

Counseling to Prevent Tobacco Use

Medicare Part B Preventive Services

3/4/2025

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Objective

During this session, we'll focus on Medicare coverage, coding, billing, documentation and guidelines for tobacco use counseling for outpatient and hospitalized Medicare beneficiaries.

Today's Presenters



- Provider Outreach and Education Consultants
 - Michelle Coleman, CPC
 - Michele Poulos
 - Gail Toussaint

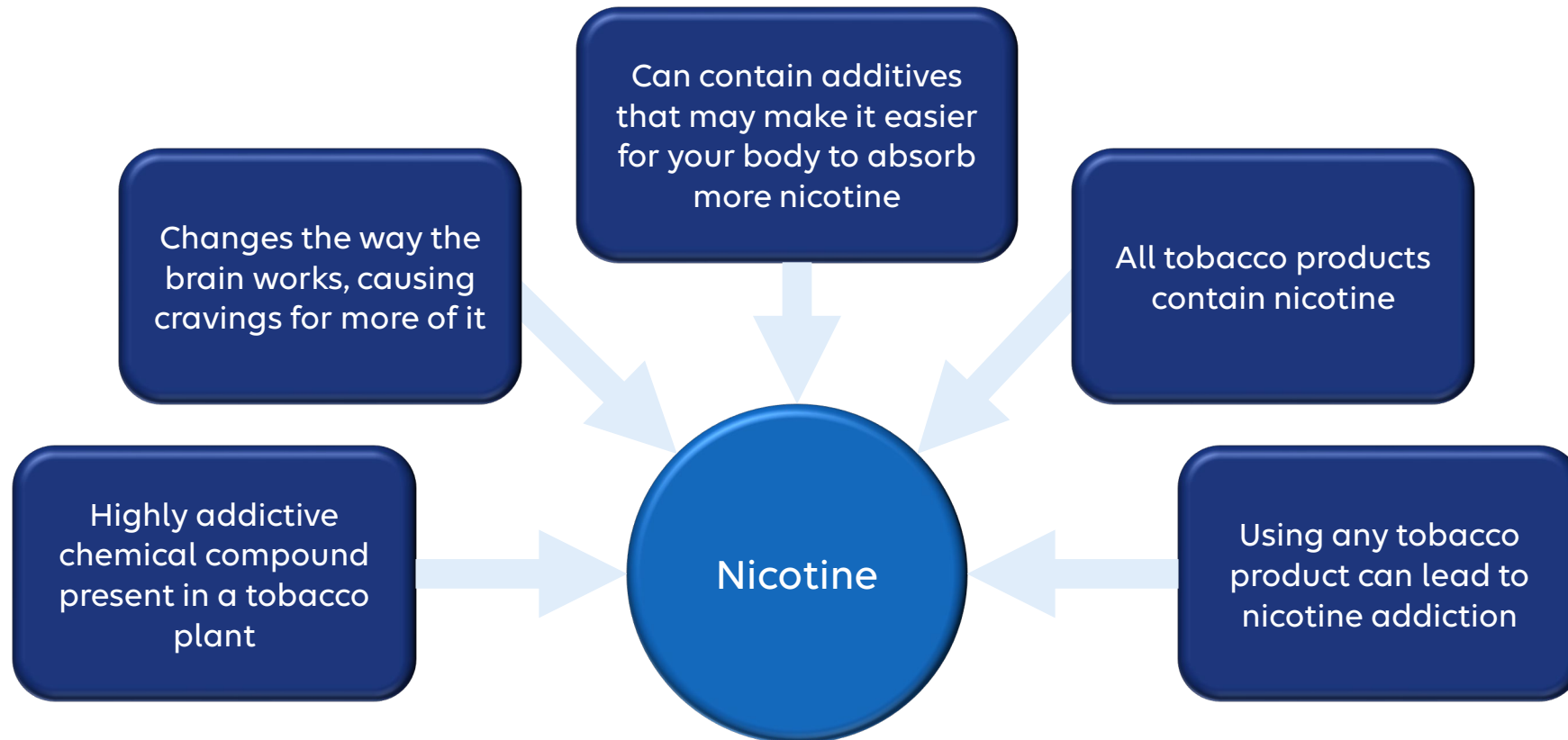


Agenda

- [Tobacco and Nicotine](#)
- [Tobacco Health Effects](#)
- [Medicare Coverage Guidelines](#)
- [Intervention and Documentation](#)
- [Resources](#)

Tobacco and Nicotine

What Is Nicotine?



How Is Nicotine Used?

SOME PRODUCTS THAT YOU SMOKE OR INHALE:



CIGARETTES



CIGARS



VAPING DEVICES



HOOKAHS

SMOKELESS PRODUCTS:



CHEWING TOBACCO



SNUFF

Ground tobacco that can be sniffed or put between your cheek and gums



DIP

Wet snuff that is chewed



SNUS

Small pouch of wet snuff

Tobacco Use Facts

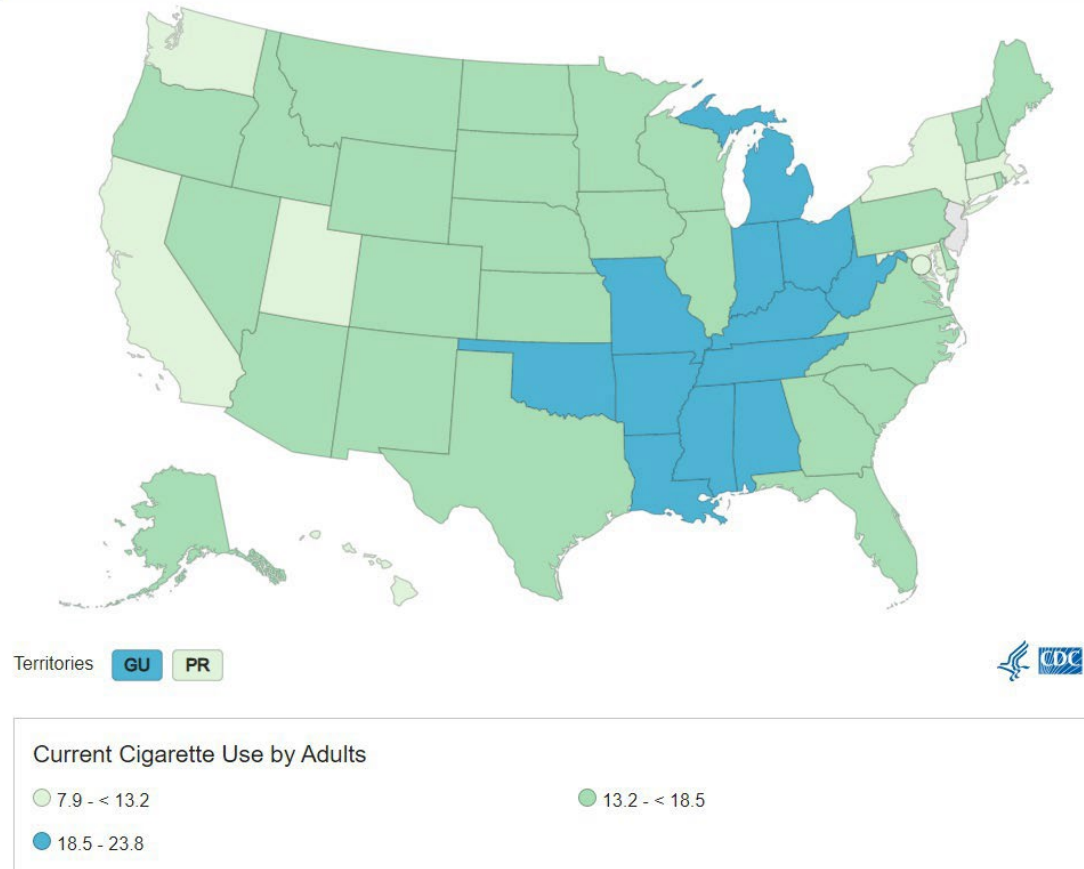
- Leading cause of preventable mortality in the U.S.
- Major contributor to the nation's increasing medical costs
- Estimated 30.8 million adults in the U.S. currently smoke cigarettes
- 14.1% of men, 11% of women
- Smoking costs the U.S. hundreds of billions of dollars each year
- More than 16 million Americans live with a smoking-related disease
- 4.5 million adults over 65 years of age smoke cigarettes
- Older smokers who quit can reduce their risk of death from major heart and lung diseases, and decrease their risk of osteoporosis
- Seven out of ten smokers want to quit smoking

U.S. Adult Smoking Cessation Behaviors

- Four out of every nine adult cigarette smokers who saw a health professional during the past year did not receive advice to quit
- In 2015, 57.2% of adult smokers (18.8 million) who had seen a health professional in the past year reported receiving advice to quit
- Even brief advice to quit (<three minutes) from a physician improves cessation rates and is highly cost-effective

Centers for Disease Control and Prevention

Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2019






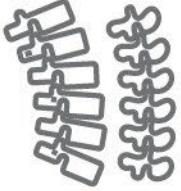



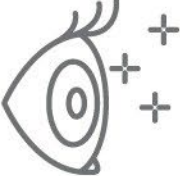




Tobacco and Population Groups

- Smoking disproportionately affects those most in need
 - Poor
 - Homeless
 - Racial minorities
 - LGBT persons
 - Mental illness
 - Substance use disorders

Tobacco and Health Effects

Health Effects

| | | | | | |
|--|--|--|---|--|---|
|  <p>Heart Disease</p> |  <p>Stroke, Aortic Aneurysm</p> |  <p>COPD</p> |  <p>Chronic Bronchitis</p> |  <p>Rheumatoid Arthritis</p> |  <p>Osteoporosis</p> |
|  <p>Diabetes</p> |  <p>Emphysema</p> |  <p>Age-Related Macular Degeneration</p> |  <p>Cataracts</p> |  <p>Worsening Asthma Symptoms</p> |  <p>Inflammation</p> |

Health Benefits of Quitting

| Time After Quitting | Health Benefits |
|---------------------|--|
| Minutes | Heart rate drops |
| 24 Hours | Nicotine level in blood drops to zero |
| Several Days | Carbon monoxide levels in blood drop |
| 1-12 Months | Coughing and shortness of breath decrease |
| 1-2 Years | Risk of heart attack drops sharply |
| 3-6 Years | Added risk of coronary heart disease drops by half |
| 5-10 Years | Added risks of cancers of mouth, throat and voice box drops by half, risk of stroke decreases |
| 10 Years | Risk of lung cancer drops by half; risks of bladder, esophagus and kidney cancer decreases |
| 15 Years | Risk of coronary heart disease drops |
| 20 Years | Risk of cancer of mouth, throat, voice box, pancreatic, and cervical cancer drops to that of someone who doesn't smoke |

Medicare Coverage Guidelines

Coverage

- Medicare will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries
 - Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease
 - Who are competent and alert at the time that counseling is provided and
 - Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner

Applicable Provider Types

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Clinical psychologist
- LCSW
- When these services are provided by a clinical nurse specialist in the RHC/FQHC setting, they are considered “incident to” and do not constitute a billable visit

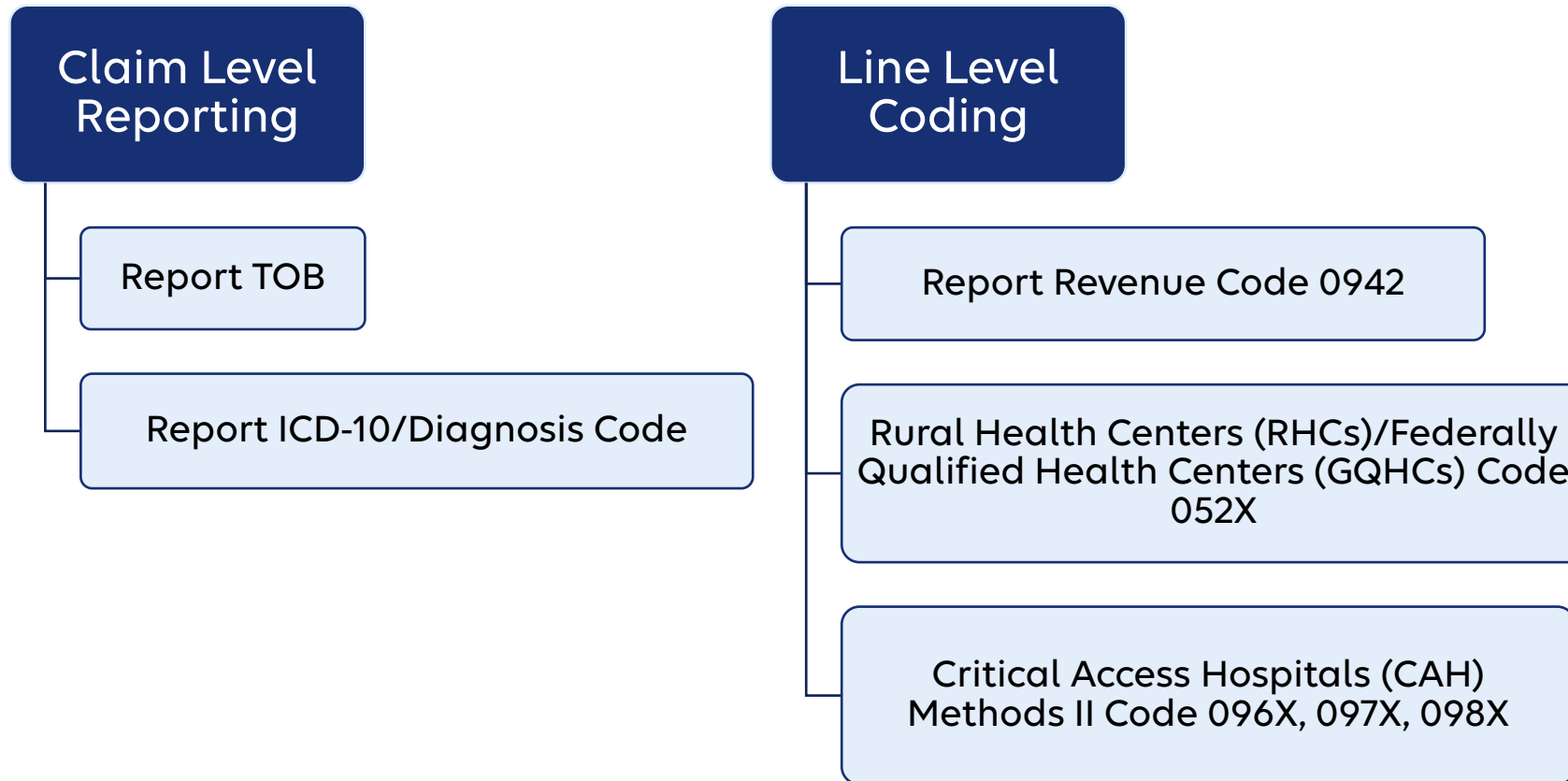
Frequency

- Counseling to prevent tobacco use
 - 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
 - Intermediate: greater than three minutes up to ten minutes
 - Intensive: greater than ten minutes
- Coinsurance and deductible are waived

Billing CPT and ICD-10 Codes

- Codes
 - **99406**: Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to ten minutes
 - **99407**: Smoking and tobacco cessation counseling visit; intensive, greater than ten minutes
 - ICD-10: 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
 - [Medicare Coverage – General Information ICD-10](#)

Billing Requirements



- Report Appropriate HCPCS: 99406/99407

Type of Bill

| Facility Type | TOB |
|--|-----|
| Hospital Inpatient | 12X |
| Hospital Outpatient | 13X |
| SNF Ancillary | 22X |
| SNF Outpatient | 23X |
| CAH | 85X |
| RHC (additional billing instructions on slide 25) | 71X |
| FQHC (additional billing instructions on slide 26) | 77X |

Method of Payment

| Facility Type | Method of Payment |
|-------------------|--|
| Non-Institutional | MPFS |
| Hospital | OPPS/MPFS |
| SNF | MPFS |
| RHC | AIR |
| FQHC | PPS |
| CAH Method I | 101% reasonable cost for TC |
| CAH Method II | 101% reasonable cost for TC, plus 115% MPFSDB for PC |

Additional Billing Instructions for RHC

- Tobacco use cessation counseling services qualify as stand-alone billable encounters
 - Report claim line
 - Billable encounter revenue code 052X; CPT code 99406 or 99407; actual charges
- If provided on same date of service as other billable encounter, report as incident-to service

Additional Billing Instructions for FQHC

- Tobacco use cessation counseling services qualify as stand-alone billable encounters
 - Report payment code line
 - Billable encounter revenue code 052X; payment code G0467; facilities payment code charges
 - Report payment code line
 - Report qualifying visit HCPCS line
 - Billable encounter revenue code 052X; CPT code 99406 or 99407; actual charges
- If provided on same date of service as other billable encounter, report as incident-to service

Bundled Services

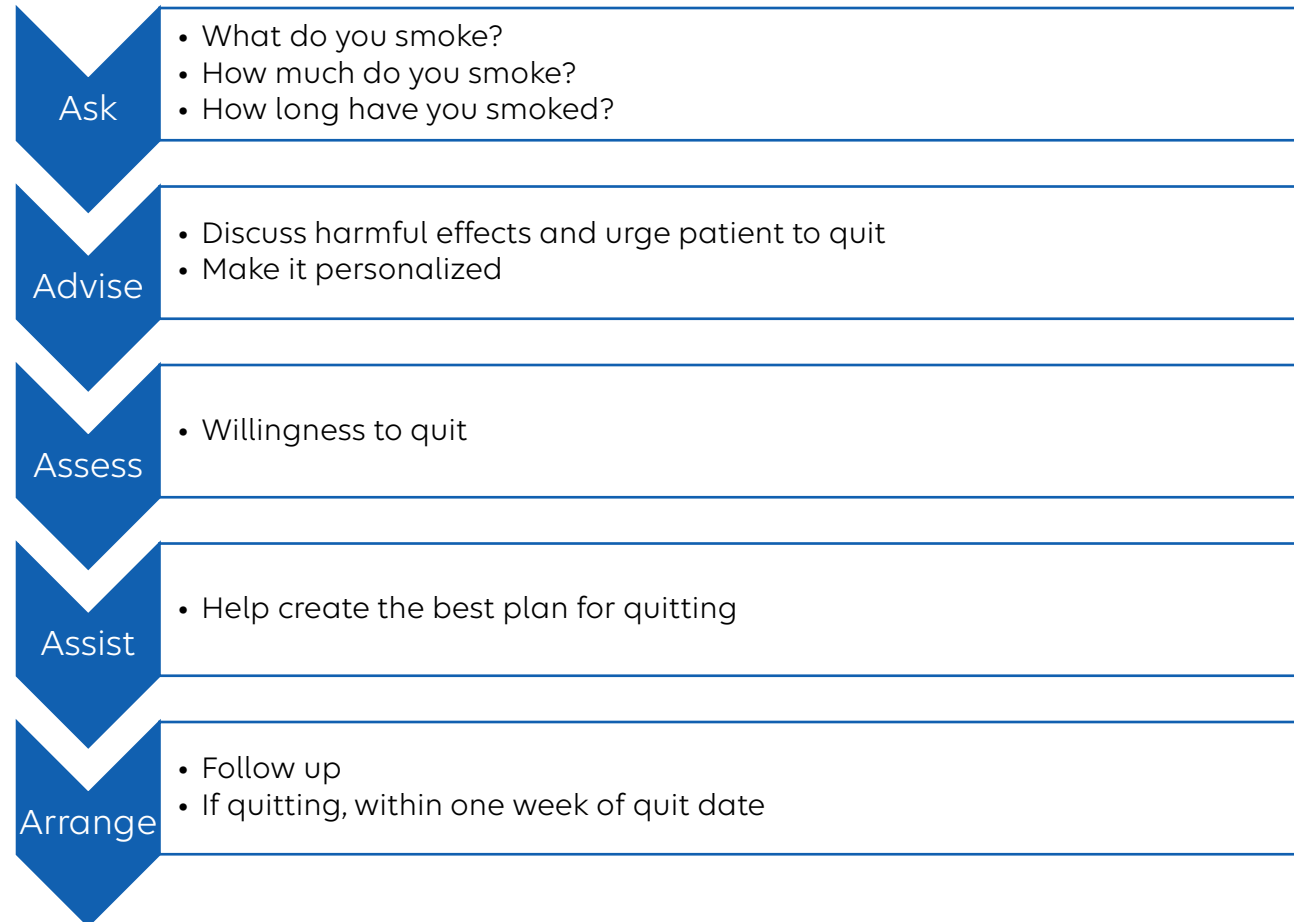
- NCCI Procedure-to-Procedure PTP edits prevent inappropriate payment of services that should not be reported together
- Each edit has a Column One and Column Two HCPCS/CPT code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the Column One code is eligible for payment, but the Column Two code is denied unless a clinically appropriate NCCI PTP-associated modifier is also reported
 - [Medicare NCCI Procedure to Procedure \(PTP\) Edits](#)

Other Medicare Coverage

- Medicare Part D - Prescription Drug Coverage
 - Plans should cover: NRT Inhaler, NRT Nasal Spray, Bupropion/ Zyban, Varenicline (Chantix)
 - Over-the-counter medications are excluded from coverage by law
 - Cost sharing is allowed; overall limits by set annually by the CMS
 - Barrier can exist; no regulation limit barriers to treatment

Intervention and Documentation

Five Major Steps to Intervention



Documentation Tips

- Type or method of tobacco use (cigarettes, pipe, 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 counseling with the patient

Documentation

- Example
 - “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.”

Documentation

- Insufficient documentation
 - “I spent 11 minutes counseling the patient on tobacco use.”
 - “I counseled the patient on quitting, but he/she wasn’t ready to quit at this time.”

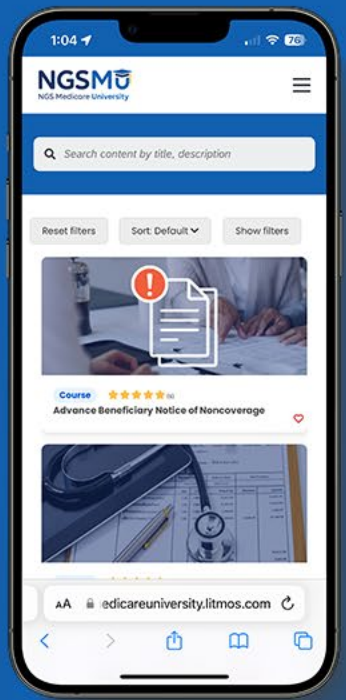
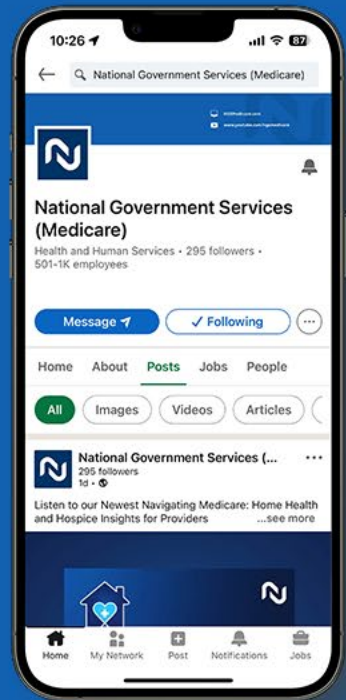
Resources

CMS Internet-Only Manuals


- [CMS Manuals](#)
 - Regulations and Guidance > Manuals > [Internet-Only Manuals \(IOMs\)](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 32, Section 12](#)
- [CMS IOM Publication 100-03, Medicare National Coverage Determinations Manual, Part 4, Section 210.4.1](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 9 - Rural Health Clinics/Federally Qualified Health Centers](#)
- MLN[®] Educational Tool [Medicare Preventive Services](#) Quick Reference Guide

Tobacco Cessation Program Resources

- [CDC information on smoking and tobacco use](#)
- [NCI's tobacco and cancer information resources](#)
- [Smokefree.gov](#)
- [Million Hearts](#)



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Questions?

Thank you!