



Covering a Comprehensive Tobacco Cessation Benefit Recommended Summary Plan Description Language for Health Insurance Plans

As of September 23, 2010, all non-grandfathered private health insurance plans in the U.S. have been required to cover preventive services given an ‘A’ or ‘B’ recommendation from the United States Preventive Services Task Force (USPSTF) with no cost-sharing. One of the preventive services given an ‘A’ recommendation and therefore included in the requirement is tobacco cessation screening and treatment for adults. On May 2, 2014, the Departments of Labor, Health and Human Services and Treasury issued [guidance](#) on this recommendation.¹

The following model language is consistent with this requirement and guidance, and therefore with the Affordable Care Act. It can be used in summary plan documents, provider handbooks, or other documents that establish insurance coverage policy.

Screening

Coverage: Routine screening for tobacco use is a covered benefit

Eligibility: All adults over age 18; pregnant women of any age

Frequency: Screening is conducted at every visit

Counseling

Coverage: Counseling sessions of at least 10 minutes in length are a covered benefit for tobacco dependence treatment

Eligibility: All adults over age 18; pregnant women of any age

Counseling Types:

- Individual tobacco cessation counseling is reimbursed via codes 99406 and 99407 (or other applicable codes).
- Group counseling is reimbursed via code S9453 (or other applicable codes).
- Phone counseling is provided via 1-800-QUIT-NOW (or other applicable phone number).
- Note: plans may choose to contract with a vendor, including the state quitline, to provide some or all of these counseling services, rather than directly reimbursing providers through codes. If this is the case, plan documents should have clear information about how patients can enroll in these programs.

Restrictions: Counseling is offered but not required as a condition of receiving other cessation treatments, like pharmacotherapy

Frequency: At least 4 sessions per quit attempt are covered. At least 2 quit attempts per year are covered. No lifetime limits for this benefit

Pharmacotherapy

Coverage: All seven medications FDA-approved for smoking cessation (over-the-counter and prescription) are covered, including nicotine and non-nicotine products

Eligibility: All adults over age 18; pregnant women of any age

¹ See Q5: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebbsa/our-activities/resource-center/faqs/aca-part-xix.pdf>

Restrictions:

- Provision of medications is not linked to enrollment in counseling or coaching
- Stepped care therapy not required

Frequency: At least 90 days of treatment covered. At least 2 quit attempts per year are covered. No lifetime limits for this benefit.

Cost-Sharing

No tobacco cessation treatment should require cost-sharing. This includes co-payments, co-insurance and deductibles. Note of this should be made in plan documents.

Prior Authorization

No tobacco cessation treatment should require prior authorization. These treatments should be removed from prior authorization lists if applicable.

If you have additional questions or have technical assistance needs related to the guidance, please reach out the Lung Association's Tobacco Cessation TA team at CessationTA@lung.org.