How Do I Code and Bill for Helping Smokers Quit?
Jyothi Marbin, MD, FAAP

Coding and billing are complicated, especially when it comes to getting paid for helping parents of your patients quit smoking. Acceptance of codes may differ by payers, and rules for payment also differ by payers. Below, we’ll outline some of the more common scenarios you may encounter in your clinical practice, along with advice for coding and billing.

As a basic review, the International Classification of Disease (ICD) system helps to validate the medical necessity of services based on the diagnoses. The ICD codes tell us the “why” and are helpful to identify trends in population health. We are now on the 10th version of this system, or ICD-10. Common Procedural Terminology, or CPT® codes, on the other hand, are used to determine payment. Each service described by a CPT code must be linked to an ICD code.

There are a few common scenarios you may see as a clinician related to smoking and (continued on page 6)

From the Section Chair
Karen Wilson, MD, MPH, FAAP, Chair

It has been an exciting few months for the Section on Tobacco Control (SOTCo)! We were delighted to be recognized at the AAP Annual Leadership Forum with the Outstanding Section Award for Member Recruitment. The award highlights our wonderful and effective member recruitment campaign, while we were still a provisional section, which brought in 185 additional members. We are now at 358 members, a full Section, and continuing to move forward with our agenda.

Advocacy for pediatric tobacco control remains one of our primary missions. One of our greatest successes this year came with the passage of the Child Nicotine Poisoning Prevention Act of 2015, which requires childproof packaging on nicotine-containing electronic cigarette solution. As pediatricians, we recognize the danger that this could represent to children, since a teaspoon of some electronic cigarette liquids could kill a small child. SOTCo member Susanne Tanski, MD, MPH, played a leading role in championing the legislation, and represented the Academy at a Congressional hearing in 2014 which highlighted these concerns. Then, in the Spring of 2015, the AAP’s Legislative Conference engaged 130 pediatricians, many SOTCo members, in advocating for the legislation on the Hill. Many of our members also wrote letters to their local newspapers in support, and were interviewed by local media. Finally, as the vote neared, the AAP Federal Advocacy Action Network sent out a call for members to contact their representatives. We highlighted this on our Listserv for our members to participate. The (continued on page 7)
Featured AAP Section on Tobacco Control Members

Sharon McGrath-Morrow, MD, MBA, FAAP

Q: How did you get started in tobacco control work?
A: From a young age I was cognizant of the detrimental effects of tobacco smoke. My father began smoking after he joined the Marines as a teenager at the end of World War II. It became a life-long habit that prematurely ended his life and that of many of his friends. This spurred my interest in environmental factors and their effects on respiratory health. As a Pediatric pulmonologist I became interested in the effects of secondhand hand smoke (SHS) exposure on childhood health and its effects on postnatal lung development.

Q: What advocacy/research/clinical practice activities are you currently involved with?
A: To understand the impact of SHS on lung development, I have used neonatal mice to model infant tobacco smoke exposure. Using this model I have been able to demonstrate that SHS exposure can impair lung growth and adversely affect the expression of immune response genes in the neonatal lung. I have found that exposure to SHS in early life can lead to abnormalities in adult lung function. Most recently, due to the increase popularity of e-cigarettes, I have become interested in determining the effects of aerosolized nicotine on lung growth and behavior. By adapting my neonatal model, I have found that offspring of mice exposed to nicotine containing e-cigarettes during in utero and early postnatal life exhibit

(continued on page 7)

Ada Stewart, RPh, MD, FAAFP, AAHIVS — AAFP Liaison

Q: How did you get started in tobacco control work?
A: I have worked with the American Academy of Family Physicians (AAFP) since residency with our Tar Wars Campaign. I am a presenter, going to schools to encourage kids (4th and 5th graders) not to smoke. I have served on our Tar Wars National Advisory Group as a member and later as Chair. Most recently, I have served on our Tobacco Prevention and Control Advisory Committee as Chair. I currently serve on the AAFP Commission on Health of the Public and Science that has tobacco as one of the public health issues that we address in our work.

Q: What is your favorite tip for addressing tobacco use and/or prevention in adults and adolescents?
A: Currently, I use our Academy’s Tobacco and Nicotine Tool Kit. It includes an Office Based Tool, encourages Community Engagement and Advocacy Efforts. In addition, my favorite are the CDC’s TIPs campaign, which show very graphically, the effects of cigarette smoke since we are now in such a media driven society.

(Note: Tar Wars is a tobacco-free education program for fourth- and fifth-grade students. The program is designed to teach kids about the short-term, image-based consequences of tobacco use, the cost associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth.)
Welcome to the Section on Tobacco Control!

New Members

Arizona
Amelia Decker, MD, FAAP

California
Pooja Jaeel (Med Student)
Rupa Thacker, MD, FAAP

Colorado
Mauricio Palau, MD, FAAP

District of Columbia
ElShadey Bekele, MD, FAAP
Susan Shults-Scarlett, MD, FAAP

Florida
Sabrina Darwiche (Med Student)
Mary Martinasek, PhD, RRT

Illinois
Maria Dowell, MD, FAAP
Matthew Magyar, MD
Praveen Singh, MBBS

Indiana
Anne Rice, MD, FAAP

Kentucky
Michelle Dalal, MD, FAAP
Khalid Ebrahim, MD
Mississippi
Mohammad Arain, MD, FAAP

New Jersey
Mira Yagizi (Med Student)

Nevada
Jennifer Ehmann, MD, FAAP

Ohio
Jennifer Davis, DO, FAAP
Meika Eby, MD, FAAP
Tori Endres (Med Student)
Jane Goleman, MD, FAAP

Oklahoma
Lori Berry, MD, MPH

Pennsylvania
Sonum Bharill (Med Student)
Amelie Bottex (Med Student)
Brittany Davis, MD
Samuel Master, DO
Corina Sandru, MD, FAAP

Tennessee
Shannon Alley, FNP

Texas
Souzan Siddig, MD, FAAP

Virginia
Verne' Rochford, MD, FAAP

Wisconsin
Cynthia Henry, DO, FAAP

West Virginia
Joshua Dower, MD, FAAP

International
Bhutan
Yoriko Nishizawa

Canada
Asha Nair, MD, FAAP
Trisha Tulloch, MD, FAAP

Haiti
Judette Désiré II, MD

India
Chandni Pradeep, DNB

resistant packaging within six months of enactment and would be enforced by the Consumer Product Safety Commission (CPSC). Because the bill only gives CPSC very narrow authority over liquid nicotine containers in the new law, the AAP will continue to strongly urge the FDA to continue to take action in this area given its regulatory authority over tobacco products.

HUD Publishes AAP-Supported Smokefree Housing Proposed Rule

Finally, the U.S. Department of Housing and Urban Development (HUD) Secretary Julián Castro made a long-anticipated announcement in early November to protect children and families living in public housing from secondhand smoke exposure. HUD published a proposed rule that requires public housing agencies to implement smokefree policies in its federally owned public housing facilities. For nearly a decade, the AAP, in partnership with other public health stakeholders including the American Lung Association (ALA), have

Continued on page 5
Upcoming Tobacco Control Educational Opportunities

Pediatric Academic Societies (PAS) Annual Meeting, Baltimore, Maryland, Baltimore Convention Center, April 30-May 3, 2016 www.pas-meeting.org/

Academic Pediatric Association (APA) Pediatric Tobacco Issues Special Interest Group (cigSIG) www.ambpeds.org/specialInterestGroups/sig_ped_tobacco.cfm

The Pediatric Tobacco Issues SIG brings together child healthcare professionals and researchers dedicated to eliminating the dangerous consequences of tobacco use and secondhand smoke in children, adolescents, and their families. Please join our interactive sessions at PAS 2016 and explore opportunities to network with colleagues from around the nation!

APA Pediatric Tobacco Issues Special Interest Group (Main Session)
Monday, May 2, 8:30-11:30. Session 3188.
Agenda:
• Welcome & Introduction: Jyothi Marbin, MD, FAAP & Susan Walley, MD, CTTS, FAAP, Co-Chairs
• Electronic Cigarettes and Vaping: What You and Your Patients Don’t Know CAN Hurt Them: Susanne Tanski, MD, MPH, FAAP
• The Inside Story of Electronic Cigarettes/Marketing: Raymond S. Niaura, Ph.D
• Tobacco Hot Topics Potpourri (includes Tobacco 21: Raising the Sales Age to 21 years; Child-Resistant Packaging for ENDS; and FDA Deeming Regulations on Tobacco Products): Judith Groner, MD, FAAP

Tuesday, May 3, 9:45-11:45. Session 4405.
Agenda:
• Overview of Session and Introduction of Faculty
• Tobacco in the 21st Century: Electronic Cigarettes and Vaping: Susan Walley, MD, CTTS, FAAP
• Electronic Cigarettes: What are the Dangers for Youth?: Susanne Tanski, MD, MPH, FAAP
• Panel Discussion: Addressing Electronic Cigarette Use in Practice: Real Life Scenarios: Judith Groner, MD, FAAP, Karen M. Wilson, MD, MPH, FAAP, Rachel Boykan, MD, and Jyothi Marbin, MD, FAAP

Selected Original Science Presentations from members of the Section on Tobacco Control:
• Chapman SH, Olson AL, Tanski SE. Addressing Adolescent Substance Abuse in Primary Care Pediatrics Using the SBIRT Model. PLATFORM. Sunday, May 1, 2016, 4:15 pm. Room 302. Course Code 2690. Publication 2690.4.
A 5 year old boy has poorly controlled asthma. His mother is a tobacco smoker, but “outside only”. Mother’s first cigarette is within minutes of waking in the morning. If she goes too long without smoking you don’t want to be around her.

I start by asking permission, “Part of your child’s asthma treatment is treatment of your tobacco dependence, is it ok if we talk about that?” Tobacco dependence is not simply a bad habit; it can be a very severe addiction. Besides cravings, nicotine withdrawal symptoms include anxiety, depression, irritability, difficulty concentrating, and difficulty feeling pleasure. For a severely addicted person, the brain does not work normally without nicotine on board.

Current treatment initiates therapy based on the severity of tobacco dependence and adjusts therapy based on control of nicotine withdrawal symptoms. Combination therapy is more effective than monotherapy. Decisions to stop medication are made based on resolution of withdrawal symptoms, not a fixed time schedule – if there are significant withdrawal symptoms, the risk for relapse is high.

Severity of tobacco dependence can be assessed quickly by asking a few simple questions: How much do you smoke? How long between when you wake up and your first cigarette? If you go long enough without smoking how bad does it get?

Similar to the approach to asthma, medications for tobacco dependence treatment can be considered as controllers and relievers. The nicotine patch (OTC), bupropion (Rx), and varenicline (Rx) can be considered long acting controllers. Nicotine gum (OTC), nicotine lozenge (OTC), nicotine nasal spray (Rx), and nicotine inhaler (Rx) can be considered as quicker acting relievers. Electronic nicotine delivery systems (e-cigarettes, others) should not be recommended as there is no evidence of efficacy, no product standards, and substantial concerns about safety.

The parent should be counseled about goals of treatment, proper technique for (continued on page 6)
Asthma Case Study, continued from page 5)

use, and potential adverse effects of medications recommended. Be sure to document assessment, recommendations, and counseling in the medical record.

In the case presented above, after discussion of options/risk/benefits she expressed interest in giving the nicotine patch a try. I advised that with the patch she will probably smoke less - or smoke less off of each cigarette. If she smokes her normal amount she may feel nausea or feel like she oversmoked. Then she can think about whether to add more medication - maybe start by replacing some cigarettes with the nicotine gum or lozenge so that she can fell comfortable when not smoking.

On follow up for the child’s asthma, I will ask mom about how she is doing, provide positive reinforcement for the progress she has made, and help her with the next steps.

For more information about tobacco dependence treatment resources, see:

Coding, cont. from page 1)

secondhand smoke exposure (SHS):

**Case 1.** An adolescent comes in for a well check, and discloses that she is a smoker. In this case, if you provide basic counseling and discuss options to help her quit, you can use ICD-10 codes like:

- F17.210 – nicotine (dependence, cigarettes, uncomplicated)

- Z71.6 – tobacco counseling

The CPT codes you can use for the services you provide include:

- 99406 – tobacco cessation counseling > 3 minutes

- 99407 – counseling 3-10 minutes

The counseling codes (99406-99407) may be reported in addition to another evaluation and management service. Append modifier 25 to the counseling code in that case.

**Case 2.** A 2 year old comes in for a well check, and you find that his caregiver smokes 1 pack of cigarettes per day, and has been doing so for the past 10 years. You provide her with information about the risk of secondhand smoke for her child. In this encounter, you can use codes like:

- Z77.22 – Secondhand smoke exposure

- Z81.2 – family history of tobacco abuse and dependence

- Z71.89 – counseling, other specified

However, since this child has no documented negative health outcome from the secondhand smoke (SHS) exposure at this visit, you cannot use a separate CPT code to get paid for the time you have spent counseling the parent. You would use the CPT code for a well check, knowing that counseling on SHS is part of the preventive counseling you do as a pediatrician. Remember you cannot report the counseling codes (99406-99407) under the patient if you are counseling a parent or caregiver.

**Case 3.** A 5 year old child with asthma comes in with an asthma flare after spending the evening at the home of a caregiver who smokes. You deal with the acute asthma visit, and then you spend time talking about the impact of SHS on children with asthma. In this scenario, you can directly relate the patient’s acute visit to SHS and could use ICD-10 codes:

- J45.41 – moderate persistent asthma with acute exacerbation

- Z77.22 – SHS

- Z71.89 – Other counseling

You could use a CPT code that reflected the E/M time spent, if that face to face time met the criteria for a higher level of service.

Coding and billing can be complicated, but the bottom line is that you may be able to code and bill for time you spend discussing tobacco. Remember that the AAP has a great team available to help you – feel free to email aapcodinghotline@aap.org with any questions! You can also check out www.aap.org/coding, where you can access tobacco coding fact sheets, and billing on time resources.
Regina Whitmore, MPH, Director of the AAP Division of Tobacco Control, passed away unexpectedly on December 31, 2015. Regina pursued her passion for public health as a Prevention Specialist working for the Center for Disease Control and Prevention from September 2002 through August 2005. Regina was a valued member of the staff at the American Academy of Pediatrics since 2005. She began her work here in community pediatrics, and for the past several years, served as Director of the Division of Tobacco Control and the Academy’s Julius B. Richmond Center of Excellence, where she helped lead efforts to eliminate children’s exposure to tobacco and secondhand smoke. Regina also pursued her passion for public health activities, please contact Elizabeth Katta, our new Section Manager, at ekatta@aap.org.

This will be my last letter as Chair, as I will be stepping down in July. I am delighted that Judy Groner, MD, FAAP will be taking over as Chair, and leading the SOTCo to new and amazing things. It has been such a pleasure to work with the AAP staff, our Executive Council, and especially my former Co-Chair Ruth Etzel, MD, PhD, FAAP. We have fostered an amazing community of people that care for children and strive to see them live tobacco-free and smoke-free lives. Thank you for this opportunity and for being there for kids.

In Memoriam:
Regina Whitmore, MPH

Regina Whitmore, MPH, as an Adjunct Faculty for the graduate MPH program at Benedictine University, Lisle, Illinois, and as an Adjunct Faculty at Northern Illinois University, DeKalb, Illinois. Regina was a passionate advocate for children and tobacco prevention; brilliant, funny, and tireless. Regina was a beloved member of our team will be sorely missed.

Chair letter, continued from page 1

bill was passed by the Hill hours later.

This represents the best of what the AAP and SOTCo can do to change our world for children. We continue to advocate for other policies on our agenda, including smoke-free housing for children, and raising the age of sale of tobacco products to 21 years. If you would like to be more involved in tobacco control activities, please contact Elizabeth Katta, our new Section Manager, at ekatta@aap.org.

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In Memoriam:
Regina Whitmore, MPH

(McGrath-Morrow, Ctd from p 2)

increased levels of activity in adult life compared to non-nicotine exposed mice. Mice exposed to nicotine containing e-cigarettes during early postnatal life had impaired alveolar growth and lower weights. These findings suggest that nicotine containing aerosols from e-cigarettes may adversely affect childhood health.

Q: What is your favorite tip for addressing tobacco use and/or prevention in adults and adolescents?

A: I try not to be judgmental when speaking with adolescents and young adults about tobacco use and cessation. I try to ask open-ended questions and understand why they are smoking or why their friends are smoking. Most people who smoke know it is harmful but can become resistant or resentful if they think you are judging them. Many educational and cessation tools are available so finding the right way to communicate with each individual is essential.
Meet the Section on Tobacco Control Executive Committee

Chair:  
Karen Wilson, MD, MPH, FAAP  
Denver, CO

Chair-Elect, Education Chair:  
Judith Groner, MD, FAAP  
Columbus, OH

Member:  
John Moore, MD, FAAP  
Roanoke, VA

Policy Chair:  
Harold Farber, MD, MSPH, FAAP  
Houston, TX

Member:  
Associate Professor Pediatrics – Pulmonary Section, Baylor College of Medicine & Texas Children’s Hospital

Member:  
Brian Jenssen, MD, FAAP  
Philadelphia, PA

Resident Liaison:  
Monica Tang, MD  
Durham, NC

Member:  
Fellow, University of Pennsylvania Robert Wood Johnson Foundation Clinical Scholar Program & Attending Physician, The Children’s Hospital of Philadelphia

Publications Chair & Newsletter Editor:  
Susan Walley, MD CTTS, FAAP  
Birmingham, AL,

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www.facebook.com/aaprichmondcenter

Policy Chair:  
Harold Farber, MD, MSPH, FAAP  
Houston, TX

Associate Professor Pediatrics – Pulmonary Section, Baylor College of Medicine & Texas Children’s Hospital

Chair:  
Karen Wilson, MD, MPH, FAAP  
Denver, CO

Chair-Elect, Education Chair:  
Judith Groner, MD, FAAP  
Columbus, OH

Member:  
John Moore, MD, FAAP  
Roanoke, VA

Policy Chair:  
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Member:  
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Durham, NC

Publications Chair & Newsletter Editor:  
Susan Walley, MD CTTS, FAAP  
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Elizabeth Katta, MPH, Section Manager

Colleen Spatz, MSBA, Section Coordinator

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