

GEORGIA TOBACCO QUIT LINE HEALTHCARE FAX REFERRAL FORM

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 and history of quit attempt (s) documented			
ADVISE tobacco user to quit	<input type="checkbox"/>	Tobacco cessation advice conducted and documented			
ASSESS readiness to quit	<input type="checkbox"/>	Ready to Quit <input type="checkbox"/>	Thinking about quitting <input type="checkbox"/>	No ready, more info. needed <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/PROFESSIONAL INFORMATION					
Healthcare Provider/Contact Name					
Professional Designation (select one)		<i>Physician Dentist Nurse Practitioner Physician Assistant Registered Nurse</i> <i>Other, specify</i>			
Emergency Room (ER) Staff	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Medicaid Provider	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Perinatal Case Manager	<input type="checkbox"/>
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 Health Insurance Portability and Accountability (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)		<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I would like to receive an initial Participant’s Outcome Report		<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/> Other language (please specify):					
Please contact the Georgia Tobacco Quit Line to check availability of free Nicotine Replacement Therapy (NRT) products.					
Congratulations on taking this very important step towards a healthier you!					
Professional telephone support from a Tobacco Cessation Specialist will greatly increase your chance of success.					
Initial below	Place initials by the appropriate statement				
	I am <u>ready to quit</u> tobacco use or <u>have recently quit</u> . I give permission for the Georgia Tobacco Quit Line professional staff to contact me with free additional resources and assist me with my tobacco quit plan.				
	I <u>agree</u> to have the Georgia Tobacco Quit Line staff share with my healthcare provider(s) that I have decided to enroll in tobacco cessation counseling 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)		
<i>Adolescent Patients: The Georgia Tobacco Quitline provides specialized services for teen tobacco users (13yrs and older)</i>					

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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) to obtain 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 written 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 available to make the 1st call to your patient or client at his/her convenience.

Georgia Tobacco Quit Line (GTQL) participants can also request an official Letter of Counseling Completion to provide to their physician and employer.

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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?stateld=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>

Additional tobacco cessation counseling tips can be accessed on the Georgia Department of Public Health (DPH) website at:

<http://dph.georgia.gov/webinars-and-trainings-georgia-caards-program>

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**GEORGIA TOBACCO QUIT LINE
1-877-270-STOP**

Quitting takes Practice....

Help your patients quit using tobacco today.

TTY: 1-877-777-6534 (Hearing Impaired)

Spanish speaking callers may call 1-877-2NO-FUME (Spanish)

The Georgia Tobacco Quit Line administered by a national tobacco cessation vendor is a core public health service with Tobacco Master Settlement Agreement (MSA) funding and administered by the Georgia Department of Public Health (DPH) through the Georgia Tobacco Use Prevention Program (GTUPP).

<https://dph.georgia.gov/georgia-tobacco-use-prevention-program>



Georgia Department of Public Health