

**National Government Services Medicare Part B  
2024 Preventive Services Virtual Conference  
December 9<sup>th</sup> to 11<sup>th</sup>**

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*Counseling to Prevent  
Tobacco Use and Lung  
Cancer Screening*

12/10/2024





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# Objective

After this session, attendees will be able to discuss the preventive services coverage guidelines, properly bill Medicare to avoid common claim denials, and know where to go for more information.

# Today's Presenters

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





# Agenda

- [Tobacco Use Facts](#)
- [Tobacco and Health Effects](#)
- [5-A Framework](#)
- [Counseling to Prevent Tobacco Use for Asymptomatic Beneficiaries](#)
- [Intervention and Documentation](#)
- [Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography](#)

# Tobacco Use Facts

# Tobacco Use Facts

- Leading cause of preventable morbidity and mortality in the U.S.
- Major contributor to the nation's increasing medical costs
- Estimated 30.8 million adults in the United States currently smoke cigarettes
- 14.1% of men, 11% of women
- Smoking costs the United States 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










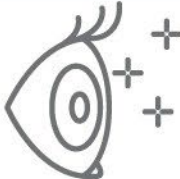


# U.S. Adult Smoking Cessation Behaviors

- 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



# 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

# 5-A Framework

# Coverage

- Each of the behavioral counseling interventions must be consistent with the five “A” approach
  - Assess
  - Advise
  - Agree
  - Assist
  - Arrange



# Five “A” Framework Approach



## Assess

Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods



## Advise

Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits



## Agree

Collaboratively select appropriate treatment goals and methods based on patient’s interest in and willingness to change the behavior



# Five “A” Framework Approach

## Assist



Using behavior change techniques (self-help and/or counseling), aid patient in achieving agreed-upon goals by acquiring skills, confidence and social/environmental supports for behavior change.

Supplement with adjunctive medical treatments when appropriate.

## Arrange



Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support.

Adjust treatment plan as needed, including referral to more intensive or specialized treatment.

# Counseling to Prevent Tobacco Use for Asymptomatic Beneficiaries



# 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

# 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, copayment and deductible are waived

# Applicable Part B Specialty Types

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Clinical psychologist
- LCSW

# Billing

- 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, Z87.891
  - [Medicare Coverage – General Information ICD-10](#)
    - for individual CRs and coding translations for ICD-10

# Common Claim Denial Reasons

- These services cannot be paid because your benefits are exhausted at this time
- Benefit maximum for this time period or occurrence has been reached
- The number of days or units of service exceeds our acceptable maximum

# Intervention and Documentation

# 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.”

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

# Coverage

- Covered once per year for patients that meet all criteria
  - Age 50–77
  - Asymptomatic
  - Either a current smoker or has quite smoking within the last 15 years
  - Tobacco smoking history of at least 20 “pack years”
  - Receive an order for lung cancer screening with LDCT

# Frequency: LDCT – Initial

- Initial LDCT lung cancer screening service
- Beneficiary must receive an order during a lung cancer screening counseling and shared decision-making visit which may be furnished by auxiliary personnel incident-to a physician's professional service
  - Determination of beneficiary eligibility
  - Shared decision-making including use of one or more decision aids
  - Counseling on the importance of adherence to annual screenings
  - Counseling on maintaining cigarette smoking abstinence/cessation

# Frequency: LDCT – Subsequent

- Subsequent LDCT lung cancer screenings
- Beneficiary must receive an order which may be furnished during any appropriate visit with a physician or qualified nonphysician practitioner
- Shared decision-making visit may also be furnished by auxiliary personnel incident-to a physician's professional service

# Order

- Must contain the following
  - Patient's date of birth
  - Number of pack-year smoking history (number)
  - Current smoking status
    - If former smoker, how many years since quitting
  - Statement indicating asymptomatic
  - NPI number of ordering provider
- Must be documented in the medical record

# Billing

- HCPCS codes
  - 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 dose for lung cancer screening, without contrast material(s)
  - Copayment, coinsurance and deductible are waived
  - ICD-10: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891
  - [Medicare Coverage – General Information ICD-10](#)
    - For individual CRs and coding translations for ICD-10

# Common Claim Denial Reason

- The procedure/revenue code is inconsistent with the patient's age

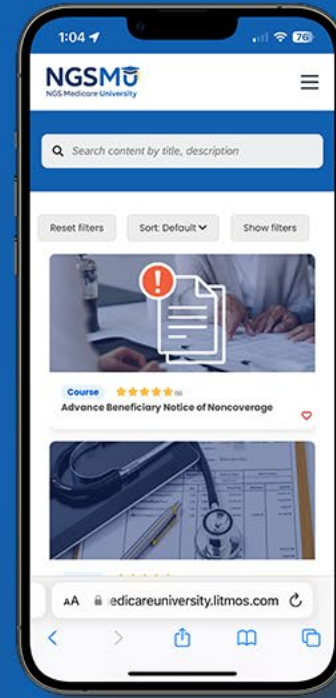
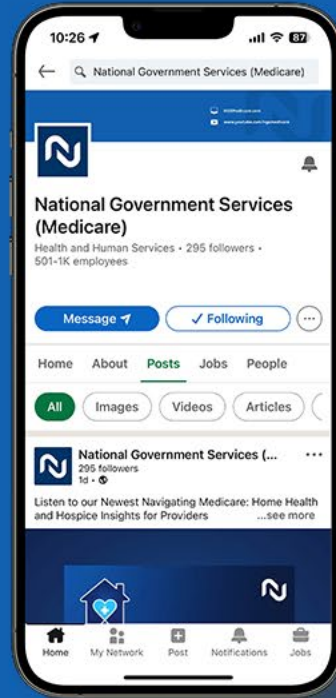


# References

- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 180](#)
- MLN<sup>®</sup> Educational Tool [Preventive Services Quick Reference Chart](#)
- [National Coverage Determination \(NCD\) for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse \(210.8\)](#)
- [National Coverage Determination \(NCD\) for Lung Cancer Screening with Low Dose Computed Tomography \(LDCT\) \(210.14\)](#)
- [National Coverage Determination \(NCD\) for Counseling to Prevent Tobacco Use \(210.4.1\)](#)

# Questions?

Thank you!



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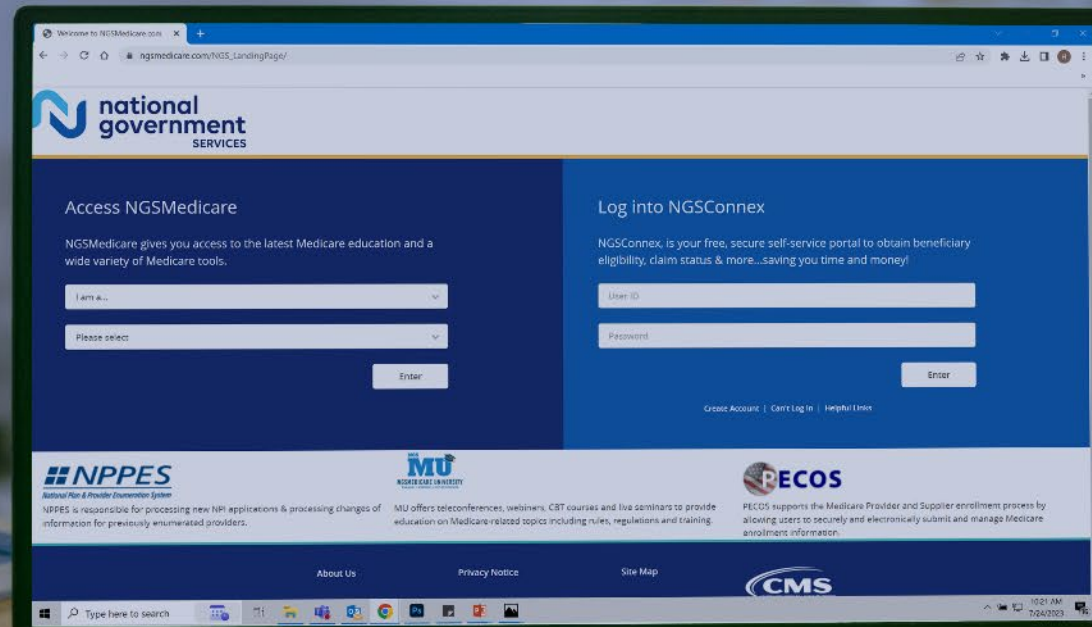


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