Smoking Cessation Services – Summary of Coding & MN Health Plan Policies
Categorized by Service and Provider Type
October 2011

MINNESOTA'S VISION A Better State of Health
Statewide Health Improvement Program | SHIP

				Key Payer Comments/Coverage Exclusions (if known)				
Provider Credentials	Codes/Descriptions (any payer variations are noted to the right)	Additional Instructions/ Documentation Requirements	2011 tRVU (1)	Medicare (Incident to rules typically apply)	Medicaid	BCBS	HealthPtrs	Medica
Discussion/Counseling, Individual, when Smoking and Tobacco Services is the Primary Service (Risk Factor Reduction)								
MD NP PA	**99406, 99407 Behavior Change Interventions, Individual** Smoking/tobacco use cessation counseling visit - intermediate, greater than 3 min up to 10 min - intensive, greater than 10 min ***These are the recommended codes for most smoking cessation services.	These codes are used to report services provided face-to-face by a physician or other qualified health care professional for the purpose of promoting health and preventing illness or injury. They are distinct from evaluation and management (E/M) services that may be reported separately when performed. Behavior change interventions are for persons who have a behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse/misuse, or obesity. Behavior change services may be reported when performed as part of the treatment of condition(s) related to or potentially exacerbated by the behavior or when performed to change the harmful behavior that has not yet resulted in illness. Any E/M services reported on the same day must be distinct, and time spent providing these services may not be used as a basis for the E/M code selection. Behavior change services involve specific validated interventions of assessing readiness for change and barriers to change, advising a change in behavior, assisting by providing specific suggested actions and motivational counseling, and arranging for services and follow up. Total visit time and a summary of the discussion must be documented.	.40, .78	Medicare provides coverage of smoking and tobacco use cessation counseling services for beneficiaries who meet the following criteria: • Who use tobacco and have been diagnosed with a recognized tobacco-related disease or who exhibit symptoms consistent with tobacco-related disease; • Who use tobacco (regardless of whether they have signs or symptoms of tobacco-related disease) • Beneficiaries must be competent and alert at the time that counseling services are provided • Counseling is furnished by a qualified physician or other Medicare-recognized practitioner. Documentation must show sufficient beneficiary history to adequately demonstrate that Medicare coverage conditions were met. Medicare will cover two cessation attempts per year. Each attempt may include a maximum of four sessions. The total annual benefit covers up to eight counseling sessions in a 12-month period. The beneficiary may receive another eight counseling sessions during a second or subsequent year after 11 months have passed since the first Medicare-covered cessation counseling session was performed. Payment is allowed for a medically necessary E/M service on the same day when it is clinically appropriate. Append modifier 25 to the E/M service.	MHCP covers smoking cessation education, counseling, and products when they are ordered by a primary care provider and provided by an MHCP enrolled provider or Physician Extender. Smoking cessation products must be approved by the Food and Drug Administration (FDA) and covered under the Medicaid Drug Rebate Agreement.	Coverage for the treatment of tobacco dependence is subject to the member's contract benefits. • Submit diagnosis code 305.1 or V15.82 if the intent is counseling and/or visit to obtain a prescription for smoking cessation medication/ patches. (Use as secondary as appropriate) • ...and acupuncture (codes 97810-97811, 97813-97814) are considered investigative for treatment...and are ineligible for reimbursement. • Nicotine replacement therapies and bupropion for the treatment of tobacco dependence are subject to the member's pharmacy benefits. Claims submitted using 99406, 99407 counseling visit codes will process according to the illness portion of the patient's contract. These codes may also be covered under health care reform (HCR) and as such, will be processed according the preventive portion of the patient's contract.	A separate policy does not exist; HP offers a health coach for smoking cessation support.	Appears to follow ICSI guidelines.
MD NP PA (and other providers for Medicaid)	**99401, 99402, 99403, 99404 Preventive medicine counseling** and/or risk factor reduction interventions, Individual 15, 30, 45, 60 minute sessions	To promote health and prevent illness or injury (codes are NOT for counseling patients with symptoms or established illnesses). Behavior change interventions are for persons who have a behavior...such as tobacco use/addiction, substance abuse/ misuse, or obesity. Behavior change services involve assessing readiness and barriers to change, advising a change in behavior, assisting by providing specific suggested actions and motivational counseling, and arranging for services and follow-up. These services should address issues such as family problems, diet and exercise, substance abuse, injury prevention, and diagnostic and lab results. Total visit time and a summary of the discussion must be documented.	1.03, 1.79 2.51, 3.54 .46, .60	Non-covered	Eligible providers: Physicians, Enrolled PAs, NPs, CNSs, CNMs Physician extenders: (non-enrolled APRNs, RNs, genetic counselors, licensed acupuncturists and pharmacists. Use modifier U7 when a physician extender providers the service.	Claims submitted using these preventive counseling codes will process according to the preventive portion of the patient's contract.	No published policy statement.	No published policy statement.

TYPICAL ICD-8 CODES:
305.1- Non-dependent tobacco use disorder; V15.82- Personal History of tobacco use, presenting hazards to health

Smoking Cessation Services – Summary of Coding & MN Health Plan Policies
Categorized by Service and Provider Type
October 2011

				Key Payer Comments/Coverage Exclusions (if known)				
Provider Credentials	Codes/Descriptions (any payer variations are noted to the right)	Additional Instructions/ Documentation Requirements	2011 tRVU (1)	Medicare (Incident to rules typically apply)	Medicaid	BCBS	HealthPtrs	Medica
Discussion/Counseling, Group, when Smoking/Tobacco Cessation is the Primary Service (see Note)								
MD NP PA (and other providers for Medicaid)	**99401, 99402, 99403, 99404 Preventive medicine counseling** and/or risk factor reduction interventions, Individual 15, 30, 45, 60 minute sessions 99411, 99412 Preventive medicine counseling and/or risk factor reduction intervention, group setting 30 & 60 minute sessions	To promote health and prevent illness or injury (codes are NOT for counseling patients with symptoms or established illnesses). Behavior change interventions are for persons who have a behavior...such as tobacco use/addiction, substance abuse/ misuse, or obesity. Behavior change services involve assessing readiness and barriers to change, advising a change in behavior, assisting by providing specific suggested actions and motivational counseling, and arranging for services and follow up. These services should address issues such as family problems, diet and exercise, substance abuse, injury prevention, and diagnostic and lab results. Total visit time and a summary of the discussion must be documented.	1.03, 1.79 2.51, 3.54 .46, .60	Non-covered	Eligible providers: Physicians, Enrolled PAs, NPs, CNSs, CNMs Physician extenders: (non-enrolled APRNs, RNs, genetic counselors, licensed acupuncturists and pharmacists. Use modifier U7 when a physician extender provides the service.	Claims submitted using these preventive counseling codes will process according to the preventive portion of the patient's contract.		
PharmD MA/LPN/RN	**S9453 Smoking cessation classes, non-physician provider**, per session		NA	Not likely recognized by Medicare.	Not defined by DHS; suggest using 99411, 99412 with U7 modifier.	Code S9453 for stop-smoking classes is generally not an eligible service under the patient's contract; however, may be covered under health care reform (HCR) and as such, will be processed according the preventive portion of the patient's contract.		
Discussion/Counseling, Individual, when Smoking/Tobacco Cessation is a Secondary Service (See Note)								
MD NP PA DC	**Evaluation and Management** (E/M) codes (New Patient **99201-99205** Establ. Patient 9**9211-99215**)	CMS/AMA E/M Documentation rules: - Three key components or total and counseling time (For DC provider type, CPT states E/M codes may be used; see intro to CMT section)	New Patient 1.25 2.16 3.13 4.8 5.95 Establ. Patient 0.56 1.24 2.09 3.08 4.15	Covered.	MHCP covers smoking cessation education, counseling, and products when they are ordered by a primary care provider and provided by an MHCP enrolled provider or Physician Extender. Smoking cessation products must be approved by the Food and Drug Administration (FDA) and covered under the Medicaid Drug Rebate Agreement.	No published policy statement.	No published policy statement.	No published policy statement.
PT DC	There are no discussion oriented codes other than initial and follow up evaluation codes, which do not seem to apply here.	NA	NA	Written policies do not reference smoking cessation services by PT providers. Medicare coverage for services by Doctors of Chiropractic medicine extends only to treatment by means of manual manipulation of the spine to correct a subluxation; all other services furnished or ordered by chiropractors are not covered.	Written policies do not reference smoking cessation services by PT or DC providers.	Written policies do not reference smoking cessation services by PT or DC providers.	Care must be rehabilitative and medically necessary for...acute neuromusculoskeletal conditions such as back pain, neck pain, chronic, and tension headaches.	Written policies do not reference smoking cessation services by PT or DC providers.
PharmD MA/LPN/RN	**99211** (Lowest level establ patient office visit)	99211: Document physician's order, reason for visit, services delivered, discussions with other providers, and plan.	0.58	Allows G0436-G0437 for preventive tobacco cessation - illnesses have not yet been diagnosed				

Smoking Cessation Services – Summary of Coding & MN Health Plan Policies
Categorized by Service and Provider Type
October 2011

				Key Payer Comments/Coverage Exclusions (if known)				
Provider Credentials	Codes/Descriptions (any payer variations are noted to the right)	Additional Instructions/ Documentation Requirements	2011 tRVU (1)	Medicare (Incident to rules typically apply)	Medicaid	BCBS	HealthPtrs	Medica
Discussion/Counseling, Group, when Smoking/Tobacco Cessation is the Secondary Service (see Note)								
MD NP PA (and other providers for Medicaid)	**99078** **Physician educational services** rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)	CPT code 99078 is available for reporting counseling of groups of patients with established illness (CPT Assistant Jan 1998).	NA	Not recognized by Medicare.	Eligible providers: Physicians, Enrolled PAs, NPs, CNSs, CNMs Physician extenders: (non-enrolled APRNs, RNs, genetic counselors, licensed acupuncturists and pharmacists. Use modifier U7 when a physician extender provides the service.	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dieticians. Use ICD-9 V65.3 for prevention/risk factor reduction and 278.00 or 278.01 for obesity. These codes will cause claims to pay according to the illness portion of the patient's contract.	No published policy statement.	No published policy statement.
Telephone Calls, Initiated by Patient								
MD NP PA	**99441, 99442, 99443** **Telephone E/M services** to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service within the next 24 hours or soonest available appointment; 5-10 min, 11-20 min, and 21-30 minute sessions	Used to report care initiated by an established patient or guardian. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code should not be reported (part of preservice work of the upcoming visit). Likewise, if the call relates to an E/M service performed within the previous seven days, the call is considered part of that E/M service. Similarly, do not report 99441-99443 if reported in the previous seven days. Medical record documentation must include the total time spent by the provider and a summary of the discussion.	.41, .79, 1.16	Telephone calls are not covered	Telephone calls are not covered	Non-covered	Covered, via Pilot Program	Historically covered (policy includes deleted codes)
RD PharmD MA/LPN/RN PT DC	**98966-98968** **Telephone E/M services** to an established patient by a qualified healthcare professional, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service within the next 24 hours or soonest available appointment; 5-10 min, 11-20 min, and 21-30 minute sessions	Used to report episodes of care initiated by an established patient or guardian. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code should not be reported (part of the preservice work of the upcoming visit). Likewise, if the call relates to an E/M service performed within the previous seven days, the call is considered part of that E/M service. Similarly, do not report 99441-99443 if reported in the previous seven days. Medical record documentation must include the total time spent by the provider and a summary of the discussion.	.41, .79, 1.16	Telephone calls are not covered	Telephone calls are not covered	Non-covered	No published policy statement.	Historically covered (policy includes deleted codes)
Telephone Calls, Initiated by Clinic								
All provider types	**99499** (unlisted E/M code) Follow up telephone E/M service, initiated by clinic, not included in recent or upcoming E/M service.	This (unlisted) code can be used to report telephone calls initiated by the clinic (e.g., check in calls). If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code should not be reported; the service is part of the preservice work of the upcoming visit. Likewise, if the call relates to an E/M service performed within the previous seven days, the call is considered part of that previous E/M service. The claim must be accompanied by supporting documentation.	NA	Telephone calls are not covered	Telephone calls are not covered	Non-covered	No published policy statement.	No published policy statement.
				Multiple references	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008926	http://www.bluecrossmn.com/bc/wcs/groups/bcbsmn/@mbc_bluecrossmn/documents/public/post71a_082625.pdf	http://www.healthpartners.com/policies/policy.do?type=1,2,11,14&title=All%2Medical%20Coverage%20Criteria%20for%	https://provider.medica.com/C1/CoveragePolicies/default.aspx

(1) tRVU reflects the 2011 RBRVS total Relative Value Unit (RVU). RVUs are converted to currency for various purposes, including reimbursement, by multiplying it by a conversion factor.

NOTE: When any of these services are billed on the same day as an E/M service, most payers will consider it part of the E/M service and will not reimburse separately.

NOTE: Medication Therapy Management codes (99605-99607) do not apply to smoking cessation services and should not be used.

NOTE: For Medicare, doctors of chiropractic medicine are not eligible to order and refer. Medicare coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation; all other services furnished or ordered by chiropractors are not covered.

TYPICAL ICD-8 CODES:
305.1- Non-dependent tobacco use disorder; V15.82- Personal History of tobacco use, presenting hazards to health