



DOCUMENTING, CODING, & BILLING FOR TOBACCO DEPENDENCE TREATMENT

A GUIDE TO MAXIMIZING REIMBURSEMENT

A Project of  **CAI**

Promoting Health Systems Improvement
for a Tobacco Free New York

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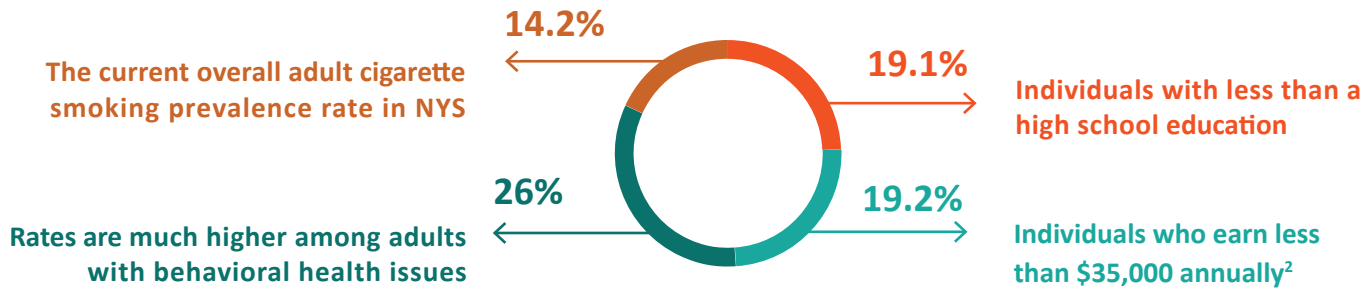
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Disclaimer: Guidance regarding coding for nicotine dependence, as well as the example scenarios provided are for educational purposes only. Clinical providers and health systems administrators are responsible for contacting their third-party payers for specific information about coding, coverage, and payment policies. It is recommended that all healthcare sites establish and maintain a relationship with a specific individual/contact at each of the third-party payer organizations that they bill. Also, users should refer to the ICD-10–CM official guidelines for further clarification.

INTRODUCTION

TOBACCO USE IS THE LEADING CAUSE OF PREVENTABLE DISEASE

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. An estimated 36 million adults in the United States smoke cigarettes, and over 16 million individuals in the U.S. live with a tobacco-related disease.¹ In New York State (NYS), although the adult smoking rate is at a record low, tobacco use still claims approximately 28,000 lives annually, and approximately 2 million adult New Yorkers continue to smoke cigarettes.²



ABOUT THIS GUIDE

Screening and counseling for smoking cessation are distinct preventive services mandated by many regulatory organizations and encouraged by public health organizations.

The goal of this guide is to assist primary care, behavioral health, and substance abuse treatment providers and outline practices to maximize reimbursement for providing life-saving tobacco cessation services by documenting, coding and billing for tobacco and nicotine dependence screening and treatment.

To achieve this goal, this guide outlines common diagnosis codes for tobacco and nicotine use and dependence within the new **International Classification of Diseases, Tenth Revision, Clinical Modification** diagnosis code set (ICD-10-CM or ICD-10), as well as reviews strategies for clinical documentation. This guide also provides foundational information for both the ICD-10 diagnosis codes for tobacco or nicotine dependence, as well as the procedure codes for billing and encounter coding.

The guide is structured in the following manner:

- ▶ **Section 1:** Diagnostic coding for tobacco use, dependence and exposure
- ▶ **Section 2:** Procedure codes for tobacco cessation services
- ▶ **Section 3:** Tobacco cessation benefits

The **Center of Excellence for Health Systems Improvement (COE for HSI)** provides technical assistance and support to ten regional Health Systems Improvement (HSI) grantees across NYS who work closely with hospital systems, Federally Qualified Health Centers (FQHCs), and behavioral health organizations to put systems into place to ensure that every tobacco user is screened, offered education and counseling, and receives timely tobacco dependence treatment (TDT), if desired. To learn more visit tobaccofreeny.org



SECTION 1: DIAGNOSTIC CODING FOR TOBACCO USE, DEPENDENCE, & EXPOSURE

OVERVIEW OF THE DIAGNOSTIC CODING SYSTEM: ICD-10

ICD-10 is the 10th revision of the **International Statistical Classification of Diseases and Related Health Problems (ICD)**, a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases. ICD-10 codes support the medical necessity for performing a service.

For both clinical and financial reasons, healthcare providers must clearly indicate the reasons for services rendered. When a provider chooses ICD-10 diagnosis codes, both the codes chosen and documentation in the medical record must support the medical necessity for the subsequent services provided and the procedure codes that are linked to the ICD-10 diagnosis code.

To accurately select and support ICD-10 codes relating to tobacco use, it is essential for clinicians to specify whether the patient is engaging in the use of tobacco, has developed a dependence on nicotine, is exposed to tobacco smoke, or has a past history of nicotine dependence. **Figure 1** displays the four categories of nicotine/tobacco ICD-10 Coding.

Figure 1: Four Categories of ICD-10 Nicotine Coding



Documentation also should include the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal. These distinctions will assist with proper reimbursement and help manage and track your population to understand the most prevalent conditions related to tobacco use and the products used by patients to consume nicotine.

NICOTINE USE VS. DEPENDENCE

Healthcare providers frequently have questions related to the ICD codes for tobacco “use” vs. tobacco “dependence.” Determining the category into which a patient falls ultimately rests upon clinical judgment. However, everyone involved in the coding process can benefit from reviewing the clinical definition of “tobacco use disorder” released in 2013, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)³ is the most recent update to the Diagnostic and Statistical Manual of Mental Disorders, the taxonomic and diagnostic tool published by the American Psychiatric Association (APA). In the United States, the DSM serves as the principal authority for psychiatric diagnoses. Treatment recommendations, as well as payment by healthcare providers, are often determined by DSM classifications.

The definition is a useful diagnostic tool for determining what constitutes “dependence.” An accurate diagnosis of “use” versus “dependence” should be updated and/or reflected on patients’ active problem list.

Code Based on Healthcare Provider Documentation

One or any combination of nicotine use, abuse and/or dependence could be documented in a patient’s chart by a healthcare provider. It is important to only code what has been documented.

If more than one aspect of a patient’s nicotine use has been documented, assign only one code.

Code the highest degree of specificity that has been documented, in the following order:

- ① **Dependence**
- ② **Abuse**
- ③ **Use**

This means that when coding, dependence takes precedence over the other codes if it’s been documented.

Table 1. DSM-5 Tobacco Use Disorder Diagnostic Criteria

The following table displays the definition of “Tobacco Use Disorder” exactly as described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

A problematic pattern of tobacco use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:	
1	Tobacco is often taken in larger amounts or over a longer period than was intended.
2	There is a persistent desire or unsuccessful effort(s) to cut down or control tobacco use.
3	A great deal of time is spent in activities necessary to obtain or use tobacco.
4	Craving, strong desire, or urge to use tobacco.
5	Recurrent tobacco use resulting in a failure to fulfill major role obligations at work, school, or home
6	Continued tobacco dependence despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of tobacco (e.g., arguments with others about tobacco use).
7	Important social, occupational, or recreational activities are given up or reduced because of tobacco use.
8	Recurrent tobacco use in situations in which it is physically hazardous (e.g., smoking in bed).
9	Tobacco use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by tobacco.
10	Tolerance, as defined by either of the following:
a	A need for markedly increased amounts of tobacco to achieve a desired effect.
b	A markedly diminished effect with continued use of the same amount of tobacco.
11	Withdrawal, as manifested by either of the following:
a	The characteristic withdrawal syndrome for tobacco (refer to DSM5 criteria for Tobacco Withdrawal)
b	Tobacco (or a closely related substance, such as nicotine) is taken to relieve or avoid withdrawal symptoms.

Source: American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC.

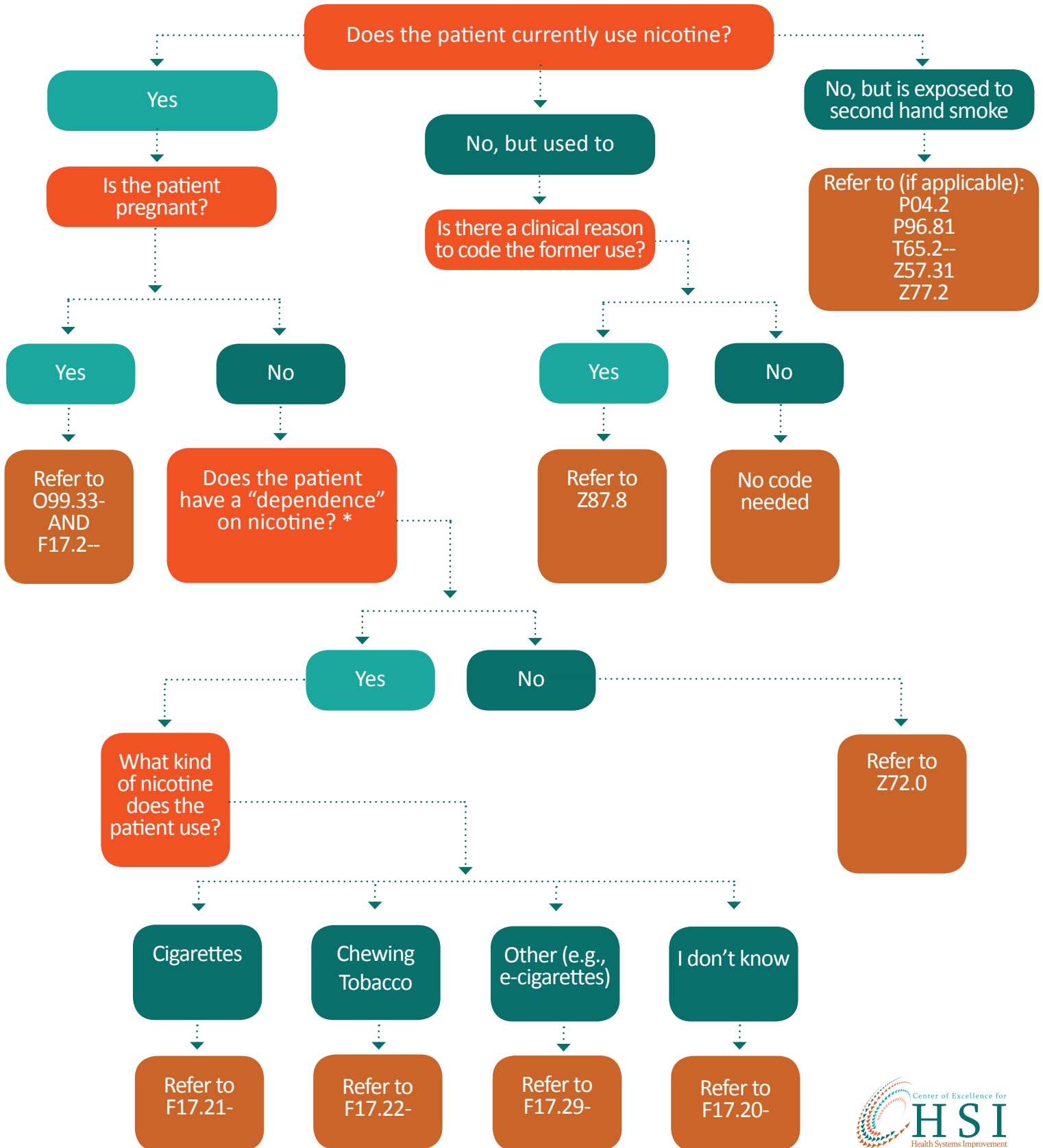
The Centers for Medicare and Medicaid Services (CMS) relates the DSM-5 criteria to ICD codes as follows:

DSM-5 contains the standard criteria and definitions of mental disorders now approved by the American Psychiatric Association (APA), and it also contains both ICD-9-CM and ICD-10-CM codes (in parentheses) selected by APA. Since DSM-IV only contains ICD-9-CM codes, it will cease to be recognized for criteria or coding for services with dates of service of October 1, 2015 or later. Updates for DSM-5 criteria and associated ICD-10-CM codes (identified by APA) are found at www.dsm5.org.



Choosing the correct diagnostic code given the patient’s history can often be challenging. **Figure 2: Diagnostic Coding-at-a-Glance for Nicotine Use / Dependence** is a workflow diagram meant to provide guidance in choosing the correct diagnosis code(s). It also encompasses the four categories of nicotine/tobacco ICD-10 Coding previously mentioned in **figure 1**.

Figure 2: Diagnostic Coding-at-a-Glance for Nicotine Use / Dependence



CODING NICOTINE USE

The following ICD-10 code(s) should be used if the clinician determines that the patient **USES** nicotine products but is **NOT DEPENDENT** on nicotine.

Table 2. Nicotine Use Codes

Z72.0	Tobacco Use
Excludes1 <i>(See Box 1: ICD-10 Coding Note below for guidance)</i>	
Z87.891*	History of tobacco dependence
F17.---	Nicotine and tobacco dependence
O99.33-	Tobacco use during pregnancy <i>(see additional guidance on page 8 re: O99.33-)</i>
<small>* Z Codes are not billable, they are used to provide information regarding reasons for an encounter.</small>	

BOX 1: ICD-10 CODING NOTES

The ICD-10-CM guidelines include a number of instructional notations to help users properly select codes. These notes include two types of code exclusions to identify situations where a different code might be more appropriate, or if another code could be added that further supports patient care.

EXCLUDES 1: A type 1 “Excludes” note means “NOT CODED HERE,” indicating that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

EXCLUDES 2: A type 2 “Excludes” note represents “NOT INCLUDED HERE.” An Excludes2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

REMEMBER:

Excludes1: “Consider these codes instead”

Excludes2: “Consider these codes in addition”

Documentation Tips:

- ✓ Clinicians should be specific in documenting the type of product used, frequency of tobacco use and any pertinent modifying factors to support ICD-10 code selection. For example, instead of documenting “*current tobacco user*” document “*currently smokes a few cigarettes a week when out with friends.*”
- ✓ Documentation of non-tobacco users might include “*non-smoker - no exposure*” or “*patient denies tobacco exposure.*”
- ✓ When possible, use structured data fields within your electronic health record (EHR) for recording tobacco use and/or dependence, as free-text information in narrative notes is not searchable, and is more difficult to find or view by other members of the care team and billing/coding team.

CODING NICOTINE DEPENDENCE

In ICD-10-CM, nicotine dependence (F17-) is represented by 20 different codes. These codes are specifically to identify the **type of nicotine product used**, such as **cigarettes, chewing tobacco, other tobacco product, or unspecified.**

Clinicians should use the code representing “other tobacco product” when the specific type of nicotine product is unknown or does not fall into the category of cigarettes or chewing tobacco. Electronic Nicotine Delivery Systems (ENDS) such as e-cigarettes are a common product under this category.

Electronic nicotine delivery systems (ENDS) are battery-operated devices designed to deliver nicotine to users with flavorings and other chemicals in vapor form rather than smoke.
Use F17.29- “other tobacco product” codes.

Table 3. Nicotine Dependence Codes

The following table displays a complete list of ICD-10 Nicotine Dependence Codes.

Code	Description
F17-	Nicotine dependence
F17.20-	Nicotine dependence, unspecified
F17.200	... uncomplicated
F17.201	... in remission
F17.203	... with withdrawal
F17.208	... with other nicotine-induced disorders
F17.209	... with unspecified nicotine-induced disorders
F17.21-	Nicotine dependence, cigarettes
F17.210	... uncomplicated
F17.211	... in remission
F17.213	... with withdrawal
F17.218	... with other nicotine-induced disorders
F17.219	... with unspecified nicotine-induced disorders
F17.22-	Nicotine dependence, chewing tobacco
F17.220	... uncomplicated
F17.221	... in remission
F17.223	... with withdrawal
F17.228	... with other nicotine-induced disorders
F17.229	... with unspecified nicotine-induced disorders
F17.29-	Nicotine dependence, other tobacco product (use this series for Electronic Nicotine Delivery Systems [ENDS])
F17.290	... uncomplicated
F17.291	... in remission
F17.293	... with withdrawal
F17.298	... with other nicotine-induced disorders
F17.299	... with unspecified nicotine-induced disorders
Excludes1: <i>(See Box 1, for guidance)</i>	
Z87.891	History of tobacco dependence
Z72.0	Tobacco use
Excludes2:	
O99.33	Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium
T65.2	Toxic effect of nicotine

The “unspecified” codes in **nicotine dependence ONLY** should be used if the clinician’s documentation notes that the patient has nicotine dependence but does not specify the type of product used to deliver nicotine. The use of unspecified codes should be limited, as the clinician’s documentation should include the type of product used and other important information to accurately code under ICD-10 whenever possible.

REMISSION, WITHDRAWAL, AND NICOTINE-INDUCED DISORDERS

Nicotine dependence codes are further defined by whether the patient’s dependence is **uncomplicated, in remission, with withdrawal symptoms, or with other nicotine-induced disorders**. **Box 2** provides useful definitions on these subcategories of dependence.

BOX 2: DEFINITIONS TO CONSIDER WHEN CODING FOR NICOTINE DEPENDENCE

REMISSION: The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines early remission of nicotine dependence as at least 3 but less than 12 months without substance use (except craving), and sustained remission is defined as at least 12 months without criteria (except craving).¹

WITHDRAWAL: Daily use of nicotine for at least several weeks, AND an abrupt cessation of nicotine use, or reduction in the amount of nicotine used, followed within 24 hours by four or more of the following signs: (1) irritability, frustration, or anger; (2) anxiety; (3) difficulty concentrating; (4) restlessness; (5) decreased heart rate; (6) increased appetite or weight gain; (7) dysphoric or depressed mood; and (8) insomnia.¹

NICOTINE-INDUCED DISORDER: An adverse health event that a provider documents as having a direct cause-and-effect relationship with the patient’s nicotine use (e.g., chronic obstructive pulmonary disease, or COPD). Default to using “uncomplicated” codes unless there is a documented relationship between nicotine use and the disorder.

Documentation Tips Supporting Diagnostic Codes

- ✓ Clinicians are encouraged to include the type of nicotine product along with how often the patient uses that product, as well as any related complications. For instance, instead of documenting “current smoker” or “smokes 1PPD,” it is recommended that the clinician document “Smokes 1 PPD cigarettes without complications” or “Smokes 1 PPD cigarettes with nicotine-induced COPD.”
- ✓ Clinicians should document a cause-and-effect relationship between a patient’s tobacco use and other disease processes in order for the coder to link the disease process to that patient’s tobacco use.

EXAMPLE – A patient is a current cigarette smoker with a 20-year history of smoking who now presents with emphysema. The physician does not link the smoking to the emphysema in the medical record; therefore, it would not be appropriate for the coder to use F17.218, Nicotine dependence, cigarettes, with other nicotine-induced disorders.

If the patient does not have nicotine-induced disorders and is not exhibiting signs of withdrawal or remission, the clinician should default to using one of the “uncomplicated” codes.



CODING TOBACCO USE DURING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

Codes under subcategory O99.33- *Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium*, should be assigned when a patient uses any type of tobacco product during the pregnancy or postpartum period.

Please note that ICD-10 coding instructions advise that these codes be accompanied by a secondary code from Category F17 to identify the type of nicotine product the patient uses.

Table 4. Codes for Tobacco Use During Pregnancy, Childbirth, and the Puerperium

Code	Description
O99.33	Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium
O99.330	... unspecified trimester
O99.331	... first trimester
O99.332	... second trimester
O99.333	... third trimester
O99.334	... childbirth
O99.335	... the puerperium

Use a secondary code from category F17--- *Nicotine dependence*, to identify the type of nicotine dependence.

CODING TOBACCO AND SECONDHAND SMOKE EXPOSURE

Providers often encounter patients who may not use tobacco products themselves, but are regularly exposed to secondhand smoke. Exposure to secondhand smoke should be documented and coded. The codes in Table 5 below may be useful depending on the specific situations encountered by the patient. Organizations should consult the complete ICD-10 code set for detailed instructions on use of these codes:

Table 5. Tobacco Exposure Codes

Code	Description
P04.2	Newborn (suspected to be) affected by maternal use of tobacco*
P96.81	Exposure to (parental) (environmental) tobacco smoke in the perinatal period*
T65.2---	Toxic effect of tobacco and nicotine**
Z57.31	Exposure to environmental tobacco smoke - Occupational*
Z77.22	Exposure to second hand tobacco smoke (acute) (chronic)*

*Refer to complete ICD-10 code set for Excludes notes
 **Refer to complete ICD-10 code set to select correct 5th, 6th and 7th digits

Note: Codes for tobacco and nicotine exposure or use are required to be reported in addition to all respiratory conditions (ICD-10 codes within Categories J00 to J99) and with many other conditions such as otitis media and diseases of the oral and nasal mucosa.



CODING PAST HISTORY OF NICOTINE DEPENDENCE

Occasionally, a clinician will encounter a scenario that would benefit from documenting a patient's past dependence on nicotine. **There is no code for past history of nicotine use, only a code for past history of nicotine dependence.** For example, a clinician may want to document a patient's past use of cigarettes while treating that patient for asthma, as this history is likely pertinent to the course of treatment. In these scenarios, clinical providers would use the Z87.891 code (note: F17-- is not coded with this code).

Table 6. Coding Past History of Nicotine Dependence/Smoking

Z87.891	Personal history of nicotine dependence
Excludes1 (See Box 1: ICD-10 Coding Note above for guidance)	
F17.---	Nicotine dependence (current)

Documentation Tips:

- ✓ Be as specific as possible when documenting current and past history of nicotine use/dependence. For example, document “quit smoking cigarettes in 2014” or “quit cigars at age 42,” rather than just “quit smoking” or “does not currently use tobacco.”
- ✓ Remember to update the problem list to identify “remission” for any period of tobacco cessation lasting more than twelve months.

SECTION 2: PROCEDURE CODES FOR TOBACCO CESSATION SERVICES

CODING TOBACCO CESSATION COUNSELING

The tobacco cessation counseling that healthcare providers deliver related to tobacco use and dependence is reimbursable and may often merit the use of a diagnosis code. This could be the case if a patient presents solely for cessation assistance, or when a visit for another reason naturally progresses into the provision of tobacco cessation counseling and the clinician needs to explain an extended length of visit time or the use of a CPT code for counseling. In these scenarios, clinicians would use the Z71.6 code along with a secondary F17-- code that describes the nicotine dependence.

Table 7. Linking a Procedure Code to a Diagnostic Code

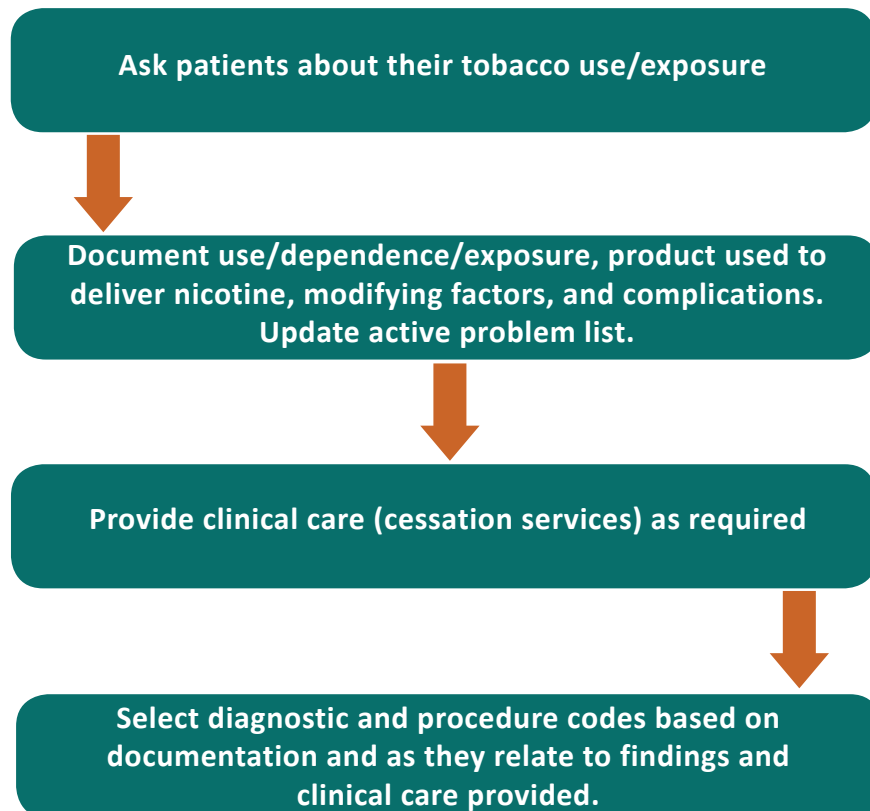
Z71.6	Tobacco abuse counseling
Use a diagnostic code from Category F17.2-- <i>Nicotine dependence</i> , to identify the type of nicotine dependence	

Documentation Tip:

- ✓ Smoking cessation counseling CPT codes (e.g., 99406, 99407) are time-based codes. In order to support the use of these codes, documentation of the cessation counseling should include the amount of time spent with the patient.

Asking patients about tobacco use and documenting their tobacco use status typically increases the rate of clinician intervention.

In Summary...



CPT CODES

Currently Procedural Terminology (CPT) codes are used to describe tests, surgeries, evaluations, and other medical procedures performed by a healthcare provider on a patient. These codes are a method of documenting what service or procedure was performed by a provider during a given visit (fee for service model) or during a given time (monthly case rate for Value-Based Care models). Category I CPT codes are divided into six sections:

- ▶ Evaluation and Management (E/M)
- ▶ Anesthesiology
- ▶ Surgery
- ▶ Radiology
- ▶ Pathology and Laboratory
- ▶ Medicine

CPT Codes used for tobacco screening and treatment are part of the “Evaluation and Management” (E/M) section of the CPT code book. Codes specific to tobacco/nicotine should be used in addition to the E/M code if other services were provided in addition to tobacco cessation counseling. The E/M preventive counseling codes are often used to reflect time spent with a patient, rather than complexity or medical decision making typical of most E/M codes. If more than fifty percent (50%) of the visit is spent counseling the patient, the E/M code could be selected based on time.

MODIFIERS

If a provider uses different E/M codes on the same day, a **modifier** must be added to the claim for payment. Modifiers are two-digit codes that when added to a procedure code give more specificity to the service or procedure rendered and will modify a service/procedure under certain circumstances for appropriate additional reimbursement. When coding for Tobacco Dependence Treatment, Modifier 25 notes a significant, separately identifiable evaluation and management service by the same clinician on the same day of the procedure or other service. As Medicare and other payers are increasingly scrutinizing the use of Modifier 25, its use should be considered carefully.

Procedure codes, such as E/M codes, document what services were performed and indicate the time and complexity of those services. E/M codes chosen by providers will depend on whether a service performed was a screening only, or if the service provided actually included treatment of tobacco or nicotine dependence. For tobacco use screening, the preventive counseling E/M codes are used. Codes 99406 and 99407 are selected *according to the time spent counseling the patient regarding tobacco cessation during a face to face visit.*

Table 8. Evaluation and Management Codes

99201-99205	New patient, outpatient visit, office based
99211-99215	Existing patient, outpatient visit, office based
99401-99404	Individual preventive counseling
99406	Preventive medicine, smoking/tobacco use cessation counseling, greater than three minutes and up to ten minutes
99407	Preventive medicine, smoking/tobacco use cessation counseling, intensive, greater than ten minutes (if a group is being conducted, combine with Modifier HQ)
99411-99412	Group preventive counseling

Preventive service codes are often reimbursed by payers, but reimbursement will vary, particularly for organizations or providers in special arrangements such as capitated rates or other value-based payment arrangements. Preventive codes can be used for individuals or groups, as noted above. If a provider spends less than three minutes counseling a patient about tobacco dependence, the time spent counseling does not qualify for the preventive codes and is considered part of the E/M office-based visit and code.

There are preventive codes used such as 99384-99387 (for initial visit) and 99394-99397 (for existing patients) for preventive services, that include risk reduction, as part of the visit. As a result, some of the other codes, like tobacco or nicotine use related counseling, may not be reimbursed. If a provider is reporting the use of the codes 99406 or 99407 they must be documented and clearly separate from the services provided under the prevention E/M code.

It is critical to document time spent on counseling in the medical record and include topic and specifics of the counseling. It is important to link all of the prevention or E/M codes to the appropriate diagnosis codes, as discussed in Section 1. Providers can only use one of the counseling codes per visit. The codes must directly apply to a service performed for the patient. For example, providers cannot bill for counseling the parent of a pediatric patient.

Documentation Tip

Documentation in the record must show sufficient patient history and verification of the counseling intervention, such as:

- ✓ Asked about tobacco use and given information on benefits of quitting
- ✓ Assessed the willingness to quit (stages of change)
- ✓ Provided support for quit attempt
- ✓ Follow-up scheduled
- ✓ Time spent documented (these codes are time based)

HCPCS CODES

The **Healthcare Common Procedure Coding System (HCPCS)** is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes.

Table 9. HCPCS Code Related to Tobacco Cessation (No Longer in Use)

S9075	Smoking Treatment
S9453	Smoking Cessation Classes

“S Codes” are temporary nationally-used codes.

These codes were meant to be used by non-physician providers, **but are no longer available for use.**⁴

Health and Behavior Assessment and Intervention Codes

Health and Behavior Assessment and Intervention CPT codes that are used for health and behavioral assessment and intervention services. These services can be provided by psychologists, but no other licensed mental health providers (with the exception of a few states who have ruled their use as allowable for the expansion of integrated primary care and behavioral health services). **These codes are often not used by primary care providers, of any licensure, as they are reimbursed at a lower rate than the E/M code applicable for that visit.**⁵

Table 10. Health and Behavior Assessment and Intervention Codes

96150	The initial assessment of a patient to determine biological, psychological and social factors affecting the patient’s health
96151	A reassessment of a patient subsequent to above
96152	The intervention service provided to an individual to modify the behavioral, psychological or social factors affecting the patient’s physical health
96153	Group intervention for above
96154	Family intervention for above with the patient present

SECTION 3: TOBACCO CESSATION BENEFITS

The tables in this section provide guidance regarding tobacco cessation benefit availability from New York State Medicaid, Medicare, and TRICARE including allowable provider types and coding.

NY STATE MEDICAID

As of December 1, 2016, **Medicaid** and **Medicaid Managed Care Organizations** (MCOs) have aligned criteria to provide the following Tobacco Cessation Benefits to all members throughout New York State:⁶

- ▶ Unlimited annual quit attempts for tobacco cessation agents (removed the previously placed “two quit-attempts” annual limit)
- ▶ Prior Authorization of tobacco cessation agents is not needed (exceptions apply for brand name medications that have generic equivalents available)
- ▶ Formulary coverage of all FDA-approved tobacco cessation agents (exceptions apply for brand name medications for certain agents)
- ▶ Allows for concomitant use of two tobacco cessation agents
- ▶ Follows FDA approved age restrictions and quantity limits

Medicaid and MCOs provide coverage for the provision of tobacco and nicotine counseling and cessation services. This benefit is not available to individuals on Emergency Medicaid. Providers and practices that are contracted with payers in capitation agreements (in value-based care arrangements) may not be paid above the capitated rate for providing tobacco cessation services. It is recommended that organizations speak directly with the payer regarding this. Organizations that are Federally Qualified Health Center (FQHC) providers may not be reimbursed by Medicaid or MCO above their all-inclusive rates.

Table 11. NYS Medicaid/MCO Tobacco Cessation Benefits

INSURANCE	ICD-10 DIAGNOSTIC CODE	MAXIMUM NUMBER OF BILLABLE QUIT ATTEMPTS AND COUNSELING SESSIONS	INTERMEDIATE COUNSELING (3-10 MINUTES) CPT OR CDT*	INTENSIVE COUNSELING (11+ MINUTES) CPT OR CDT*	TYPE OF COUNSELING	APPROVED HEALTH CARE PROVIDERS	CLINICAL SETTING
NYS MEDICAID AND MANAGED CARE ORGANIZATIONS	Z72.0 (Tobacco Use)	-Two quit attempts per year -Four face-to-face counseling sessions per quit attempt. Dental professionals can only provide two counseling sessions per year	99406 D1320 Individual session only	99407 Individual or group session (use Modifier HQ in Behavioral Health Settings to indicate group session) D1320 Individual session only	-Face-to-face -Individual (intermediate or intensive counseling) -Group (intensive counseling only) -Dental professionals can only provide individual counseling	<ul style="list-style-type: none"> o Article 28, D&TC, FQHC that bills APGs[^]: MD, DO, PA, NP, LMW, DMD, DDS, Dental Hygienists o Article 31(OMH): ** o As above, in addition RN for Tobacco Cessation Counseling o OASAS: Same providers as above, + RN or other clinical staff with appropriate training 	Outpatient

***CDT= Current Dental Terminology** (a code set with descriptive terms developed and updated by the American Dental Association for reporting dental services and procedures to dental benefit plans.

**If tobacco cessation counseling is part of a psychotherapy session, (group or individual) time spent can be counted towards this session but cannot be billed as additional tobacco cessation counseling. If not part of a psychotherapy session, tobacco cessation counseling is billable using the same codes and approved providers as Article 28 clinics.⁷

^**Ambulatory Patient Groups (APGs) rate codes** (and their corresponding CPT codes) are used for services covered by NYS Medicaid for APG reimbursement. The APG system is the NYS state-mandated payment methodology for most Medicaid outpatient services.

MEDICARE/MEDICARE ADVANTAGE

Medicare Part B reimburses counseling for tobacco cessation to Medicare beneficiaries, taking into consideration the following criteria:

- ▶ The individual uses tobacco of any kind, regardless of signs of disease
- ▶ Beneficiaries must be competent, alert and able to understand health information being provided
- ▶ Services are provided by a qualified, recognized healthcare provider

Each “quit” attempt (limit of two) may include up to four intermediate or intensive outpatient counseling visits, with a maximum of eight sessions in a twelve-month period that will be reimbursed. Services can be provided by a qualified Medicare provider such as a physician, physician assistant, nurse practitioner, psychologist or clinical social worker and must be linked to an appropriate diagnosis code.

Medicare does reimburse for some inpatient counseling, but reimbursement varies based on reason for admission and the HBAI series of codes. Over-the-counter drug treatments for smoking cessation, such as nicotine patches and gum, are not covered by Medicare. These and other over-the-counter drugs are excluded by law from Part D coverage. However, Part D plans may cover certain prescription drugs for smoking cessation.

This benefit is not available to individuals on Emergency Medicaid. Providers and practices that are contracted with payers in capitation agreements (in value-based care arrangements) may not be paid above the capitated rate for providing tobacco cessation services. It is recommended that organizations speak directly with the payer regarding this. Organizations that are **Federally Qualified Health Center (FQHC)** providers may not be reimbursed by Medicaid or MCO above their all-inclusive rates.

Table 12. Medicare/Medicare Advantage Benefits

INSURANCE	ICD-10 DIAGNOSTIC CODE	MAXIMUM NUMBER OF BILLABLE QUIT ATTEMPTS AND COUNSELING SESSIONS	INTERMEDIATE COUNSELING (3-10 MINUTES)	INTENSIVE COUNSELING (11+ MINUTES)	TYPE OF COUNSELING	APPROVED HEALTH CARE PROVIDERS	CLINICAL SETTING
MEDICARE / MEDICARE ADVANTAGE	Z72.0 (Tobacco Use)	-Two quit attempts per year -Four face-to-face counseling sessions per quit attempt.	99406	99407	-Face-to-face -Individual (intermediate or intensive counseling)	Physician or other Medicare-recognized practitioner	Outpt, Emergency Department, Inpatient, Skilled Nursing Facility, Home Health Agency, Indian Health Service

TRICARE

The provision of tobacco cessation services is important to the veteran population and is supported by the primary payer for veterans, TRICARE.⁸

TRICARE offers additional support for plan members and education for providers on the TRICARE smoking cessation hotline 1-866-459-8766. TRICARE covers a comprehensive array of medications and has programs where gum and patches are available through the cessation hotline.

Table 13. TRICARE Tobacco Cessation Benefits

INSURANCE	ICD-10 DIAGNOSTIC CODE	MAXIMUM NUMBER OF BILLABLE QUIT ATTEMPTS AND COUNSELING SESSIONS	INTERMEDIATE COUNSELING (3-10 MINUTES)	INTENSIVE COUNSELING (11+ MINUTES)	TYPE OF COUNSELING	APPROVED HEALTH CARE PROVIDERS	CLINICAL SETTING
TRICARE	Z72.0 (Tobacco Use)	-Two quit attempts per year -18 face-to-face sessions per quit attempt (up to four can be individual sessions)	99406 96152 96153 Individual session only	99407 Group session only	-Face-to-face -Individual (intermediate or intensive counseling) -Group (intensive counseling only) Phone counseling available, but not billable	Physician or other TRICARE-recognized provider	Outpatient

PRIVATE INSURANCE

The **Patient Protection and Affordable Care Act (ACA)** requires most private health insurance plans to cover many clinical preventive services, including:

- ▶ Tobacco use screening for all adults and adolescents
- ▶ Tobacco cessation counseling for adults and adolescents who use tobacco, and expanded counseling for pregnant women. Private plans are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women in accordance with the **United States Preventive Services Task Force (USPSTF)**. However, the USPSTF language does not provide certainty regarding exactly what is required or what plans are required to cover. USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco and provide behavioral counseling.⁹

The ACA also requires most private health insurance plans to fund each quit attempt, which includes funding, without cost-sharing or prior authorization:

- ▶ Four counseling sessions of at least 10 minutes each (including telephone, group, and individual counseling), and
- ▶ Coverage of all 7 medications approved by the **U.S. Food and Drug Administration (FDA)** as safe and effective for smoking cessation for 90 days per quit attempt, when prescribed by a health provider.

CLAIMS DENIALS

Payers may deny claims for tobacco cessation counseling for many reasons. Practices may not be able to successfully dispute such denials if the patient:

- ▶ has exceeded annual coverage limits or
- ▶ is receiving tobacco cessation services from another provider

If a provider receives a denial for reasons other than these, it is often advisable to contact the plan to determine if there was an error processing the claim, or if there are specific documentation or coding requirements that they may have. The claim may be able to be corrected and resubmitted for reimbursement.

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