

Internal Medicine Coding Alert

Reader Question ~ G0375 Covers Smoking Cessation Counseling

Question: We're not having much success getting payment for smoking cessation counseling when our physician performs this. What are the guidelines for reporting this service?

Minnesota Subscriber

Answer: You have two codes to choose from when your internist provides smoking cessation counseling. In July 2005, CMS introduced G0375 (Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes) and G0376 (Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes).

You should report G0375 for intermediate sessions that range from three to 10 minutes. Use G0376 for intensive sessions, lasting more than 10 minutes. CMS still includes minimal counseling (less than three minutes) in the E/M code that you report for the patient visit.

Only two attempts per year: Under Medicare regulations, you can report up to two face-to-face counseling attempts per patient per year. Each attempt can include no more than four sessions (either intermediate or intensive sessions). Medicare Part B covers a total of eight sessions within a 12-month period.

Coding scenario: Your physician initiates a smoking cessation counseling attempt on a Medicare patient with chronic obstructive bronchitis and emphysema that he concludes is the result of prolonged smoking.

During the month, the physician holds four sessions. Each session lasts more than 10 minutes, so you should report the first attempt as G0376 for each individual session. Then, the physician starts a second attempt with the same patient that involves three intermediate sessions and one intensive session.

You should report G0375 for three sessions and G0376 once. You can only report each service with a unit of one.

This additional coverage, as described by the above HCPCS codes G0375 and G0376, does not change the existing coverage for minimal cessation counseling (defined as 3 minutes or less in duration) bundled into the normal E/M visit.

Providers should keep documentation in the patient's medical records to adequately demonstrate that Medicare coverage conditions were met for any services provided and billed to Medicare for smoking and tobacco-use cessation counseling.

Don't miss: Remember to add an appropriate diagnosis code. The ICD-9 code you report should accurately depict one of two things: either the patient's condition that the tobacco use is adversely affecting, or the condition for which the patient receives a therapeutic agent that tobacco may adversely interact with.

For example, report ICD-9 code 492.x (Emphysema) when a patient with emphysema undergoes smoking cessation counseling because smoking is causing his condition to deteriorate.

If you are unsure what diagnosis code to use on your claim, contact your local Medicare carrier for guidance.

Watch out: You can't use G0375 or G0376 if the primary ICD-9 code is 305.1 (Tobacco-use disorder) because the diagnosis alone doesn't medically justify the service.

Answers to You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC, CCS-P**, director of

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