

GEORGIA TOBACCO QUIT LINE HEALTHCARE REFERRAL FORM

Georgia Tobacco Use Prevention Program (GTUPP) <http://dph.georgia.gov/georgia-tobacco-use-prevention-program>

FAX COMPLETED FORM TO: 1-800-483-3114

*“Smokers cite a healthcare provider’s advice to quit as an important motivator for attempting to quit smoking.”
United States Public Health Services Clinical Practice Guidelines Treating Tobacco use and Dependence, 2008 Update*

GEORGIA TOBACCO QUIT LINE ENROLLMENT FORM

HEALTHCARE CENTER/CLINIC/PHYSICIAN OFFICE/HOSPITAL INFORMATION

ORGANIZATION			
ADDRESS			
COUNTY	ZIP CODE	DATE FAXED	

TOBACCO CESSATION TREATMENT CHECKLIST (PLEASE CHECK ALL STEPS PERFORMED DURING THIS VISIT)

ASK about tobacco status	<input type="checkbox"/>	Tobacco use status documented
ADVISE tobacco user to quit	<input type="checkbox"/>	Tobacco cessation advice given
ASSESS readiness to quit	<input type="checkbox"/>	Ready to Quit <input type="checkbox"/> Thinking about quitting <input type="checkbox"/> Not ready, want more info. <input type="checkbox"/>
ASSIST tobacco user to quit	<input type="checkbox"/>	Brief counseling provided <input type="checkbox"/> Cessation medications prescribed (if appropriate) <input type="checkbox"/>
REFER AND FOLLOW-UP	<input type="checkbox"/>	Referred to the free/confidential Georgia Tobacco Quitline for additional professional support and materials by faxing this form to: 1.800.483.3114

REFERRING HEALTHCARE PROVIDER INFORMATION

Healthcare Provider/Contact Name	
Professional Designation <i>(Physician, Dentist, Nurse Practitioner, Physician Assistant, Registered Nurse, Other)</i>	
Fax Number	
Telephone Number	
E-Mail Address	

HIPAA STATUS & REQUEST FOR PATIENT OUTCOMES REPORT

The Georgia Tobacco Quit Line provides healthcare providers with a Participant’s Outcome Report. To receive this service, the organization must be a HIPAA-compliant entity. If you are not a HIPAA-compliant entity, the patient will continue to receive referred Georgia Tobacco Quit Line services.

I am a HIPAA-Covered Entity? (Please check one) Yes No

I would like to receive an initial Patient Outcomes Report Yes No

PATIENT/CLIENT INFORMATION

Patient Name	
Patient Telephone Number	
Patient Alternate Telephone Number	
Language Preference (please check one): <input type="checkbox"/> English <input type="checkbox"/> Spanish Other language: _____	
Please contact the Georgia Tobacco Quit Line to check availability of free Nicotine Replacement Therapy (NRT) products. Congratulations on taking this very important step toward a healthier you! Professional telephone support from a Tobacco Cessation Specialist will greatly increase your chance of success.	

Initial Here	Place initials by the appropriate statement		
	I am ready to quit tobacco use or have recently quit. I request the Georgia Tobacco Quit Line professional staff contact me to receive free additional information and assist me with my quit plan		
	I agree to have the Georgia Tobacco Quit Line staff share with my healthcare provider(s) that I enrolled in Quitline services and provide them with the results of my participation.		
Patient Signature		Date	

The Georgia Tobacco Quitline staff will call you within 1-2 days. Please check the BEST time for them to contact you:

<input type="checkbox"/> 9am to 12pm	<input type="checkbox"/> 12pm to 3pm	<input type="checkbox"/> 3pm to 6pm	<input type="checkbox"/> 6pm to 9pm	<input type="checkbox"/> 9pm to 12am (midnight)
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Adolescent Patients: The Georgia Tobacco Quitline provides specialized services for teen tobacco users (13yrs and older)

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“Seize the Moment”

Members of the Healthcare team may follow a few easy steps:

Ask all patients about tobacco use during each visit.

Advise patients regarding the benefits of tobacco use cessation.

Is the patient or client thinking about quitting or ready to quit? **Yes**

Refer

The patient to an evidence-based resource (i.e. Georgia Tobacco Quit Line) for a free “Quit Kit”, individualized plan and behavioral counseling support.

The Healthcare Professional completes the Georgia Tobacco Quit Line Fax Referral Form and obtains the patient’s consent along with his/her signature.

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Informs the patient that they will be contacted by the Georgia Tobacco Quit Line professional staff with 24 to 48 hours.

The Georgia Tobacco Quit Line staff is proactive

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will make the 1st call to your patient at his/her convenience.

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Georgia Medicaid Program Covers Tobacco Cessation Treatments for Pregnant Women:

Please review the complete list of benefits on the link noted below:

<http://www.lungusa2.org/cessation2/statedetail.php?stateId=13>

PRIVATE INSURANCE PATIENTS:

Individual health plans and corresponding tobacco cessation benefits vary. Please ask patients to check with their carrier about procedures for coverage. Most carriers offer coverage with behavior-modification program enrollment, which includes utilization of the Georgia Tobacco Quit Line or by using programs within their own plan.

REIMBURSEMENT INFORMATION: TOBACCO CESSATION COUNSELING

Some payers are reimbursing for evidence-based cessation counseling (i.e. 5As or *Ask, Advise, Assess, Assist and Arrange*). An appropriate tobacco-related diagnosis, such as ICD-9 code 305.1 (tobacco abuse) may be required. Please contact your patient's insurer for more information.

In March 2005, Medicare Part B coverage was expanded to include two new levels of tobacco cessation counseling - intermediate and intensive. The new coverage is for patients who use tobacco and have a "disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use, or who [are] taking a therapeutic agent whose metabolism or dosing is affected by tobacco use."

Smoking Cessation Counseling CPT codes include:

- ❖ 99406-Intermediate visit (3-10 minute intervention)
- ❖ 99407-Intensive visit (more than 10 minutes)

http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

Medicare drug plans also provide coverage for some tobacco dependence pharmacotherapy and may cover a few quit attempts per year. Medicare will approve a quitting aid with a prescription and as long as the quitting aid is on the individual drug plan's formulary. To search the Medicare formulary, refer to the Medicare link noted below or have your patient check with their pharmacist.

<http://www.medicare.gov/default.aspx?AspxAutoDetectCookieSupport=1>