



How to Design a Tobacco Cessation Insurance Benefit

All tobacco users need access to a comprehensive tobacco cessation benefit to help them quit. A comprehensive tobacco cessation benefit includes:

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Nicotine inhaler
- Nicotine nasal spray
- Bupropion
- Varenicline
- Individual counseling
- Group counseling
- Phone counseling

Each of these treatments are recommended by the [U.S. Public Health Service](#) as effective at helping smokers quit.

It is crucial that all health insurance plans and employers cover all of these treatments. Deciding to establish this coverage is only the first step. This document outlines the questions and issues plans and employers should consider after taking this critical first step, including:

1. How to implement cessation coverage.
2. Removing policies that act as barriers to treatment – i.e. making treatment easier to access.
3. Communicating to plan members and providers about the benefit.
4. Promoting the benefit and encouraging tobacco users to quit.
5. Tracking and evaluating the benefit.

Considerations in Implementing Coverage:

- *Medications:*
 - Of the recommended medications above, nicotine patch, nicotine gum and nicotine lozenge are over-the-counter (OTC) drugs. Nicotine patch, nicotine inhaler, nicotine nasal spray, bupropion and varenicline are available only by prescription (patch is available in both forms).
 - Plans should cover as many different brands/generics of the different types of drugs as possible, where applicable.
 - Bupropion is Food and Drug Association (FDA)-approved for smoking cessation as the name brand Zyban and for treatment of depression as Wellbutrin, but generic forms of the drug with no such designations are also available and commonly covered. It is important to make it clear in documents and policies which condition the drug is meant to treat. If bupropion is covered for smoking cessation, it should be listed in that category, and not just with the anti-depressants. It can be listed in both categories as well.
 - Plans should ensure that the covered tobacco cessation drugs are included on the preferred drug list/formulary – including references to any drugs that are non-preferred, and their preferred alternatives.
 - If the plan maintains a separate list of covered OTC drugs, it should include the OTC tobacco cessation drugs on this list.
 - If a plan or employer uses a pharmacy benefits manager to cover drugs, they should work with their vendor to make the necessary changes for tobacco cessation drugs.
- *Individual Counseling:*
 - Individual counseling is typically covered by reimbursing healthcare providers for counseling patients.
 - The most common Current Procedural Terminology (CPT) codes for individual counseling are:
 - 99406: 3-10 minute counseling session
 - 99407: > 10 minute counseling session



- Other codes may apply, depending on the plan. See [the American Lung Association's Billing Guide for Tobacco Screening and Cessation](#) for more information.
- To make it easier for patients to find a provider for cessation counseling, plans should reimburse as many provider types and specialties as possible for tobacco cessation counseling, including:
 - Physicians
 - Physicians assistants
 - Nurse practitioners
 - Nurses
 - Pharmacists
 - Primary care providers
 - Dentists
 - OBGYNs (Obstetrician/ Gynecologist)
 - Midwives
 - Oncologists
 - Community health workers
 - Social workers
 - Certified Tobacco Treatment Specialists
- *Group Counseling:* Plans have several options in implementing coverage for group cessation counseling, including
 - Reimbursing Health Care Common Procedure Coding System (HCPCS) code S9453 or other applicable code for smoking cessation classes conducted by any of the healthcare providers eligible for reimbursement (see above).
 - Contracting with a vendor to provide group cessation classes/sessions. Vendors are often non-profit organizations, for-profit companies, hospitals or other health centers.
 - Reimbursing plan members for the registration fee for any group counseling program they choose (this would be considered a barrier for Medicaid or other plans enrolling many low-income members who might have difficulty paying the fee up-front). Plans can also maintain a list of approved programs for reimbursement, which would allow the plan to ensure counseling is being provided in an evidence-based form.
- *Phone Counseling:* Plans have several options in implementing coverage for phone cessation counseling, including
 - Creating a partnership in which the plan/employer reimburses the state quitline for services provided to plan members.
 - Contracting with a non-profit or for-profit phone cessation counseling vendor to provide services to plan members.
 - Providing cessation counseling through the plan's nurse's hotline, case managers or other appropriate health plan staff. If this option is used, it is critical that health plan staff receive adequate training in cessation counseling, that multiple calls are allowed and that the service is available during hours convenient for plan members.

When implementing any type of cessation counseling, it is very important that whomever is providing the counseling is aware of and updated on any cessation medications covered under the plan.

Removing Policies that Act as Barriers to Treatment:

- *Remove cost-sharing:* Many plans require co-payments for services and medications, the payment of a percentage of the cost as co-insurance, or payment of a deductible. These policies are often referred to as cost-sharing. Requiring members to pay every time they fill a prescription or receive a service discourages the member from seeking the treatment, especially if the payment is particularly large. This is especially true among Medicaid and other low-income recipients. Cost-sharing is prohibited under the Affordable Care Act for any plans that cover "A" or "B" preventive services.
- *Remove lifetime limits on treatment:* Some health plans only allow a certain number of quit attempts per lifetime for their members. These limits fail to recognize that tobacco use is an addiction that may



be fought for years and that relapses are likely for most users. Most smokers try many times before they can quit successfully. Limiting quit attempts per lifetime can lead to tobacco users trying to quit without evidence-based treatment or not quitting at all.

- *Remove prior authorization requirements:* Plans may require that either the member or clinician contact the insurance provider for authorization of a medication or treatment. Prior authorization may be required before the prescription is written or the treatment dispensed. Plans often use this requirement to steer patients towards less expensive medications. Prior authorization can delay treatments or cause the patient to get discouraged and stop seeking treatment. Prior authorization is prohibited under the Affordable Care Act for any plans that cover “A” or “B” preventive services, but this is important to consider for non-ACA compliant plans.
- *Remove annual limits on treatment:* Some insurance plans will only allow a certain number of quit attempts per year. Once the member has reached the limit, they must wait until the following year to try quitting again. Recognizing that most smokers make many attempts before quitting, they should be allowed unlimited attempts per year.
- *Remove limits on length of treatment:* Health plans may limit the length of treatment for medications, or limit the number of counseling sessions that are covered. Commonly, cessation medications are limited to 12 weeks – which is shorter than the recommended treatment duration for the nicotine inhaler, nicotine nasal spray, bupropion, and varenicline. After the patient has reached the limit, they either have to pay for the remaining treatment out-of-pocket, or stop treatment early, which could lead to relapse.
- *Remove dollar limits on treatment:* Some insurance plans will only pay up to a certain amount for a member to quit smoking. These dollar limits can apply annually or to a lifetime. This limit can lead to tobacco users forgoing treatment or giving up on quitting after the dollar limit runs out. It can also cause patients to make decisions on treatment based on cost instead of on efficacy or their provider’s advice. Dollar limits are prohibited under the Affordable Care Act for any of the 10 Essential Health Benefits, however this is important to consider for non-ACA compliant plans.
- *Remove stepped care therapy requirements:* Some health plans require members to try a certain medication before they are allowed to try others. Usually the first “step” in a system is the gum, patch, or bupropion (generally the cheapest options), and only if the member fails using those methods are they allowed to try other medications. This barrier usually discourages the use of more expensive medications and fails to recognize that some treatments may not appeal to or work for certain smokers. Members also may have tried certain treatments before under a different insurance plan and would only want to try treatments they had not tried before. Additionally, a policy that requires the tobacco user to fail in quitting before trying a different product is not a policy that encourages quitting.
- *Remove counseling requirements for medications:* Some health plans require that members enroll in cessation counseling in order for them to get a prescription for cessation medications. The [U.S. Public Health Service](#) recommends that while health plans should encourage this combination, they should not require it. Such a requirement could discourage certain smokers (wary of or unable to attend counseling) from attempting to quit at all.

Communicating Clearly about the Benefit:

Employers and plans should provide information in audience-appropriate language and settings about (1) which treatments are covered for smoking cessation, (2) any policies limiting access listed above and (3) how tobacco users can get treatment. This information is important to communicate to plan members as well as healthcare providers.

Language should be kept simple and at a low-literacy level, particularly in communications and materials for plan members/consumers. Some tips for these communications:



- List each medication that is covered, rather than referring to “nicotine-replacement-therapy” or “tobacco cessation drugs”. Consumers may not be familiar with those terms or which specific drugs they indicate.
- Clearly indicate if there are any limits or policies related to tobacco cessation treatments (see above section) and give details. For example, if copays are required, what is the copay amount? Is prior authorization required for all medications, or just some? What is the annual limit?
- If cessation counseling is covered, make it clear where and from whom plan members can receive this counseling:
 - For individual counseling, which provider types are reimbursed for providing counseling? Only primary care providers, or also specialists? Only doctors, or also physician’s assistants, nurses, etc.? Should members make an appointment with their doctor for this counseling, or are there other instructions?
 - For group counseling, is there a particular vendor they are to sign up with or will the plan reimburse any cessation counseling class or program? How do members contact the vendor or how do they submit for reimbursement?
 - For phone counseling, what phone number do members call to receive counseling? What kind of support will they receive over the phone?
- Including all the information above is recommended instead of simply telling plan members to call a case manager or a 1-800 number to find out what cessation treatments are covered. Calling a case manager is not always convenient and uses up valuable mobile phone minutes. Even if the plan member is required to eventually call a case manager to enroll in the cessation program, it is helpful to lay out information about what is covered so they know what will happen when they call.
- When creating printed materials for consumers, keep the information to one page if possible so as not to make the process of getting help to quit seem overwhelming

In addition to making information about tobacco cessation treatments clear, it is also important to make the information easy to find. Below are materials and locations where it is important to include this information:

- Member handbooks
- Member newsletters
- Member website
- Wellness/Prevention materials
- Preferred Drug List/Formulary
- Online drug/Formulary search
- Over-the-counter drug list
- Provider handbooks
- Provider newsletters/Bulletins
- Clinical policies
- Fee reimbursement documents
- Provider website

When posting the information on websites, remember to ensure the page is easily found. Users should be able to search “quit smoking” on the site and find the information in a top search result. Additionally, plans can include language about quitting smoking on the home page or in the menu bar.

Promoting the Benefit:

In addition to including information about the benefit in materials members and providers are likely to see, plans and employers can and should actively promote tobacco cessation and the treatments covered to help smokers quit. Below are some ideas for such promotions:

- Send a mailing with information about quitting and your cessation benefit to all plan members.
- Send emails or texts with links to information about quitting and your cessation benefit to all plan members.
- Create a system that allows healthcare providers to refer patients who use tobacco to the plan’s cessation benefit.



- If an employer, promote cessation in the workplace setting. Post flyers where employees will see them. Use company email listservs to distribute information. Give incentives to employees who try quitting with treatment, like gift cards.
- Provide detailed information about the cessation benefit to providers through mailings, emails, bulletins or other regular communication channels.
- Send providers and clinics information about cessation and your benefit to display in doctor's offices and waiting rooms.
- Contribute to and participate in paid media campaigns that encourage quitting smoking through advertisements.

Consider reaching out to the public health department, tobacco control program, quitline and/or tobacco control coalition in your state or area to partner with them in these promotions.

Tracking and Evaluating the Benefit:

Employers and plans should track how many smokers use the cessation benefit and whether they quit as a result. It is also useful to track the cost of treatment, and subsequent savings in healthcare costs and gained productivity.

All of these data are very helpful in determining successes, improving promotion and benefit design, and making the case for continuing the benefit. Making these results public through a press release or through publishing results in a journal will also help plans and employers across the country create good tobacco cessation benefits and policies.

For more information, please visit www.lung.org/cessationta or contact cessationta@lung.org

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