**Billing code:** T1012 HE, SE for mental health and T1012, HF, SE for substance abuse, 15 minutes- any level of ODMHSAS outpatient service provider can provide this service.

**Physician Billing Codes:** 99406 (3-10 minutes) 99407 (10+minutes)

Client’s Name:

I.D. Number:

**Providers are encouraged to refer clients to the Oklahoma Tobacco Helpline at: 1-800-QUIT NOW (1-800-784-8669)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Visit Date | \_\_\_\_/\_\_\_\_/\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Start Time | \_\_\_\_:\_\_\_\_ | \_\_\_\_:\_\_\_\_ | \_\_\_\_:\_\_\_\_ | \_\_\_\_:\_\_\_\_ |
| **Ask** every client every time  **(1 minute)** | \_ Does not smoke  \_ Recently quit  \_ less than 25 cigarettes per day  \_25+ cigarettes per day | \_ Does not smoke  \_ Recently quit  \_ less than 25 cigarettes per day  \_ 25+ cigarettes per day | \_ Does not smoke  \_ Recently quit  \_ less than 25 cigarettes per day  \_ 25+ cigarettes per day | \_ Does not smoke  \_ Recently quit  \_ less than 25 cigarettes per day  \_ 25+ cigarettes per day |
| **Advise** all tobacco users of the consequences **(1 minute)** | \_ Benefits of quitting  \_ Harms of continuing  \_ Personalized message to quit  \_ Recognize difficulty of quitting | \_ Benefits of quitting  \_ Harms of continuing  \_ Personalized message to quit  \_ Recognize difficulty of quitting | \_ Benefits of quitting  \_ Harms of continuing  \_ Personalized message to quit  \_ Recognize difficulty of quitting | \_ Benefits of quitting  \_ Harms of continuing  \_ Personalized message to quit  \_ Recognize difficulty of quitting |
| **Assess** willingness to make a quit attempt **(1 minute)** | **Readiness to quit in next 30 days:**  \_\_ Yes  \_\_ No  Reason for not quitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Readiness to quit in next 30 days:**  \_\_ Yes  \_\_ No  Reason for not quitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Readiness to quit in next 30 days:**  \_\_ Yes  \_\_ No  Reason for not quitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Readiness to quit in next 30 days:**  \_\_ Yes  \_\_ No  Reason for not quitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Assist** with treatment and referrals **(3+ minutes)** | Set Quit Date:  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_ Problem-solving  \_ Provide materials  \_ Identify Support  \_ Refer to 1 800 QUIT NOW  \_ Pharmacotherapy | Set Quit Date:  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_ Problem-solving  \_ Provide materials  \_ Identify Support  \_ Refer to 1 800 QUIT NOW  \_ Pharmacotherapy | Set Quit Date:  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_ Problem-solving  \_ Provide materials  \_ Identify Support  \_ Refer to 1 800 QUIT NOW  \_ Pharmacotherapy | Set Quit Date:  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_ Problem-solving  \_ Provide materials  \_ Identify Support  \_ Refer to 1 800 QUIT NOW  \_ Pharmacotherapy |
| **Arrange** follow up **(1 minute)** | \_ Assess smoking status at every visit  \_ Ask client about the quitting process  \_ Reinforce the steps the client is taking to quit  \_ Provide encouragement  \_ Set follow up appointment | \_ Assess smoking status at every visit  \_ Ask client about the quitting process  \_ Reinforce the steps the client is taking to quit  \_ Provide encouragement  \_ Set follow up appointment | \_ Assess smoking status at every visit  \_ Ask client about the quitting process  \_ Reinforce the steps the client is taking to quit  \_ Provide encouragement  \_ Set follow up appointment | \_ Assess smoking status at every visit  \_ Ask client about the quitting process  \_ Reinforce the steps the client is taking to quit  \_ Provide encouragement  \_ Set follow up appointment |
| Comments |  |  |  |  |
| End Time | \_\_\_\_:\_\_\_\_ | \_\_\_\_:\_\_\_\_ | \_\_\_\_:\_\_\_\_ | \_\_\_\_:\_\_\_\_ |
| Provider Signature |  |  |  |  |
| Credentials |  |  |  |  |