

Smoking Cessation

Quick Reference Guide

This short guide will provide you with key information to improve your smoking cessation counselling that DoctorCare helps you track

Read below for best practice recommendations on how to increase smoking cessation discussions, enhance patient care and maximize your billings

Quick Tips

- 1) Ask all patients if they are smokers at each visit
- 2) You cannot bill the E079 with K030
- 3) Did you know approximately 16% of your patients are smokers according to Stats Canada?

Challenge

DoctorCare Best Practices and Recommendations

What are the requirements for the initial smoking cessation discussion, E079?

- E079 is billed once per 365 days for a smoking cessation initial discussion
- The E079 is an out of basket code worth \$15.40
- The minimum requirements for E079 are these 3 questions:
 - 1) Are you a smoker?
 - 2) Do you plan on quitting?
 - 3) When do you plan on quitting by?
- It is an add on code that can be billed with: A001, A003, A004, A005, A006, A007, A008, A903, A905, K005, K007, K013, K017, K130, K131, K132, P003, P004, P005, P008, W001, W002, W003, W004, W008, W010, W104, W107, W109, W121
- DoctorCare can generate a list of smokers through your billing history that you can target to recall

How do I bill for the follow up smoking cessation counselling visit?

- K039 is for smoking cessation follow up and can be billed up to 2 times within the 365 days after the E079 is billed
- This must be a dedicated smoking cessation counselling session (visit is not time-based)
- Q042 is an incentive paid alongside the K039 for ROSTERED patients. DoctorCare recommends creating a superbill to always bill the Q042 with the K039
- The K039 is an out of basket code worth \$33.45 and Q042 is also out of basket worth \$7.50 for a total bill of \$40.95
- DoctorCare can create a list of patients who are eligible to be recalled for the K039+Q042 visit

Challenge

DoctorCare Best Practices and Recommendations

I do the smoking cessation discussions but forget to bill, how can I avoid this?

- You should be utilizing your EMR to create reminders for yourself that they are smokers
- Attention PS Suite users: DoctorCare can add on a smoking cessation toolbar to remind you to bill at each visit

I do the initial discussion (E079) but have trouble recalling patients for the follow up discussion, how can I get more patients to come back?

- If the patient is receptive during the initial discussion, book the follow up before they leave the clinic
- If you prescribe medications, book a follow up visit to see how they are doing and for medication refill (if necessary)
- Use your Practice Care report to get a list of patients that you have billed an E079 for that you can recall for the K039

I submitted for smoking cessation but received an error, what should I do?

- Always check your Practice Care error report to see the error for smoking and contact a DoctorCare billing expert if you need help
- PAA: No initial fee previously paid
 - This occurs when a K039/Q042 is billed without an E079 within the previous 365 days
 - To reconcile, bill an E079 + the visit code
- M1: Maximum fee allowed for these services has been reached
 - More than one E079A billed within a year
 - If requirements are met, bill K039 instead
 - More than two K039/Q042s were billed
 - Bill an alternative code that is appropriate for the visit
- DF: Corresponding fee code has not been claimed or was approved at zero
 - The E079 was billed with a code that it cannot be billed with, such as a K030
 - The K039 was billed with a code that it cannot be billed alongside

Medical Record Requirements: A flow sheet or comparable documentation consistent with the most current guidelines of the Clinical Tobacco Intervention (CTI) program (see sample on pg.3)

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email support@doctorcare.ca

Smoking Progress Notes – Annual Patient Profile

Initial Assessment

Patient:					Date:					
ASK	<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes >		Years smoking:	# cigarettes/ day:		Previous quit attempt ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADVISE	"As your physician, I am concerned about your health and advise you to stop smoking. I can help you." (Make link to relevant medical history)									
ASSIST	Motivational Interviewing: (see details on reverse)									
	Q: On a scale of 1-10 how would you rate your motivation to quit smoking at this time?									
	1	2	3	4	5	6	7	8	9	10
	Not Ready to Change			Unsure		Getting Ready to Change			Trying to Change	
NOT READY TO QUIT Pre-contemplative/ Contemplative Stage					READY TO QUIT Preparation/ Action Stage					
<ul style="list-style-type: none"> Ask patient if they would be willing to cut down? Focus on motivating patient Offer help when patient is ready 					<ul style="list-style-type: none"> Set a quit date (Try to arrange 1st counselling session within 1 week of quit date) Discuss pharmacotherapy if ready Offer patient educational material 					
Patient's reasons to quit: (Check all that apply)		<input type="checkbox"/> Health		<input type="checkbox"/> Children / Spouse		<input type="checkbox"/> Financial		<input type="checkbox"/> Social		<input type="checkbox"/> Other
Patient's concerns about quitting: (Check all that apply)		<input type="checkbox"/> Weight		<input type="checkbox"/> Withdrawal		<input type="checkbox"/> Social		<input type="checkbox"/> Stress		<input type="checkbox"/> Relapse <input type="checkbox"/> Other

Counselling Visit # 1

PATTERN OF SMOKING: Harder to quit if: smokes >15 cigs/day, <1 wk smoke free in past year, started <16 yrs of age					Date:				
Age started to smoke:					Notes/Comments:				
Time of 1 st cigarette after awakening (e.g. 30 min)									
Date of last quit attempt:									
Duration of quit attempt:									
Reason for relapse (or N/A):									
PREVIOUS MEDICATION USE:	<input type="checkbox"/> Nicotine Gum		<input type="checkbox"/> Nicotine Patch		<input type="checkbox"/> Nicotine Inhaler		<input type="checkbox"/> Bupropion HCL		
Comments: >									
QUIT PLAN:	Already quit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ready to set a quit date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain			Quit Date (if applicable):			
Consider Pharmacotherapy	<input type="checkbox"/> Nicotine Gum		<input type="checkbox"/> Nicotine Patch		<input type="checkbox"/> Nicotine Inhaler		<input type="checkbox"/> Bupropion HCL		
Follow-up – Relapse Prevention (see over)	<input type="checkbox"/> Reinforcement		<input type="checkbox"/> Intensive Intervention		<input type="checkbox"/> Withdrawal symptoms		<input type="checkbox"/> Not required		
Referral to Community Smoking Cessation Program	<input type="checkbox"/> Yes (see reverse)				<input type="checkbox"/> No				

Counselling Visit #2

PATTERN OF SMOKING: Harder to quit if: smokes >15 cigs/day, <1 wk smoke free in past year, started <16 yrs of age					Date: (should be within 1 month of 1 st counselling visit)				
Current smoking status:					Notes/Comments:				
Time of 1 st cigarette after awakening (e.g. 30 min)									
Date of last quit attempt:									
Duration of quit attempt:									
Reason for relapse (or N/A):									
MEDICATION USE DURING QUIT ATTEMPT:	<input type="checkbox"/> Nicotine Gum		<input type="checkbox"/> Nicotine Patch		<input type="checkbox"/> Nicotine Inhaler		<input type="checkbox"/> Bupropion HCL		
Comments: >									
QUIT PLAN:	Already quit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ready to set a quit date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain			Quit Date (if applicable):			
Consider/Reinforce Pharmacotherapy	<input type="checkbox"/> Nicotine Gum		<input type="checkbox"/> Nicotine Patch		<input type="checkbox"/> Nicotine Inhaler		<input type="checkbox"/> Bupropion HCL		
Ongoing Follow-up - Relapse Prevention (see over)	<input type="checkbox"/> Reinforcement		<input type="checkbox"/> Intensive Intervention		<input type="checkbox"/> Withdrawal symptoms		<input type="checkbox"/> Not required		
Referral to Community Smoking Cessation Program	<input type="checkbox"/> Yes (see reverse)				<input type="checkbox"/> No				