**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 |  |  |  |  |