DSHS/MAA Smoking Cessation Counseling Benefit

The brief (5–15 minutes) intervention is most effective with pregnant women who smoke less than 20 cigarettes per day. This is the recommended starting point for identifying all pregnant women who smoke and assisting those who are ready to stop. DSHS/MAA will cover two levels of smoking cessation counseling: Basic and Intensive. Up to 10 sessions per client per pregnancy will be covered. Documentation in medical record is required.

CPT procedure code 99401 (Basic counseling, 15 minutes) $25.39

CPT procedure code 99402 (Intensive counseling, 30 minutes) $42.62

ASK—Required for Basic and Intensive Counseling Code

Ask the patient to choose the statement that best describes her smoking status:

- ☐ A. I have NEVER smoked or have smoked LESS THAN 100 cigarettes in my lifetime.
- ☐ B. I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.
- ☐ C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
- ☐ D. I smoke some now, but I have cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.
- ☐ E. I smoke regularly now, about the same as BEFORE I found out I was pregnant.

If the patient stopped smoking before or after she found out she was pregnant (B or C), reinforce her decision to quit, congratulate her on success in quitting, and encourage her to stay smoke free throughout pregnancy and postpartum.

If the patient is still smoking (D or E), document smoking status, and proceed to Advise, Assess, Assist, and Arrange.

ADVISE—Required for Basic and Intensive Counseling Code

☐ **Provide** clear, strong advice to quit with personalized messages about the benefits of quitting and the impact of smoking and quitting on the woman and fetus.

"Quitting smoking lessens your risk for miscarriage, preterm delivery and stillbirth. Your baby starts getting more oxygen after just one day of not smoking. The sooner you stop the better for your baby."

ASSESS—Required for Basic and Intensive Counseling Code

☐ **Assess** the willingness of the patient to attempt to quit within 30 days.

"Quitting smoking is one of the most important things you can do for your health and for your baby's health. If we can give you some help, are you willing to try?"

If the patient is ready to quit, proceed to Assist.

If the patient is not ready, provide information to motivate the patient to quit and proceed to Arrange.

ASSIST—Required for Intensive Counseling Code

- ☐ **Encourage** the use of problem-solving methods and skills for smoking cessation (identify "trigger" situations).
- ☐ **Provide** social support as part of the treatment (e.g., "we can help you quit").
- ☐ **Arrange** social support in the smoker's environment (e.g., identify "quit buddy" and smoke-free space).
- ☐ **Provide** pregnancy-specific, self-help smoking cessation materials.
- ☐ **Set** a quit date _____ and assist in developing a quit plan.

ARRANGE—Required for Intensive Counseling Code

- ☐ **Assess** smoking status at subsequent prenatal visits and, if patient continues to smoke, encourage cessation.
- ☐ **Praise** all efforts to change and continue to assist her with her efforts to quit.

Data from Melvin C, Dolan Mullen P, Windsor RA, Whiteside HP, Goldenberg RL. Recommended Cessation Counseling for Pregnant Women Who Smoke: A Review of the Evidence. Tobacco Control 2000; 9:1-5.
Adapted from ACOG Educational Bulletin No. 260, September 2000.

Guidelines for DSHS/MAA Covered Use of Zyban During Pregnancy

- ☐ Establish smoking status.
- ☐ Determine that the pregnant woman is ready to quit.
- ☐ Develop a quit plan to include a quit date.
- ☐ Provide counseling and other support measures to assist. Refer to QUIT Line: 1-877-270-STOP.
- ☐ If the nonpharmacotherapy methods have failed to assist and woman is 18 years old or older, consider use of Zyban.
- ☐ Track smoking status and progress of quit attempt at each prenatal visit.

	Clinical Use of Bupropion SR (FDA approved)[1]
Patient selection	Appropriate as a first-line pharmacotherapy for smoking cessation.
Precautions	**Pregnancy**—Pregnant smokers should be encouraged to quit first without pharmacologic treatment. Bupropion SR should be used during pregnancy only if the increased likelihood of smoking abstinence, with its potential benefits, outweighs the risk of bupropion SR treatment and potential concomitant smoking. Similar factors should be considered in lactating women. (FDA Class B: Either animal-reproduction studies have not demonstrated a fetal risk but there are no controlled studies in pregnant women, or animal-reproduction studies have shown an adverse effect that was not confirmed in controlled studies in women in first trimester and there is no evidence of risk in later trimesters.)[2] **Lactating mothers**—Bupropion and its metabolites are secreted in human milk. Lactation Risk category L3 (moderately safe). The peak milk bupropion level occurred two hours after a 100mg dose. This milk level would provide 0.66% of the maternal dose, a dose that is likely to be clinically insignificant to a breastfed infant. There have been some patient reports of reduced milk supply in women on bupropion.[2] **Cardiovascular diseases**—Generally well tolerated; infrequent reports of hypertension. **Side effects**—The most common side effects reported by bupropion SR users were insomnia (35–40%) and dry mouth (10%). **Contraindications**—Bupropion SR is contraindicated in individuals with a history of seizure disorder, a history of an eating disorder, who are using another form of bupropion (Wellbutrin or Wellbutrin SR), or who have used an MAO inhibitor in the past 14 days. Bupropion lowers the seizure threshold and may increase seizure risk in women with preeclampsia.
Dosage	Patients should begin with a dose of 150 mg. q AM for 3 days, then increase to 150 mg b.i.d. Dosing at 150 mg b.i.d. should continue for 7–12 weeks following the quit date. Unlike nicotine replacement products, patients should begin bupropion SR treatment 1–2 weeks before they quit smoking. For maintenance therapy, consider bupropion SR 150 mg b.i.d. for up to 6 months.
Availability	**Zyban**—Prescription only.
Prescribing instructions	**Scheduling of doses**—If insomnia is marked, taking the PM dose earlier (in the afternoon, at least 8 hours after the first dose) may provide some relief. **Alcohol**—Reinforce that alcohol should be avoided during pregnancy and lactation. **Review side effects.**

[1] Adapted from US DHHS Public Health Service. Clinical Practice Guideline: Treating Tobacco Use and Dependence, June 2000.
[2] Hale, T. Medications and Mothers' Milk, 11th ed. Amarillo,Texas: Pharmasoft Publishing, 2004.

DSHS/MAA covered prescription must include:

1. Client's estimated or actual delivery date.
2. Indication that client is participating in smoking cessation counseling.

Washington State Department of Social & Health Services

Washington State Department of Health
Maternal and Child Health
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