



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 A'S: 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 (3pts)	<input type="checkbox"/> 6-30 min (2pts)	<input type="checkbox"/> 31-60 min (1pt)	<input type="checkbox"/> 61+ min (0pts)	Score 1: _____
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Cigarettes Per Day:	<input type="checkbox"/> >31 (3pts)	<input type="checkbox"/> 21-30 (2pts)	<input type="checkbox"/> 11-20 (1pt)	<input type="checkbox"/> 1-10 (0pts)	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 following 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 of quitting and help them choose a quit date. **QUIT DATE:** _____
- Refer them to **The New York State Smokers' Quitline, Refer-to-Quit program** using the Refer-to-Quit Fax Referral Form or the online referral program at www.nysmokefree.com/register.
- 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.

AGENTS COVERED FOR SMOKING CESSATION TREATMENT:

- CHANTIX (PA required)
- Bupropion HCL sustained release 150mg (generic Zyban)
- OTC* – Nicotine 24hr PATCHES – all strengths; limit of 140 patches per 365 days
- OTC* – Nicotine Polacrilex GUM – all strengths; limit of 4032 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

Completed by Signature MD DO PA ARNP (Circle one)

Date of Initial Assessment

SMOKING CESSATION CPT CODES

Preventive medicine counseling/risk factor reduction: Individual – 15 min; 30 min; 45 min; 60 min

99401, 99402, 99493, 99404

Behavior change: Smoking – 3–10 minutes; >10 minutes

99406 & 99407

Smoking cessation treatment- **S9075**

Smoking cessation class - **S9453**