

Tobacco Cessation and Counseling – Billing Tips

The Patient Protection and Affordable Care Act (ACA) requires insurance plans to cover screening and cessation counseling for adults and adolescents.

Medicare

Every 12-month period covers 2 cessation attempts each with up to 4 intermediate or intensive counseling sessions (i.e. 8 smoking cessation counseling sessions per year). After 11 full months have passed since the first covered counseling session, patients may receive another 8 sessions during the subsequent year.

Reimbursement for Counseling requirements must be met at the time of service:

- Patients must be competent and alert at the time the counseling is provided.
- Counseling provided by physician or other Medicare-recognized healthcare professional (e.g. Physician assistants, Nurse practitioners, Clinical social workers, Physical therapists, Occupational therapists, Speech language pathologists, and Clinical psychologists).

Medicare no longer differentiates between symptomatic and asymptomatic patients. Medicare suggests the use of codes **99406** and **99407**.

Copayment and deductibles are now waived for codes 99406 and 99407. The Medicare beneficiary has a zero dollar out-of-pocket liability.

HPCPS/CPT Code	Type of Counseling	Description	Medicare Reimbursement Rate
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes	\$15.70 per encounter
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes	\$28.96 per encounter
99381-99397	Preventive medicine services	Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care	
99078	Physician educational services	Group setting (e.g., prenatal, obesity, diabetes)	

Medicaid

Individual states have the ability to distinguish between standard or expanded coverage for cessation services. No cost sharing is permitted if pregnant. Cost sharing is permitted for other adults. Children and adolescents are fully covered to receive counseling and cessation medications under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Counseling coverage for non-pregnant adults varies by state.

Private/Commercial Insurance Carriers

Private insurers are required to cover evidence-based tobacco cessation counseling and interventions to all adults. Private payer benefits are subject to specific plan policies. Check with individual insurance plans to determine what specific interventions are included and the extent to which these interventions are covered.

ICD-10 CM Diagnosis Code	Description
F17 codes	Excludes Z87.891 HISTORY of tobacco dependence; Excludes Z72.0 Tobacco use NOS
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes, with withdrawal
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.223	Nicotine dependence, chewing tobacco, with withdrawal
F17.228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
T65.2XX codes	Exclude F17.xxx nicotine dependence
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional), initial encounter
T65.212A	Toxic effect of chewing tobacco, intentional self-harm, initial encounter
T65.213A	Toxic effect of chewing tobacco, assault, initial encounter
T65.214A	Toxic effect of chewing tobacco, undetermined, initial encounter
T65.22XX codes	Use additional code for exposure to second-hand tobacco smoke (Z57.31, Z77.22)
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional, initial encounter)
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter
Z87.891	Excludes F17.2xx current nicotine dependence
Z87.891	Personal history of nicotine dependence

Providers must use an ICD-10 F17 code or a Z code. F17 codes are used if the patient is dependent on tobacco. Z codes are used if there is NOT dependence on tobacco. **Z87 codes and T65 codes cannot be combined with an F17 code.**

Documentation requirements:

All payers require the use of ICD-10 codes and documentation regarding medical necessity and the specifics of what was provided in order to receive payment. **Coding is not sufficient.**

The following items should be documented in the medical record:

- Patient's willingness to attempt to quit
- What was discussed during counseling
- Amount of time spent counseling
- Tobacco use
- Advice to quit and impact of smoking provided to patient
- Methods and skills suggested to support cessation
- Medication management and treatment plan
- Setting a quit date with the patient
- Follow-up arranged
- Resources made available to the patient

Documentation Tips

- F17 codes are used if the patient is dependent on tobacco. Z codes are used if there is NOT dependence on tobacco. Z codes cannot be combined with an F17 code.
- Using the term "history of" or "personal history of" means a past medical condition that no longer exists. If used for a current condition, payment will be denied.
- History of may be an appropriate reason to use the Z code.
- Documentation must include a treatment plan for each diagnosis (e.g. refer to oncologist) and an assessment, such as "stable," "worsening," "not responding to treatment."
- Use linking terms to connect the diagnoses and manifestations, such as "due to" or "secondary to."
- Behavioral health providers are qualified to use behavioral or mental health diagnoses (F17.200) as the primary rationale for their services. Medical providers may not and so must select a diagnosis code that accurately reflects the biological impact of tobacco use such as one of the T65.2 options.
- Be sure to document "counseling" activities (advising about specific changes to routines, arranging for services or follow up) and not just "evaluation" (determining severity of dependence, comorbidities and prior cessation attempts) and management (medication selection based on evaluation) if you are billing for a counseling code vs. an E/M code.

Other Resources

American Lung Association – Billing Guide for Tobacco Screening and Cessation Toolkit:

<https://www.lung.org/getmedia/08ed3536-6bab-48a6-a4e4-e6dbcca024/billing-guide-for-tobacco-1.pdf.pdf>

Pharmacist Billing/Coding for Physician-Based Clinics:

<https://www.ashp.org/-/media/assets/ambulatory-care-practitioner/docs/billing-quick-reference-sheet.pdf>