



Counseling for Smoking Cessation Reimbursement Policy

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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. Optum reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.*

This information is intended to serve only as a general reference resource regarding Optum’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to Client enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This policy applies to all products, all network and non-network rehabilitation providers. This includes non-network authorized, and percent of charge contract providers.

Fee schedule/provider contract/client contract may supersede

Policy

Overview

This policy describes Optum’s requirements for the reimbursement and documentation of “smoking and tobacco use cessation counseling visit” – CPT codes 99406 and 99407, and HCPCS procedure codes G0436 and G0437.

The purpose of this policy is to ensure that Optum reimburses for services that are billed and documented, without reimbursing for billing submission or data entry errors or for non-documented services.

Reimbursement Guidelines

Optum will align reimbursement with Medicare including 2 cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with a total of up to 8 face-to-face sessions during a 12-month period for individuals who use tobacco – regardless of whether there are signs or symptoms of tobacco-related disease. These sessions must be provided by a qualified health care provider.

CPT codes for tobacco cessation counseling for symptomatic individuals are:

- 99406: Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407: Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

HCPCS codes for tobacco cessation counseling for asymptomatic individuals are:

- G0436: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than three minutes, up to 10 minutes
- G0437: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes

Minimal counseling (<3 minutes) is not reimbursable as a separate and distinct service.

The modifier -25 should be appended to the applicable E/M service code when reporting either a CPT or HCPCS tobacco cessation counseling service code on the same date.

Documentation Guidelines

The documentation in the health care record of a “smoking and tobacco-use cessation counseling or counseling to prevent tobacco use” claim must show sufficient patient history to adequately demonstrate that the following coverage conditions were met:

- The individual uses tobacco – regardless of whether there are signs or symptoms of tobacco-related disease
- Services were furnished by a qualified health care provider

In addition to documenting that the coverage conditions were met, the health care record must include verification of the counseling intervention. Documentation must demonstrate the patient was:

1. Asked about tobacco use
2. Advised to quit
3. Assessed for the willingness to attempt to quit
4. Assisted with the attempt to quit
5. Follow-up with the patient was arranged

Smoking and tobacco-use cessation counseling are time-based codes. The documentation of these services must include the amount of time spent with the patient.

Background Information

Counseling for smoking cessation is one of a number of distinct preventive services mandated by national and state regulations [US Dept. of Labor]. Many different types of providers – not limited to but including chiropractors, physical and occupational therapists – offer smoking cessation interventions [Glynn]. Counseling and behavioral interventions generally consist of problem-solving (assisting by providing specific suggested actions and motivational counseling) and facilitating access to social support services (arranging for services and follow-up) [Glynn, ChiroCode].

Medicare provides coverage of smoking and tobacco-use cessation/prevention counseling services for outpatient and hospitalized beneficiaries who meet the following criteria:

- The individual uses tobacco – regardless of whether there are signs or symptoms of tobacco-related disease
- Beneficiaries must be competent and alert at the time that counseling services are provided
- Services are furnished by qualified physicians and other Medicare-recognized practitioners

Minimal counseling (<3 minutes) is already covered at each evaluation and management (E&M) visit. Beyond that, Medicare will cover 2 cessation attempts per year. Each attempt may include a maximum of four intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions in a 12 month period. The practitioner and patient have flexibility to choose between intermediate or intensive cessation strategies for each attempt [MLN, 2012].

Young people (15–29 years) have high rates of smoking relative to other age groups [Office on Smoking and Health]. It is recommended that interventions {and documentation standards} be based on those that are known to be effective in helping {appropriate for} adults [McRobbie].

Coding Information

There two CPT Codes 99406 and 99407 that are used for tobacco cessation counseling for **symptomatic** individuals.

- 99406: Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407: Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

The CMS has created two G codes for billing for tobacco cessation counseling services to prevent tobacco use for asymptomatic patients. These are in addition to the two CPT Codes 99406 and 99407 that currently are used for tobacco cessation counseling for symptomatic individuals.

- G0436: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than three minutes, up to 10 minutes
- G0437: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes

The ICD-10 codes diagnosis codes that should be reported for individuals who do not have signs or symptoms of tobacco-related disease individuals are: [MLN, 2015]

- F17.200: Nicotine dependence, unspecified, uncomplicated
- F17.201: Nicotine dependence, unspecified, in remission
- F17.210: Nicotine dependence, cigarettes, uncomplicated
- F17.211: Nicotine dependence, cigarettes, in remission
- F17.220: Nicotine dependence, chewing tobacco, uncomplicated
- F17.221: Nicotine dependence, chewing tobacco, in remission
- F17.290: Nicotine dependence, chewing tobacco, uncomplicated
- F17.291: Nicotine dependence, unspecified, in remission
- Z87.891: Personal history of nicotine dependence

Minimal counseling (<3 minutes) is included in the E/M service.

Medicare also allows for the reporting an E/M visit (99201-99215) in addition to the tobacco-counseling, if modifier -25 (*Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service*) is appended to the E/M [Phurrough].

Documentation Information

The documentation in the health care record of a “smoking and tobacco-use cessation counseling or counseling to prevent tobacco use” claim must show sufficient patient history to adequately demonstrate that coverage conditions were met [MLN, 2012]. Coverage Conditions:

- The individual uses tobacco – regardless of whether there are signs or symptoms of tobacco-related disease
- Beneficiaries must be competent and alert at the time that counseling services are provided
- Services were furnished by a qualified health care provider

In addition to documenting that the coverage conditions were met, the health care record must include verification of the counseling intervention. A recommended approach includes documentation that demonstrates the patient was:

1. Asked about tobacco use
2. Advised to quit
3. Assessed for the willingness to attempt to quit
4. Assisted with the attempt to quit
5. Follow-up with the patient was arranged

Smoking and tobacco-use cessation counseling are time-based codes. The documentation of these services must include the amount of time spent with the patient.



One state program has published comprehensive guidance on the core data that should be collected and documented in the health care record [NYS Dept. of Health]. The NYS Department of Health program recommends using a checklist (see Appendix A) that reflects the wording of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey questions that are asked of adult patients, who currently smoke cigarettes or use tobacco:

- In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- In the last six months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?
- In the last six months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?

Appendix A:

Documentation standards for Smoking Cessation Counseling

(To be recorded at every visit, when a 'smoking and tobacco-use cessation counseling or counseling to prevent tobacco use' service code is to be reported; check all items discussed)

1. ASK: Current Smoking Status:
__Current Smoker
__Recent Quitter Quit date
2. ADVISE
__Patient advised to quit smoking
3. ASSESS
__Do you believe that you can quit smoking in the next six months?

If YES to initial ASSESSMENT question

- __Do you believe that you can quit smoking in the next month?
 - __Do you believe that you can set a date to quit smoking?
4. ASSIST with a Formal Quit Plan
__discussion with office staff focused on developing a formal quit plan include use of materials selected from an accessible resource e.g., http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/index.htm
__discussion of other resources
__discussion of options including medications
__referral
 5. ARRANGE for Follow-up
One week after intended quit date:
__Telephone call scheduled
__Office visit scheduled

TIME ALLOCATION

- __3-10 minutes
- __greater than 10 minutes

Professional signature

If NO to initial ASSESSMENT question

Discuss one or more topics with patient

__Relevance

Encourage the patient to indicate why quitting is personally relevant, being as specific as possible. Motivational information has the greatest impact if it is relevant to a patient's disease status or risk, family or social situation (e.g., having children in the home), health concerns, age, gender, and other important patient characteristics (e.g., prior quitting experience, personal barriers to cessation).

__Risks

The provider should ask the patient to identify potential negative consequences of tobacco use. The provider may suggest and highlight those that seem most relevant to the patient. The clinician should emphasize that smoking low-tar/low-nicotine cigarettes or use of other forms of tobacco (e.g., smokeless tobacco, cigars, and pipes) will not eliminate these risks. Examples of risks are:

- Acute risks: Shortness of breath, exacerbation of asthma, increased risk of respiratory infections, harm to pregnancy, impotence, and infertility.
- Long-term risks: Heart attacks and strokes, lung and other cancers (e.g., larynx, oral cavity, pharynx, esophagus, pancreas, stomach, kidney, bladder, cervix and acute myelocytic leukemia), chronic obstructive pulmonary diseases (chronic bronchitis and emphysema), osteoporosis, long-term disability and need for extended care.
- Environmental risks: Increased risk of lung cancer and heart disease in spouses; increased risk for low birth weight, sudden infant death syndrome (SIDS), asthma, middle ear disease, and respiratory infections in children of smokers.

__Rewards

The provider should ask the patient to identify potential benefits of stopping tobacco use. The clinician may suggest and highlight those that seem most relevant to the patient. Examples of rewards follow:

- Improved health.
- Food will taste better.
- Improved sense of smell.
- Saving money. Identify specific items for purchase.
- Feeling better about yourself.
- Home, car, clothing, breath will smell better.
- Having healthier babies and children.
- Setting a good example for children and decrease the likelihood that they will smoke.
- Feeling better physically.
- Performing better in physical activities.
- Improved appearance including reduced wrinkling/aging of skin and whiter teeth.

__Roadblocks

The clinician should ask the patient to identify barriers or impediments to quitting and provide treatment (problem-solving counseling, medication) that could address barriers. Typical barriers might include:

- Withdrawal symptoms.
- Fear of failure.
- Weight gain.
- Lack of support.
- Depression.
- Enjoyment of tobacco.
- Being around other tobacco users.
- Limited knowledge of effective treatment options.



Repetition

The motivational intervention should be repeated every time an unmotivated patient visits the clinic setting. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

TIME ALLOCATION

- 3-10 minutes
- greater than 10 minutes

Professional signature

Note: The documentation checklist should also include standard patient-specific information e.g., name, identifier, etc. The date should also be recorded.

Resources

- American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
- Centers for Medicare and Medicaid Services
- ChiroCode DeskBook, 24th edition, 2016. *ChiroCode Institute*: www.ChiroCode.com
- Glynn TJ, Hatsukami DK (Co-chairs). Reimbursement for smoking cessation therapy: a health practitioner’s guide, 3rd edition (2002). *PACT (Professional Assisted Cessation Therapy)*; accessed 1.13.16: <https://www2.aap.org/richmondcenter/pdfs/PACTReimbursementforSmokingCessation.pdf>
- McRobbie H, Bullen C, Glover M, et al. New Zealand smoking cessation guidelines. *New Zealand Medical Journal* 2008;121:57–70. <http://www.nzma.org.nz/journal/121-1276/3117/>
- MLN (Medicare Learning Network). Tobacco-use cessation counseling services. *Dept. of Health and Human Services – Centers for Medicare & Medicaid Services*, February 2012; ICN 006767
- MLN (Medicare Learning Network). Preventive Services: Intensive Behavioral Therapy for Obesity. *Dept. of Health and Human Services Centers for Medicare & Medicaid*, ICN 006559 October 2015; https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/downloads/MPS_QuickReferenceChart_1.pdf
- NYS Dept. of Health. Practice transformation for smoking cessation counseling V3. *NYS Dept. of Health Tobacco Control Program*; Accessed 6.11.13: <http://www.nysmokefree.com/download/MedicaidMedicareHighlights.pdf>
- Office on Smoking and Health. Smoking & tobacco use: youth and young adult data fact sheets. *Centers for Disease Control and Prevention* 1600 Clifton Rd. Atlanta, GA 30333, USA. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/
- Phurrough S, Salive M, Larson W, et al. Coverage decision memorandum for smoking and tobacco use cessation counseling. *Centers for Medicare & Medicaid Services*, March 22, 2005; Administrative File: CAG 00241N
- U.S. Department of Labor. The Patient Protection and Affordable Care Act. <http://www.dol.gov/ebsa/healthreform/>



History / Updates	
10/17/2013	New policy
04/2014	Annual review and update
04/2015	Annual review and update
04/2016	Annual review and update. Replaced ICD-9 diagnostic codes with applicable ICD-10 codes
04/2017	Annual review and update

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