

GEORGIA TOBACCO QUIT LINE HEALTHCARE 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:

ADDRESS: COUNTY: DATE FAXED: / /

Tobacco Cessation Treatment Checklist (please check all steps performed during this visit)

- ASK** about tobacco status: Tobacco use status documented
- ADVISE** tobacco user to quit: Tobacco cessation advice given
- ASSESS** readiness to quit: Ready to quit Thinking about quitting Not ready, but would like more info.
- ASSIST** tobacco user to quit: Brief counseling provided
 Cessation Medications prescribed (if appropriate)
- REFER AND FOLLOW-UP:** Referred to the free and confidential Georgia Tobacco Quit Line for additional professional support & materials by faxing this form to: **1-800-483-3114**.

REFERRING HEALTHCARE PROVIDER INFORMATION

Healthcare Provider/Contact Name:

Professional Designation (please check one): Physician Dentist Nurse Pract.(NP) Physician Asst. (PA) RN
 Other: Fax: () - /Telephone: () - /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 a Patient Outcomes Report Yes No

PATIENT/CLIENT INFORMATION

NAME:

TELEPHONE NUMBER: ALTERNATE TELEPHONE NUMBER:

Gender: Male Female Pregnant? Yes No *Adolescent (Age 13-17): Yes No
Note: Tobacco Cessation Coverage is also available for Pregnant Women receiving Medicaid Benefits.

Uninsured Patient: Yes No

[If yes, free nicotine replacement therapy (NRT) products are available to uninsured patients in certain regions.]

Language Preference (please check one): English Spanish Other language:

Tobacco Use Type: Cigarettes Cigar/Cigarillo Chew Tobacco Other Smokeless Tobacco e-Cigs

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.

Please check all that apply:

(Initial) 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.

(Initial) I agree to have the Georgia Tobacco Quit Line staff share with my health care provider (s) that I enrolled in Quit Line services and provide them with the results of my participation.

Patient Signature: _____ **Date:** / /

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

9am-12 pm 12 pm-3 pm 3pm- 6 pm 6pm-9 pm 9pm-12am(midnight)

Adolescent Patients: The Georgia Tobacco Quit Line 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.
&

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
&
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?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>

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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 for the hearing impaired
Spanish speakers may call 1-877-266-3863

This core public health service is funded by the Tobacco Master Settlement Agreement and administered by the Georgia Department of Public Health through the Georgia Tobacco Use Prevention Program (GTUPP).

**Live
Healthy
Georgia**



www.livehealthygeorgia.org

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