

# What Family Physicians Need to Know About Tobacco Cessation

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## Your patients want you to ask

Patients are more satisfied with their health care if their provider offers smoking cessation interventions — even if they're not yet ready to quit.

## Payment for counseling

Medicare pays for tobacco cessation counseling for patients who use tobacco. Use the ICD-9 diagnosis code "305.1 non-dependent tobacco-use disorder, or V15.82 history of tobacco use." For more details on the 2011 changes, get the Coding Reference and Medicare Part B Benefits overview in the Ask and Act Practice Toolkit at [www.askandact.org](http://www.askandact.org).

## Guidelines were updated

Access the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, at <http://www.surgeongeneral.gov/tobacco>.

## Quitlines work

Quitlines are staffed by trained smoking cessation experts who tailor a plan and provide free counseling for callers. The national number is **1-800-QUIT-NOW (1-800-784-8669)**. Patients who call this number are routed to their state quitline.

## Medication increases long-term smoking abstinence rates

First line medications:

- Bupropion SR
- Nicotine gum
- Nicotine inhaler
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine patch
- Varenicline

Also consider proven combined medications.

Get the Pharmacologic Product Guide in the Ask and Act Practice Toolkit at [www.askandact.org](http://www.askandact.org).

## Counseling works

Even brief tobacco dependence treatment is effective and should be offered to every patient who uses tobacco.

## Counseling + medication work best

Studies show that the combination of counseling and medication is more effective than either alone.

## AAFP has resources for family medicine offices

Visit the AAFP's tobacco cessation website at [www.askandact.org](http://www.askandact.org).



AMERICAN ACADEMY OF  
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**ASK AND ACT**  
A TOBACCO CESSATION PROGRAM