



Alabama Medicaid

Smoking Cessation Services Guidance

Smoking Cessation Products

Smoking cessation products are covered by Alabama Medicaid. Products will be covered for Plan First recipients without prior authorization. All other recipients require prior authorization for smoking cessation products.

Prior Authorization requests must be submitted to Acentra Health for approval. A copy of the Department of Public Health's Alabama Tobacco Quitline Patient Referral/Consent Form signed by the recipient **MUST** be submitted to the Quitline. Additionally, a copy of the signed consent form must be submitted along with the PA form to Acentra Health for approval.

A list of covered nicotine products can be found on the Alabama Medicaid Agency website. To check if a particular NDC is covered, please refer to the Drug Look Up site on the Pharmacy Services page of the Alabama Medicaid Agency website at www.medicaid.alabama.gov.

All forms and information regarding smoking cessation coverage can be found on the Alabama Medicaid Agency website, www.medicaid.alabama.gov. They are located by clicking the Programs tab: Pharmacy Services/DME: Smoking Cessation Services.

Smoking Cessation Counseling

Beginning January 1, 2014, the Alabama Medicaid Agency began coverage of smoking cessation counseling services for Medicaid-eligible pregnant women. Medicaid will reimburse for up to four face-to-face counseling sessions in a 12-month period. The reimbursement period will begin in the prenatal period and continue through the postpartum period (60 days after delivery or pregnancy end). Documentation must support each counseling session. Providers must bill on a HCFA-1500 Form to be reimbursed for counseling services.

The following CPT Codes are applicable:

- 99406—Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes (\$8.60)
- 99407—Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (\$17.12)

The following diagnosis codes must be billed on the claim (UB-04 or CMS-1500 claim form) in order to be reimbursed by Medicaid:

- Z331—Pregnancy state, incidental,
 - Z333—Pregnancy state gestational carrier,
 - Z3400-Z3493—Encounter for Supervision of Normal Pregnancy
 - O0900-O0993—Supervision of high-risk pregnancy/Pregnancy with other poor obstetric history,
 - O3680X0-O3680X9—Maternal Care for other fetal problems, **or**
 - Z392—Encounter for routine postpartum follow-up,
- AND**
- F17200-F17299—Nicotine dependence, unspecified