Billing Code Guidelines for Tobacco Cessation Services

This reimbursement/coverage guideline does not certify benefits or authorization of benefits which is designated by each individual policy holder contract. This guideline is solely for the purpose of explaining correct procedure reporting, and does not imply coverage and reimbursement.

While Medicare does not cover preventative medicine services, it has developed procedure codes that do represent specific preventative medicine services, such as smoking cessation counseling. Smoking cessation is defined as a type of evaluation and management (E/M) service. Only a one E/M service is to be reported on a single date of service. The physician should report the procedure that best supports the services performed.

These codes were introduced by AMA/CPT to report a separate and distinct service for smoking cessation. Physicians should report the services on a 1500-form with reimbursement mapping to the physicians fee schedule.

- Procedure code 99406 represents smoking and tobacco-use cessation counseling of more than 3 minutes and less than 10 minutes, which is defined as intermediate
- Procedure code 99407 represents smoking and tobacco-use cessation counseling of more than 10 minutes, which is defined as intensive

Since time is a descriptor within the code definitions, time must be supported within the physician’s documentation. Documentation must support these services by both time and summary of the discussion, with clear patient goals outlined within the plan established.

Per current guidelines, it is recommended that only eight smoking and tobacco-use cessation counseling sessions be reported in a 12-month period. The member may receive another eight sessions during a second or subsequent year after 11 full months have passed since the first covered session was performed.

Claims for these counseling services must be submitted with the appropriate diagnosis code. Diagnosis codes should reflect

- the condition the patient has that is adversely affected by tobacco use, or
- the condition the patient is being treated for with a therapeutic agent whose metabolism or dosing is affected by tobacco use

Deductible and coinsurance will apply in a standard medical benefit. If the member has the preventive medical benefit, the deductible and coinsurance will not apply, and any diagnosis code will also apply.
Facilities should report the service on a UB-1450 form utilizing bill type 12X, 13X, 22X, 23X, 34X, 71X, 73X, 83X, or 85X with reimbursement mapping to the correct method of payment (usually the outpatient facility fee schedule).

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Revenue Code</th>
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</thead>
<tbody>
<tr>
<td>Rural health centers (RHC) and federally qualified health centers (FQHC)</td>
<td>052X</td>
</tr>
<tr>
<td>Indian health services (IHS)</td>
<td>0510</td>
</tr>
<tr>
<td>Critical access hospitals (CAH) method II</td>
<td>096X, 097X, 098X</td>
</tr>
<tr>
<td><strong>All other providers</strong></td>
<td><strong>0942</strong></td>
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</tbody>
</table>

Numerous effective pharmacotherapies for smoking cessation now exist. Except in the presence of contraindications, these should be used with all patients who are attempting to quit smoking. Over-the-counter nicotine patches are effective relative to placebo, and their use should be encouraged. These medications are intended to be provided under a member’s pharmacological benefit. They are not provided under the medical benefit. The items without codes could be submitted as medical claims under an unlisted procedure code. Six first-line pharmacotherapies were identified that reliably increase long-term smoking abstinence rates:

- Bupropion SR (procedure S0106)
- Nicotine gum (procedures S4995)
- Nicotine lozenge
- Nicotine inhaler
- Nicotine nasal spray
- Nicotine patch (procedures S4990, S4991)
- Varenicline

**-Elite, HMO, PPO, Advantage**

Medicare will allow two smoking cessation attempts per year. Each attempt may include a maximum of four intermediate or intensive sessions. A total of eight sessions are covered in a 12-month period. **However, these limits do not apply to Paramount members as they are allowed an unlimited number of visits.**

**DENIAL CODE**

Smoking cessation (99406 and 99407) services were developed as E/M services and may be reported with the E/M services 99201-99205 and 99211-99215. They will be denied “IN” (service incidental to primary procedure, no patient liability) with all other E/M services. If the physician performs a comprehensive preventative medicine evaluation for new patients (99381-99387) or established patients (99391-99397), the smoking cessation counseling is included within the scope of the service.
Any medications provided (e.g., S0106, S4990, S4991 and S4995) will be denied “2N” (nicotine deterrent provided is not covered – patient liability) as these are expected to be provided through a member’s pharmacy benefit. If an unlisted procedure code or a member submitted claim is submit for this type of product, the same denial will apply.

**EXCEPTION**
None

**REVISION**
On 3/1/2007, it was determined to allow the smoking cessation services with the E/M services 99201-99205 and 99211-99215. Procedures G0375 and G0376 will continue to be denied “IN” with all other E/M services as previously.

On 1/1/2008, these services were replaced with 99406 and 99407 following the same established guidelines in place for the deleted procedure codes G0375 and G0376.