



# Counseling to Prevent Tobacco Use and Tobacco Related Diseases

Medicare Part B (medical insurance) covers counseling to help Medicare beneficiaries stop smoking or using tobacco.

Many healthcare providers perform tobacco use counseling without billing for the service. If you are a Medicare provider and you're counseling patients about the benefits of quitting tobacco use, this guide provides insight to assist you in utilizing the option to bill Medicare for the service.

## Provider Outreach & Education, National Government Services

### Included Topics

- [Counseling to Prevent Tobacco Use](#)
- [Checking Medicare Eligibility](#)
- [Tobacco Cessation Telehealth Guide](#)
- [Types of Eligible Providers](#)
- [Documentation](#)
- [Clinical Guidelines and Recommendations for Treating Tobacco Use and Dependence](#)
- [The Major Steps to Intervention - The "5 A's": Ask Advise, Assess, Assist and Arrange](#)
- [Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with LDCT](#)
- [Tobacco Cessation Facts at a Glance](#)
- [Resources](#)

## Counseling to Prevent Tobacco Use

Coverage for tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries include those

- who use tobacco, regardless of the signs or symptoms of tobacco related disease,
- who are competent and alert at the time counseling is provided, and
- whose counseling is furnished by a qualified physician or other Medicare recognized provider.

Medicare covers two individual tobacco cessation counseling attempts per year. Each attempt may include a maximum of four intermediate or intensive sessions, with a total benefit covering up to eight sessions per year in a twelve month period.

- **99406: Intermediate – more than three minutes, up to ten minutes**
- **99407: Intensive – more than ten minutes**

To start the count for the second or subsequent twelve-month period, begin with the month after the month the first Medicare covered counseling session was performed and count until eleven full months have elapsed.

### Diagnosis Coding

- F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A and Z87.891

Additional [ICD-10](#) codes may apply.

When clinically appropriate, medically necessary evaluation and management (E/M) services on the same day as counseling to prevent tobacco use:

- Use appropriate HCPCS code such as 99202–99215 to report E/M same-day service, with modifier 25 to indicate a separately identifiable service.

### Cost Sharing

- Copayment/coinsurance waived.
- Deductible waived.

### Reimbursement

- Medicare Physician Fee Schedule: [Fee Schedule Lookup](#).

## Checking Medicare Eligibility

To determine the last date a patient received tobacco cessation counseling, providers can check patient eligibility through these online tools and services.

### NGSConnex

NGSConnex is a free, secure, web-based provider portal developed by National Government Services just for you! NGSConnex provides access to a wide array of self-service functions that save you time and money, such as:

- Obtain beneficiary eligibility information.

- Query for your claims status.
- Initiate and check the status of redetermination and reopening requests.
- View your provider demographic information.
- Query for your financial data.
- Submit documents for an Additional Documentation Request.
- Submit claims.
- And more!

NGSConnex provides:

- Total sessions available.
- Initial session date.
- Remaining sessions.

Detailed instructions are available in the [NGSConnex User Guide](#).

### **Interactive Voice Response (IVR) System**

The IVR provides:

- Tobacco cessation counseling date.
- Number of sessions remaining.

From the eligibility command within the IVR, chose Special Services (Touchtone 6).

Detailed instructions are available in the *Interactive Voice Response User Guide*.

- [Part A](#)
- [Part B](#)

### **HIPPA Eligibility Transaction System (HETS)**

Billing agencies, clearinghouses, or software vendors can online tools and services for eligibility information. Use the eligibility response to prepare accurate Medicare claims, determine patient liability, or check eligibility for specific services. Enter your patient's:

- MBI.
- First and last name.
- Date of birth (MM/DD/YYYY).

**Note:** You may see different Medicare eligibility responses based on the tool you use.

Detailed instructions are available on [CMS' HIPAA Eligibility Transaction System \(HETS\)](#) web page.

## **Tobacco Cessation Telehealth Guide**

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Each year, nearly half a million Americans die prematurely of tobacco use or exposure to secondhand cigarette or cigar smoke. Another 16 million live with a serious illness caused by tobacco use. Each year, the United States spends more than \$225 billion on medical care to treat tobacco-related disease in adults.

## Tobacco Counseling via Telehealth

Medicare Part B covers intermediate and intensive tobacco counseling for symptomatic and asymptomatic patients. Tobacco cessation counseling is a service that can be provided via telehealth.

Telehealth helps to improve access to healthcare for various populations, including communities that lack providers and patients with limited time or mobility. Telehealth can be used to improve access to tobacco cessation services.

Health care providers may offer tobacco counseling services via telehealth to patients located in their homes and outside of designated rural areas.

The Centers for Medicare & Medicaid Services expanded the list of services that can be provided by telehealth. Some of these services will continue to be covered under Medicare through 12/31/2024.

- Some types of telehealth services no longer require both audio and video, including tobacco counseling services - visits can be conducted over the telephone.
- For details, see the [List of Telehealth Services](#) covered by Medicare.

Code	Descriptor	Can Audio only Interaction Meet the Requirements?
99406	Tobacco use cessation counseling visit; intermediate, greater than three minutes, up to ten minutes	Yes
99407	Tobacco use cessation counseling visit; intensive, greater than ten minutes	Yes

## Types of Eligible Providers

Generally, any provider who is eligible to bill Medicare for their professional services is eligible to bill for telehealth during this period.

Federally Qualified Health Centers and Rural Health Clinics can provide telehealth services to patients wherever they are located, including in their homes, through 12/31/2024. This includes coverage for certain audio-only telephone evaluation and management services.

- Read more about [Billing Medicare as a safety-net provider](#).

## Documentation

Many healthcare providers perform tobacco use counseling, but they may not be documenting or reporting it appropriately. Providers must ensure all performed services are claimed and supported by complete documentation.

Tobacco cessation documentation should reflect the performance of a significantly separate identifiable service when it is performed on the same date of service as an E/M service.

As with any time-based E/M service, documentation must include sufficient detail to support the claim. Proper documentation for tobacco-use cessation counseling should include the total time spent face-to-face with the patient, and what was discussed.

The patient's desire or need to quit tobacco use, cessation techniques and resources, estimated quit date, and planned follow up should be noted in the patient's medical record. Without this information, medical necessity for coverage may be questioned, which could result in denied or delayed payment.

Elements of documentation for CPT codes 99406-99407 may include, but are not limited to:

- Type or method of tobacco use (cigarettes, vapes, pipes, chewing tobacco, etc.).
- Amount of use (i.e., asking if the use qualifies as dependence).
- Impact (personal considering comorbidities).
- Impact (family, friends, health, social, financial, etc.).
- Methods and skills for cessation.
- Resources available.
- Willingness to attempt to quit.
- If the patient is willing to attempt to quit, agreement on plan of approach.
- Implementation date.
- Method of follow up.
- Documentation of exact time spent in face-to-face counseling with the patient.

The method of documentation should mirror those methods that would be used in typical physician practice with patient visits.

As with any claim, Medicare may decide to conduct postpayment reviews to determine the services provided are consistent with coverage instructions. Providers must keep patient record information on file for each Medicare patient for whom a counseling claim is made. These medical records can be used in any postpayment review and must include standard information along with sufficient patient histories to allow determination that the steps required in the coverage instructions were followed.

### **Best Practice Sample Documentation**

*We spent 15 minutes today discussing the patient's current one-pack per day cigarette dependence; the effects of smoking on her diabetes and family (secondhand smoke); and a counseling plan for quitting. After discussing pharmacotherapy options, the patient elected to begin starter-pack Chantix and use the gradual quit approach. A goal was set to be smoke free within the next six weeks. I will follow up in one week to check progress.*

## **Clinical Guidelines and Recommendations for Treating Tobacco Use and Dependence**

All health care providers, especially those with direct patient contact, have a unique opportunity to help tobacco users quit. Tobacco users cite a doctor's advice to quit as an important motivator for attempting to stop tobacco use.

### **The Major Steps to Intervention - The "5 A's": Ask Advise, Assess, Assist and Arrange**

**Ask** – Implement a system in your clinic that ensures that tobacco use status is obtained and recorded at every patient visit.

**Advise** – Use clear, strong, and personalized language. For example, 'Quitting tobacco is the most important thing you can do to protect your health.'

**Assess** – Ask every tobacco user if they are willing to quit at this time.

- If willing to quit, provide resources and assistance.

- If unwilling to quit at this time, help motivate the patient.
  - Identify reasons to quit in a supportive manner.
  - Build patients confidence about quitting.

**Assist** – Assist tobacco users with a plan.

- Assist the smoker to:
  - Set a quit date, ideally within two weeks.
  - Remove tobacco products from their environment.
  - Get support from family, friends, and coworkers.
  - Review past quit attempts – what helped, what led to relapse.
  - Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
  - Identify reasons and benefits for quitting.
- Give advice on successful quitting:
  - Total abstinence is essential - not even a single puff.
  - Drinking alcohol is strongly associated with relapse.
  - Allowing others to smoke in the household hinders successful quitting.
- Encourage use of medication:
  - Recommend use of over-the-counter nicotine patch, gum, or lozenge; or give prescription for varenicline, bupropion SR, nicotine inhaler, or nasal spray, unless contraindicated.
- Provide resources:
  - Recommend toll free 1-800-QUIT NOW (784-8669), the national access number to state-based quit line services.
- Refer to websites for helpful information:
  - Agency for Healthcare Research and Quality.
  - U.S. Department of Health and Human Services: [Smokefree.gov](https://www.smokefree.gov).
  - Centers for Disease Control and Prevention: [How to Quit Smoking](https://www.cdc.gov/tobacco/cancer/how_to_quit_smoking/).
  - American Lung Association: [Quit Smoking](https://www.lung.org/quit-smoking).

**Arrange** – Schedule follow-up visits to review progress toward quitting.

- If a relapse occurs, encourage repeat quit attempt:
  - Review circumstances that caused relapse, use relapse as a learning experience.
  - Review medication use and problems.
  - Refer to 1-800-QUIT NOW (784-8669).

## Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low-Dose Computed Tomography

Lung cancer screening uses LDCT (i.e., a CT scan) a low dose of radiation, to find lung nodules, some of which may be cancerous. People who take part in screening can lower their chances of death from

lung cancer. In general, lung cancer screening is not a single test but a process that must be done correctly under the direction of your doctor(s).

### **Coverage Criteria and Frequency Limits**

Covered annually for patients that meet all the following criteria:

- Age 50-77 years.
- Asymptomatic.
- Either a current tobacco user or has quit within the last 15 years.
  - Tobacco user with history of at least 20 packs per year.
- Receive an order from doctor or qualified practitioner.
  - Must contain the following for both initial and subsequent LDCT visit(s):
    - date of birth; actual history of tobacco uses per year (number); current tobacco use status or number of years since quitting tobacco use; statement the beneficiary is asymptomatic; NPI of ordering practitioner

### **Initial LDCT**

- Beneficiary must receive an order during a lung cancer screening counseling and shared decision-making visit (before the initial LDCT visit).
- Determination of beneficiary eligibility.
- Shared decision making.
- Counseling on the importance of adherence to annual screenings.
- Counseling on maintaining cigarette smoking abstinence/cessation.

### **Subsequent LDCT**

- Beneficiary must receive an order which may be furnished during any appropriate visit with a physician or qualified nonphysician practitioner.

### **HCPCS/CPT Coding**

- G0296: Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making).
- 71271: Computed tomography, thorax, low does for lung cancer screening, without contrast material(s).

### **Diagnosis Coding**

- ICD-10 Codes:
  - F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891

Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](#) for individual CRs and the specific ICD-10-CM codes Medicare covers for this service, and contact your [Medicare Administrative Contractor \(MAC\)](#) for guidance.

### **Cost Sharing**

- Copayment/coinsurance waived.
- Deductible waived.

### **Reimbursement**

- MPFS: [Fee Schedule Lookup](#)

## Nonparticipating Providers

- Nonparticipating reduction applies.
- Limiting charge provision applies.

## Tobacco Cessation Facts at a Glance

1. **Tobacco use is a major cause of disease and the leading preventable cause of death.** Tobacco use is also associated with many other non-fatal diseases and problems, including osteoporosis, skin wrinkling, peptic ulcer disease, impotence, and pregnancy complications. Even the use of a small amount, such as once a day, is associated with increased health risks.
2. Quitting the use of tobacco has significant and immediate health benefits for people of all ages. The sooner one quits, the greater the benefits. People who quit the use of tobacco before age 50 reduce their risk of early death over the next 15 years by one-half, as compared with those who continue tobacco use. However, it is never too late to quit. People who quit the use of tobacco after the age of 65 years live longer than those who continue using tobacco.
3. Tobacco use is recognized as a chronic addictive disease, and for some people, it can be extremely challenging to quit. People can differ greatly in the way in which they use tobacco, their success in quitting, symptoms they have when trying to quit, and factors that may lead to relapse. Many people try to quit on their own, without any help from medications or other supports. The success rate in this situation is much lower.
4. Many providers recommend stopping tobacco use all at once on the chosen quit date. However, some people prefer to gradually reduce their tobacco usage prior to the quit date.
5. There are several medications that can help patients to stop tobacco use. In the United States, some of the medications are available without a prescription while others require a prescription. Effective medications include nicotine gum, patches, or lozenges (available over the counter) and the prescription medications varenicline (brand name: Chantix) and bupropion (brand names: Zyban, Wellbutrin).
6. If patients are not able to quit on their first try, or if they quit but then relapse (start tobacco use again), continue to encourage them to keep trying to quit. Many people make several attempts to quit before they can quit completely, and relapse should not be thought of as a failure. Each quit should be regarded a victory, and the longer it lasts, the better. Most relapses occur in the first week after quitting, when withdrawal symptoms are the strongest. Later relapses often occur during stressful situations or with social situations that are associated with smoking, often combined with drinking alcohol. Being aware of these high-risk situations may help.

## Resources

### National Government Services

- [Tobacco Cessation](#)
- [Checking Medicare Eligibility](#)
- [Top Tobacco Counseling Claim Errors](#)
- [Overcoming Barriers to Tobacco Counseling](#)
- [Frequently Asked Questions](#)
- [Federally Qualified Health Center](#)



- [Rural Health Clinic](#)

## Other Resources

- [Smokefree.gov](#)
- [BeTobaccoFree.gov](#)
- [Centers for Disease Control and Prevention: Tips from Former Smokers](#)
- [#AskAboutQuitting: A Campaign for Providers and Community Health Professionals](#)
  - Geared toward providers and community health professionals, this campaign equips you with valuable resources, ready-to-post content, and downloadable assets to help you engage and support those hoping to make quitting a reality.
- [You Can Help Your Patients Quit Tobacco Use](#)
  - This document provides suggestions and free resources to assist you in supporting your patients in their quit attempts.
- [A Practical Guide to Help Your Patients Quit Using Tobacco](#)
  - This guide provides simple steps and suggested language that you can use to briefly intervene with patients who use tobacco.
- [Treating Tobacco Use and Dependence: A Quick Reference Guide](#)
  - This guide summarizes the findings from the [Agency for Healthcare Research and Quality \(AHRQ\)](#) Treating Tobacco Use and Dependence Clinical Practice Clinical Practice Guideline which includes a summary of evidence-based cessation treatments and information for healthcare decision-making.
- [U.S. Preventive Services Task Force](#)
  - Read the USPSTF's most recent recommendations for tobacco smoking cessation interventions for adults, including pregnant women.
- [The Community Guide](#)
  - A free resource to help you choose programs and policies to improve health and prevent disease in your community. It includes systematic reviews of tobacco prevention and control interventions, including for cessation and secondhand smoke exposure.
- [Protocol for Identifying and Treating Patients Who Use Tobacco](#)
  - Create your own tobacco cessation protocol using the Million Hearts template which is based on the most recent clinical guidelines for treating tobacco use and dependence.
- [Identifying and Treating Patients Who Use Tobacco: Action Steps for Clinicians](#)
  - Use this companion guide with the Million Hearts tobacco treatment protocol. It contains practical information and action steps to enable healthcare providers to effectively treat tobacco use and dependence.
- [Tobacco Cessation Change Package](#)
  - This Million Hearts quality improvement resource contains actionable ideas, useful resources, and health system design considerations to help health systems and practices increase the reach and effectiveness of tobacco cessation interventions.