

Internal Medicine Coding Alert

Medicare: Prepare for Medicare to Cover Tobacco Cessation Counseling for All Smoking Beneficiaries

New coverage announcement brings good news for physicians who haven't collected in the past.

If you've been writing off tobacco cessation counseling as non-payable, it's time to change your tune.

The change: In the past, you could collect for tobacco cessation counseling for a patient with a tobacco-related disease or with signs or symptoms of one. But on Aug. 25, CMS announced that "under new coverage, any smoker covered by Medicare will be able to receive tobacco cessation counseling from a qualified physician or other Medicare-recognized practitioner who can work with them to help them stop using tobacco."

"For too long, many tobacco users with Medicare coverage were denied access to evidence-based tobacco cessation counseling," said **Kathleen Sebelius**, HHS secretary, in an Aug. 25 statement. "Most Medicare beneficiaries want to quit their tobacco use. Now, older adults and other Medicare beneficiaries can get the help they need to successfully overcome tobacco dependence."

Count Attempts and Minutes

The new tobacco cessation counseling coverage expansion will apply to services under Medicare Part B and Part A. That means your physicians and coders should know how to correctly document and report the sessions.

"Medicare allows billing for two counseling attempts in a year, but each attempt can occur over multiple sessions, with four sessions per attempt," explains **Jennifer Swindle, CPC, CPC-E/M, CPC-FP, RHIT, CCP-P**, director of coding and compliance for PivotHealth LLC in Brentwood, Tenn.

According to section 12 of chapter 32 of the Medicare Claims Processing Manual, "Claims for smoking and tobacco use cessation counseling services shall be submitted with an appropriate diagnosis code. Diagnosis codes should reflect: the condition the patient has that is adversely affected by tobacco use or the condition the patient is being treated for with a therapeutic agent whose metabolism or dosing is affected by tobacco use." Swindle says 305.1 (Tobacco use disorder) is one diagnosis supporting the service.

You have two coding options for tobacco cessation counseling:

- 99406 -- Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407 -- ... intensive, greater than 10 minutes.

Choose your code based on the amount of time your internist documents that he spent counseling the patient.

Bottom line boost: Codes 99406 and 99407 can earn your practice approximately \$14 and \$26 per visit, respectively, based on national Medicare allowances (actual allowances will vary geographically). That's easy money if you have the documentation supporting the codes.

Note the 5 A's in Documentation

Counseling elements for tobacco cessation should include what Swindle calls the 5 A's:

- Ask about tobacco use
- Advise the patient to quit

- Assess the patient's willingness to try quitting
- Assist the patient in her desire to quit
- Arrange for a follow-up visit within a week of the planned quit date.

Append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to an appropriate evaluation and management code if the cessation counseling takes place on the same date as a separate and significant office visit.

"We know that older adults and other Medicare beneficiaries can be successful in their struggles to stop using tobacco, as long as they have the right resources available to them," said HHS's **Howard Koh, MD, MPH**, in an Aug. 25 statement. "Today's decision will assure that beneficiaries can access that help from qualified physicians and other Medicare-recognized practitioners."

To read the complete coverage decision, visit www.cms.gov/center/coverage.asp Click on "NCAs, then scroll down to "Smoking & Tobacco Use Cessation Counseling."

Final note: The new coverage was just announced in August, and the relevant section of the Medicare Claims Processing Manual has not been updated yet to reflect the new coverage decision. Therefore, you may want to check with your local Medicare Administrative Contractor or carrier to confirm that they are prepared to accept claims under the new coverage conditions before submitting those claims.