bad outcomes such as low birth weight or delivery complications may be ineffective for patients who believe they are not at risk, especially if they or people they know have had uncomplicated, healthy pregnancies while smoking.
- If smoking or a former smoker, assist new mothers in their efforts to quit or avoid relapse a pregnancy.

3. ASSESS: QUIT-READINESS STAGE

<input type="checkbox"/> 1. Precontemplation Date: _____	<input type="checkbox"/> 3. Preparation Date: _____	<input type="checkbox"/> 5. Maintenance Relapse Prevention
<input type="checkbox"/> 2. Contemplation Date: _____	<input type="checkbox"/> 4. Action Date: _____	



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4. ASSIST: PROVIDE SUPPORT AND MEDICATION

ENCOURAGE AND INFORM:

- Explain the benefits and help them choose a quit date. **QUIT DATE:** _____
- Refer them to **NJ Quitline** at **1-888-545-5191**, online at www.njquitline.org or **Mom’s Quit Connection** at **1-888-545-5191** for pregnant and parenting women and families.
- Provide problem-solving guidance to overcome common barriers to quitting.
- Discuss the normal withdrawal symptoms to expect; explain they will last only a few weeks at most.
- Warn that any smoking (even a single puff) increases the likelihood of full relapse.

PRODUCTS COVERED FOR SMOKING CESSATION TREATMENT:

- CHANTIX (PA required)
- Bupropion HCL sustained release 150mg (generic Zyban)
- OTC* – Nicotine 24hr PATCHES – all strengths; limit of 70 patches per 365 days
- OTC* – Nicotine Polacrilex GUM – all strengths; limit of 2016 pcs per 365 days
- OTC* – Nicotine Polacrilex LOZENGE – all strengths; limit of 620 pcs per 31 days

** OTC products require a prescription if the Medicaid benefit is to pay.*

5. ARRANGE: FOLLOW UP AT EACH VISIT

If possible, follow up face-to-face or by telephone within a week of the quit date. A second follow-up is recommended within the first month. At each encounter, assess progress. In cases of relapse, encourage another attempt. It may help to share that most people make repeated attempts before they are successful; they can learn from each quit attempt; and each new attempt increases the likelihood of quitting.

DATE	PROGRESS NOTES

Provider Signature

Date of Initial Assessment

SMOKING CESSATION CPT CODES

99401 – 4	Preventive medicine counseling/risk factor reduction: Individual – 15 min; 30 min; 45 min; 60 min
99406 – 7	Behavior change: Smoking – 3–10 minutes; >10 minutes
S9075	Smoking cessation treatment
S9453	Smoking cessation class

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