



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## INFORMATIONAL LETTER NO. 679

**To:** All Iowa Medicaid Physician, Dentist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community MH, Family Planning, Residential Care Facility, ICF MR State, Community Based ICF/MR Providers

**From:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**Date:** February 8, 2008

**Subject:** Iowa Medicaid Smoking Cessation Program Expansion to Cover Smoking Cessation Counseling Office Visit and Varenicline (Chantix™)

**Effective:** February 18, 2008

### A. Prescriber Billing for Smoking Cessation Counseling Office Visit

- **Effective Date:** February 18, 2008 Medicaid will cover intensive smoking cessation counseling, lasting more than 10 minutes, in an office setting.
- **Applies to:** Only Physicians, Advanced Registered Nurse Practitioners, Certified Nurse Midwives, Federally Qualified Health Centers, and Rural Health Clinics will be reimbursed for smoking cessation counseling.
- **CPT Code:** Physicians, ARNPs, and nurse midwives should bill CPT code **99407** (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes) for this service. CPT code 99407 will be reimbursed at \$68.13.
- **FQHCs and Rural Health Clinics:** Must bill the appropriate encounter code for this service and include CPT code 99407 on the claim for tracking purposes. Reimbursement will be made to FQHCs and Rural Health Clinics for the encounter code only.
- **Billing:**
  1. Smoking cessation counseling is payable once per year.
  2. Smoking cessation counseling will not be reimbursed in addition to other evaluation and management services performed and billed on the same day.
  3. All providers must include the ICD-9-CM diagnosis code 305.1 (tobacco use disorder) on the claim.
- **Documentation:** Of the smoking cessation counseling service must be maintained in the medical record and available for any future review.

**QUESTIONS: If you have any questions regarding claim billing or payment please contact Provider Services at 515-725-1004 (local) or 800-338-7909.**

### B. Chantix™ Prior Authorization Process

- **Effective Date:** February 18, 2008 varenicline (Chantix™) will be covered with a prior authorization by Iowa Medicaid as part of its Smoking Cessation Program.

- **Eligibility:** This benefit will be available to Medicaid members over the age of eighteen years old that are **not dual eligible** for Medicare Part D.
  
- **Prior Authorization Criteria:**
  - Prior Authorization is required for varenicline (Chantix™). Requests for authorization must include:
    - 1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.
    - 2) Confirmation of enrollment and ongoing participation in the Quitline Iowa counseling program is required for approval and continued coverage.
    - 3) Approvals will only be granted for patients eighteen years of age and older.
    - 4) The duration of therapy is initially limited to twelve weeks within a twelve-month period. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment will be considered with a prior authorization request. The maximum duration of approvable therapy is 24 weeks within a twelve-month period.
    - 5) Requests for varenicline to be used in combination with bupropion SR or nicotine replacement therapy will not be approved.
    - 6) The 72-hour emergency supply rule does not apply for drugs used for the treatment of smoking cessation.
  
- **Prior Authorization Form:** If it is determined that the member would benefit from using varenicline (Chantix™), a Varenicline (Chantix™) Prior Authorization form will need to be completed by the member and the prescriber before being faxed to Quitline Iowa at 1-800-261-6259.
  
- **Prescription:** The prescriber would also need to write the appropriate prescription for Chantix™ for the member to present to the dispensing pharmacy.
  
- **Quitline Iowa:** Will follow up with the member and assess the member's smoking cessation needs. Following this initial consultation, Quitline Iowa will submit a prior authorization request to the Iowa Medicaid PA Unit for coverage of Chantix™.
  
- **Disenrollment:** In the event that the member chooses to disenroll from the Quitline Iowa program, the approved prior authorization for Chantix™ will be cancelled and notification will be faxed to the provider and pharmacy, while a letter will be mailed to the member.
  
- **Website:** We would encourage providers to go to the website at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) to view the Varenicline (Chantix™) PA Criteria and PA Form.

**QUESTIONS: If you have any questions about the Pharmacy Prior Authorization process, please contact the Pharmacy Prior Authorization Provider Hotline at 877-776-1567 or 515-725-1106 (local) or e-mail [info@iowamedicaidpdl.com](mailto:info@iowamedicaidpdl.com)**