

Tobacco Cessation ICD 10 Codes: 99406 (3 - 10 minutes) 99407 (10 minutes plus)

Patient's Name: _____ Date: _____

Ask every patient about tobacco use (1 minute):

- Patient does not smoke. Patient is a former smoker.
- Patient recently quit smoking in the last 30 days.
- Patient is a light smoker (fewer than 10 cigarettes per day).
- Patient is moderate smoker (10 to 20 cigarettes per day).
- Patient is a heavy smoker (21 or more cigarettes per day).

Advise all smokers/tobacco users of the consequences of tobacco use (1 minute):

- Encourage recent quitters to continue abstinence.
- Present strong, compelling evidence that is relevant to the patient about the importance of quitting.
Coughing • Shortness of breath • Premature signs of aging • Respiratory disease • Cardiovascular disease • Women who smoke have a higher risk of never becoming pregnant. • Women who smoke during pregnancy have a greater chance of complications.

Assess tobacco user's willingness to make a quit attempt (1 minute):

- Is the patient willing to quit within the next 30 days.
- If the patient is willing to attempt to quit using tobacco, move on to the Assist step.
- If the patient is not willing to quit, address the patient's concerns about trying to quit.

Assist with treatment and referrals (3+ minutes):

- If applicable, review strategies that helped during previous quit attempts.
 - Develop approaches to manage withdrawal symptoms.
 - Discuss proper use of pharmacotherapy. Pharmacotherapy prescribed: _____
 - Remove all tobacco products from the home.
 - Help the patient identify a support network.
 - Discuss what to do in situations when the patient would normally smoke.
 - Document the extent of the intervention for assessment of the quit attempt at the next visit.
- _____
- _____

Arrange follow-up (1 minute):

- Assess smoking status at every visit. Ask patient about the quitting process. Express willingness to help.
- Reinforce the steps the patient is taking to quit. Referred to the Oklahoma Tobacco Helpline.

End Time: _____ Provider Signature: _____ Credentials: _____

Providers are encouraged to refer patients to the Oklahoma Tobacco Helpline at:

I-800-QUIT-NOW or okhelpline.com