

# Guide to Smoking Cessation

Quick Reference Guide

This short guide will help you understand how to bill for smoking cessation, one of the most common out-of-basket codes.

## Challenge

## DoctorCare Best Practices and Recommendations

**What are the smoking cessation management codes?** When managing smoking cessation patients, physicians can bill for three incentive fee codes; E079, K039, and Q042.

**What are the eligible models?** E079 and K039 can be billed by all physicians however, the Q042 is only available for those under the following PEM models: FHO, FHG, FHN, CCM.

**What are the requirements for the initial smoking cessation discussion?**

### Smoking Cessation: Initial Discussion With Patient

Service rendered to a patient who currently smokes by the primary care physician most responsible for the patient's ongoing care.

Fee Code	Description	Fee value	Limit
E079	Smoking cessation: Initial discussion with patient	\$15.55 (in-person/video) \$13.20 (phone)	Once per 365 days

### Billing Requirements

- Physician must ask the patient the following 3 questions:
  - Are you a smoker?
  - Do you plan on quitting?
  - If yes, when do you plan on quitting by?
- E079 is an add on code that can be billed with: A001, A003, A004, A005, A006, A007, A008, A905, K005, K007, K013, K017, K130, K131, K132, P003, P004, P005, P008, W001, W002, W003, W004, W008, W010, W104, W107, W109, W121.
- Complete a smoking cessation flow sheet. [Download our flow sheet here.](#)

### Need Help?

DoctorCare can generate a list of smokers through your billing history that you can target to recall.

## Challenge

## DoctorCare Best Practices and Recommendations

How do I bill for smoking cessation follow-up visit?

### Smoking Cessation Follow-up

The smoking cessation follow-up service rendered by a primary care physician can be billed up to 2 times in the 12 months following E079 that is dedicated to a discussion of smoking cessation.

Fee Code	Description	Fee value	Limit
K039	Smoking cessation follow-up visit	\$33.45	2x annually

**Note:** This must be a dedicated smoking cessation counselling session (visit is not time-based).

#### Billing Requirements

- Must be billed in the 12 months following E079.
- If the physician is in one of the following PEM models: FHO, FHG, FHN, CCM, the K039 can be billed alongside the Q042 for rostered patients.

#### Need Help?

DoctorCare can create a list of patients who are eligible to be recalled for the K039+Q042 visit.

How do I bill for smoking cessation counselling?

### Smoking Cessation Counselling Fee

Q042 is an incentive paid alongside the K039 for rostered patients. Physicians can only use this fee code under the following PEM models: FHO, FHG, FHN, CCM.

Fee Code	Description	Fee value	Limit
Q042	Smoking cessation counselling fee	\$7.50	2x annually

#### Recommendation

- Create a superbill to always bill the Q042 with the K039.

I had smoking cessation discussions but forgot to bill, how can I avoid this?

We recommend creating reminders for yourself in your EMR indicating that the patient is a smoker.

**For PS Suite users:** DoctorCare can add on a smoking cessation toolbar to remind you to bill after each visit.

## Challenge

## DoctorCare Best Practices and Recommendations

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

### Steps in Recalling Patients

1. If the patient is receptive during the initial discussion, book a follow up visit with them before they leave the clinic.
2. If you prescribe medications, book a follow up visit to see how they are doing and for medication refill (if necessary).
3. Sign up with DoctorCare and receive a full list of patients that you have billed an E079 for that you can recall for the K039.

What are the common error and explanation codes?

### **M1 – Max fee allowed for these services has been reached**

These codes can be billed a limited amount of times per year. If you bill more than the specified amount within 365 days of a previously processed fee code, it will be processed at \$0.

### **A36 – Claimed by other practitioner**

The smoking cessation fee was billed by another practitioner, thus processed at \$0.

### **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 and the visit code.

### **DF – Corresponding fee code has not been claimed or was approved at zero**

The E079 or the K039 code were billed with a code that it cannot be billed with.

**QUESTIONS?**

Call our special Billing Hotline at 1-844-224-6244 or email [support@doctorcare.ca](mailto:support@doctorcare.ca)

# Smoking Cessation Sample Flow Sheet



Initial assessment (E079A)	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: <b>On a scale of 1-10 how would you rate your motivation to quit smoking at this time?</b>									
		1	2	3	4	5	6	7	8	9	10
		Not Ready to Change			Unsure		Getting Ready to Change			Trying to Change	
		<b>NOT READY TO QUIT</b> Pre-contemplative/Contemplative Stage • Ask patient if they would be willing to cut down • Focus on motivating patient • Offer help when patient is ready					<b>READY TO QUIT</b> Preparation/Action Stage • Set a quit date (try to arrange first counselling session within one 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 (Q042A)	PATTERN OF SMOKING				Date:						
	Age started to smoke:				Notes/Comments:						
	Time of first 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:				Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Bupropion / Varenicline						
	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				Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Bupropion / Varenicline						
	Follow-up – Relapse Prevention				<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 <input type="checkbox"/> No							
Counselling Visit #2 (Q042A)	PATTERN OF SMOKING:				Date:						
	Current smoking status:				Notes/Comments:						
	Time of first 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:				Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Bupropion / Varenicline						
	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				Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Bupropion / Varenicline						
	Ongoing Follow-up – Relapse prevention				<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 <input type="checkbox"/> No							

