



Status

Active

## Medical and Behavioral Health Policy

Section: Behavioral Health

Policy Number: X-21

Effective Date: 05/28/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## TOBACCO CESSATION TREATMENTS

**Description:** Studies have clearly demonstrated that use of tobacco has a seriously negative impact on the health of individuals. Therefore, treatment to assist in quitting must be offered to all users. Most smokers present to primary care clinics, but they may not be offered effective assistance. However, treatments proven to be effective for tobacco cessation have been identified.

### Pharmacotherapy

Several first-line pharmacotherapies that reliably increase long-term smoking abstinence rates have been identified: (1) Bupropion SR (Zyban®), (2) Varenicline (Chantix®), (3) Nicotine gum, (4) Nicotine inhaler, (5) Nicotine nasal spray, (6) Nicotine patch, and (7) Nicotine lozenge. Second-line agents include clonidine and nortriptyline. Clonidine has been found to be effective, but its usefulness is limited by a high incidence of side effects. Nortriptyline is a tricyclic antidepressant that has evidence of effectiveness, but because of the side effect profile, it should be considered only as a second line therapy.

**Note:** FDA labeling for Zyban® and Chantix® include black box warnings stating that serious neuropsychiatric events have been reported in patients taking these medications. The labeling for Chantix® also includes warnings and precautions regarding serious side effects including trial results indicating that cardiovascular events were reported more frequently in patients with stable cardiovascular disease who were treated with Chantix®.

### Other Tobacco Dependence Treatments

Other non-pharmacotherapy tobacco dependence treatments are supported by scientific evidence such as Individual, group, and telephone counseling. Counseling and medication are effective when used by themselves for treating tobacco dependence. The

combination of counseling and medication, however, is more effective than either alone.

**Policy:**

**Pharmacotherapy**

The use of nicotine replacement therapies, bupropion, and varenicline may be considered **MEDICALLY NECESSARY** for the treatment of tobacco dependence.

Anticholinergic injections of agents such as atropine and scopolamine, or hyoscyamine, scopolamine, and hydroxyzine for smoking cessation are considered **INVESTIGATIVE**.

**Outpatient Treatment**

Group or individual interventions occurring in an outpatient or office setting may be considered **MEDICALLY NECESSARY**.

**Inpatient Treatment**

Inpatient treatment for tobacco dependence is considered **INVESTIGATIVE** except in incidences when the patient has a life-threatening tobacco-related medical condition and has failed treatment attempts at a lower level of care.

**Other Procedures**

All of the following are considered **INVESTIGATIVE** for treatment or monitoring of tobacco use, dependence, and withdrawal:

- Hypnotherapy;
- Acupuncture;
- Low-Level Laser Therapy (Breathe Today Laser);
- Psychoanalysis;
- Biofeedback, including Neurofeedback; and
- Psychological testing for the purpose of diagnosing and/or measuring treatment progress related to the diagnosis of tobacco dependence.

**Coverage:**

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:** *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**

<b>Code:</b>	<b>Description:</b>
90845	Psychoanalysis
90846-90853	Family and group psychotherapy services Includes codes: 90846, 90847, 90849, 90853.
90880	Hypnotherapy
90901	Biofeedback training by any modality
96101-96103 96118-96120	Psychological testing Includes codes: 96101, 96102, 96103, 96118, 96119, 96120

Deleted Codes: 90804-90829, 90857, 90862

**Policy History:**

**Developed February 11, 2004**

**Most recent history:**

Reviewed March 9, 2011  
 Reviewed/Updated, no policy statement changes March 14, 2012  
 Reviewed March 13, 2013  
 Reviewed May 14, 2014

**Cross Reference:**

Acupuncture, III-01  
 Hypnotherapy, III-02  
 Low-Level Laser Therapy and Deep Tissue Laser Therapy, II-09  
 Neurofeedback/Electroencephalogram (EEG) Biofeedback, X-29  
 Psychoanalysis, X-13

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