

Counseling to Prevent Tobacco Use

Medicare Part B Preventive
Services 3/21/2024

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Objective

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

Today's Presenters



Provider Outreach and Education Consultants

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Agenda

Types of Tobacco/Nicotine

Tobacco Facts and Statistics

Health Effects

Medicare Coverage

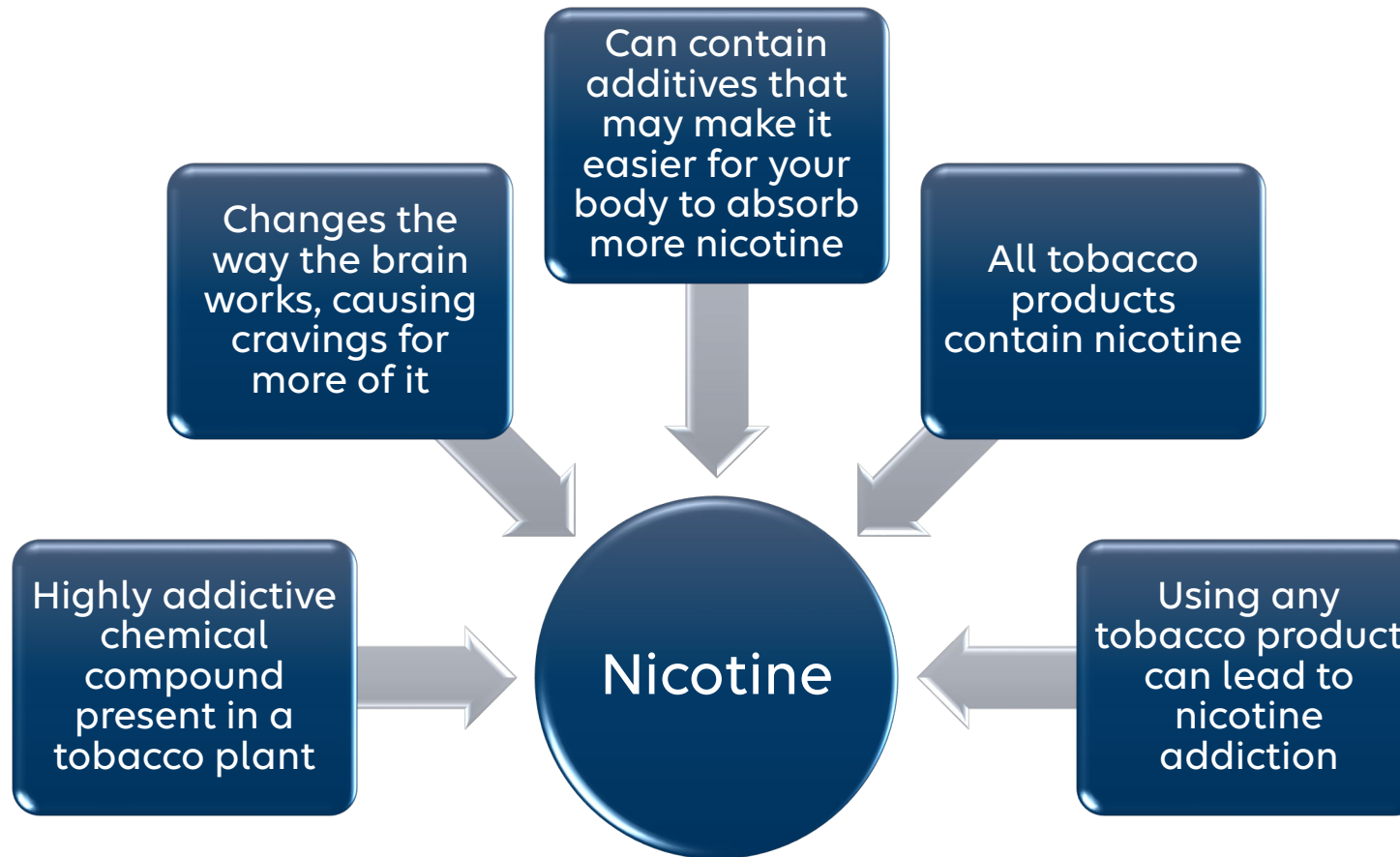
Intervention and Documentation

Telehealth Guidelines

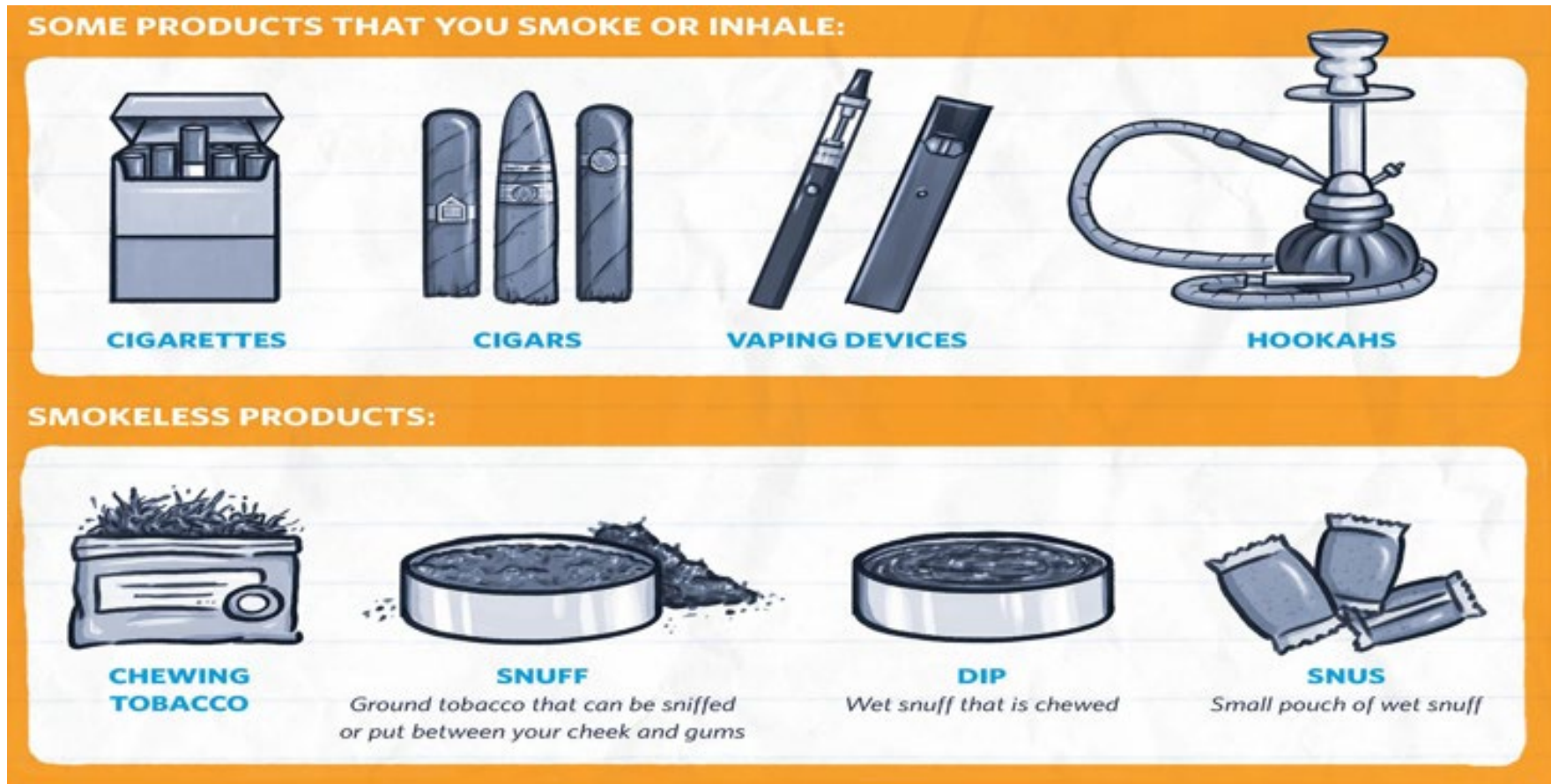
Resources

Tobacco and Nicotine

What Is Nicotine?



How Is Nicotine Used?



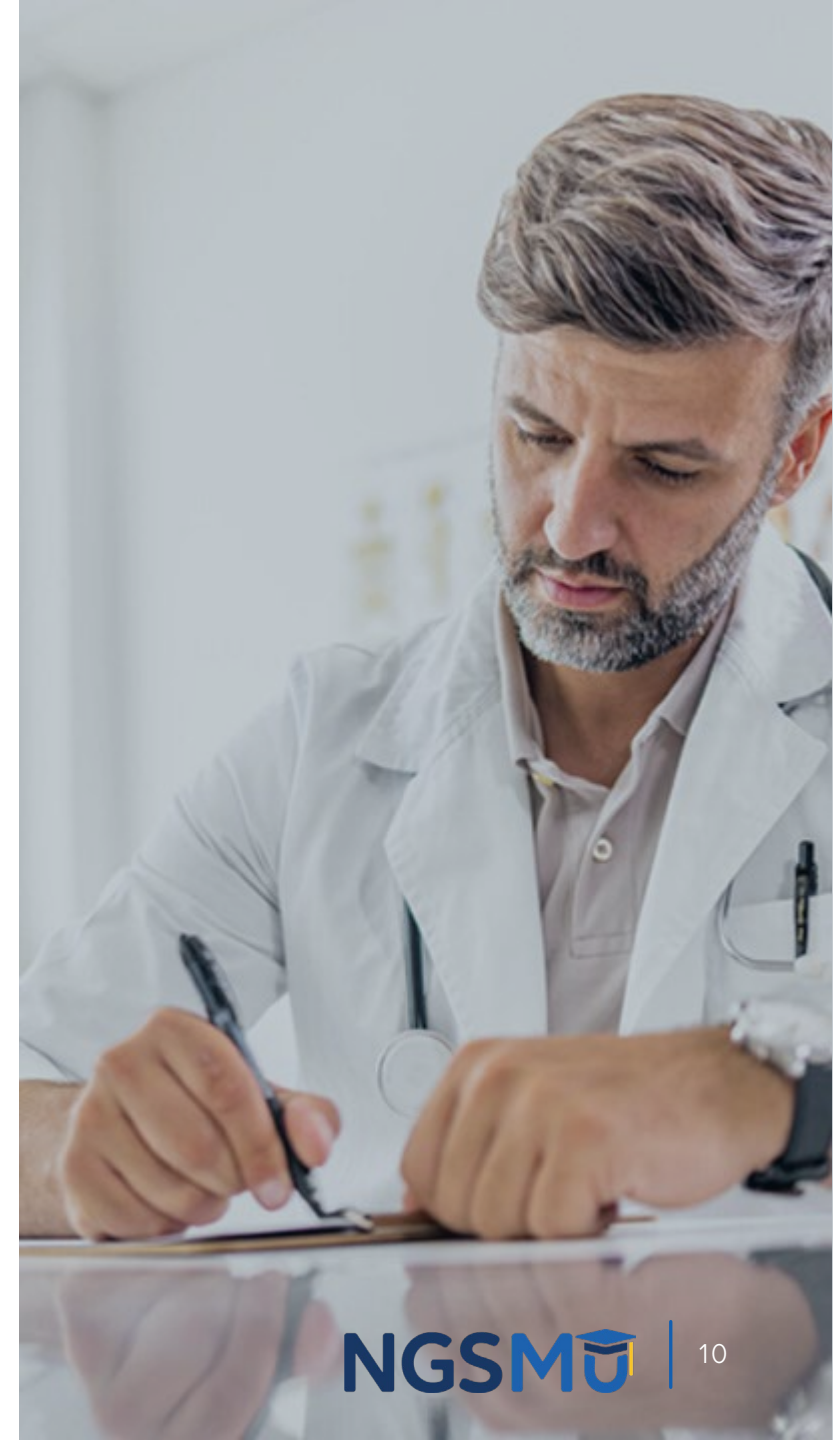
Source: National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

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

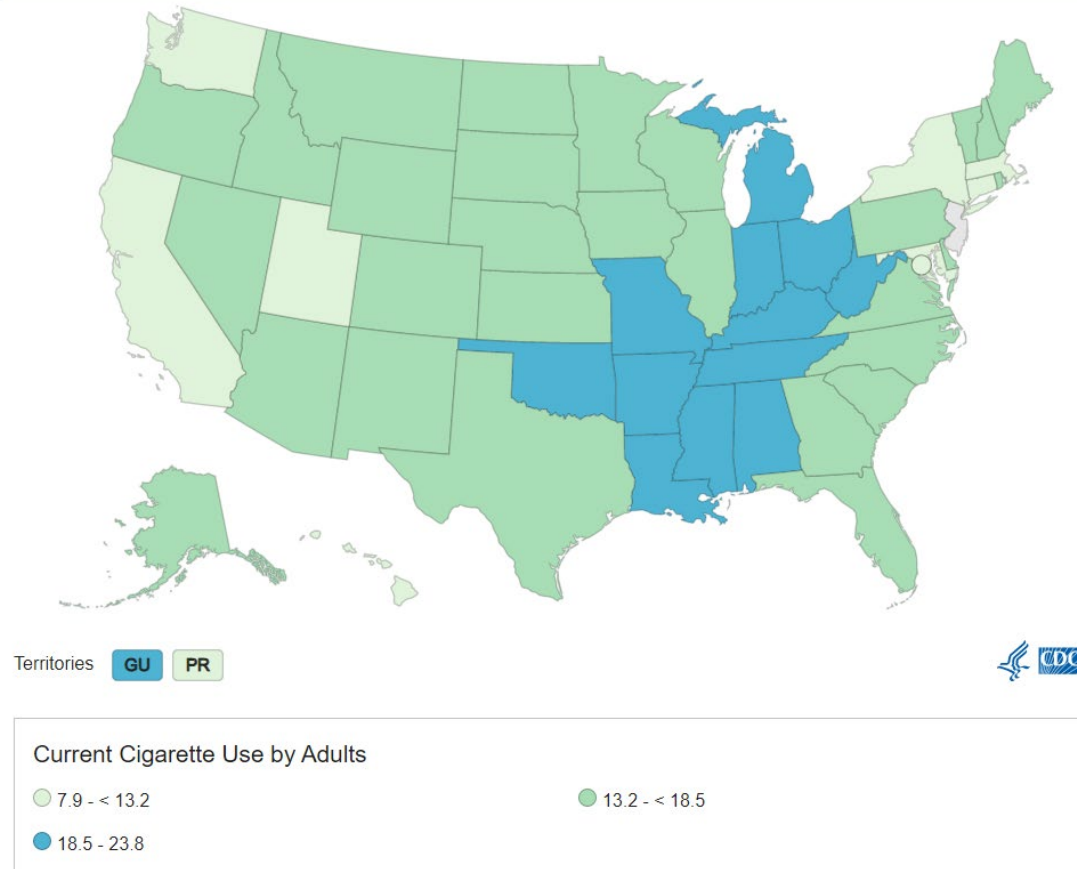
U.S. Adult Smoking Cessation Behaviors

- 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



Centers for Disease Control and Prevention

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










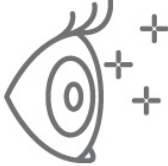




Tobacco and Population Groups

- 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

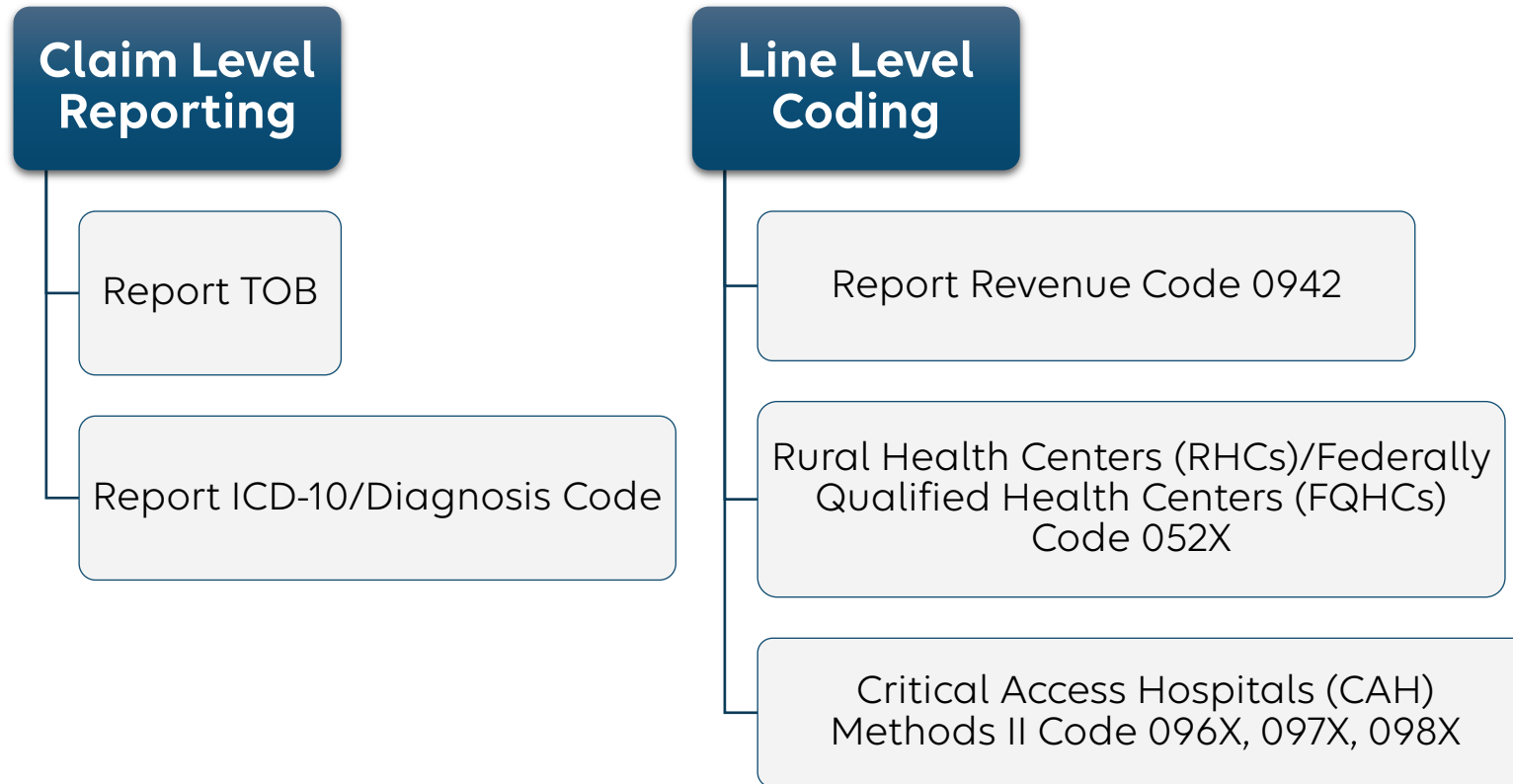
- Counseling to prevent tobacco use
 - Two individual tobacco cessation counseling attempts per year
 - ✓ Each attempt may include a maximum of four intermediate or intensive sessions, with a total benefit covering up to eight sessions per year
 - Intermediate: greater than three minutes up to ten minutes
 - Intensive: greater than ten minutes
- Coinsurance and deductible are waived

Billing HCPCS 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](#)
 - ✓ for individual CRs and coding translations for 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

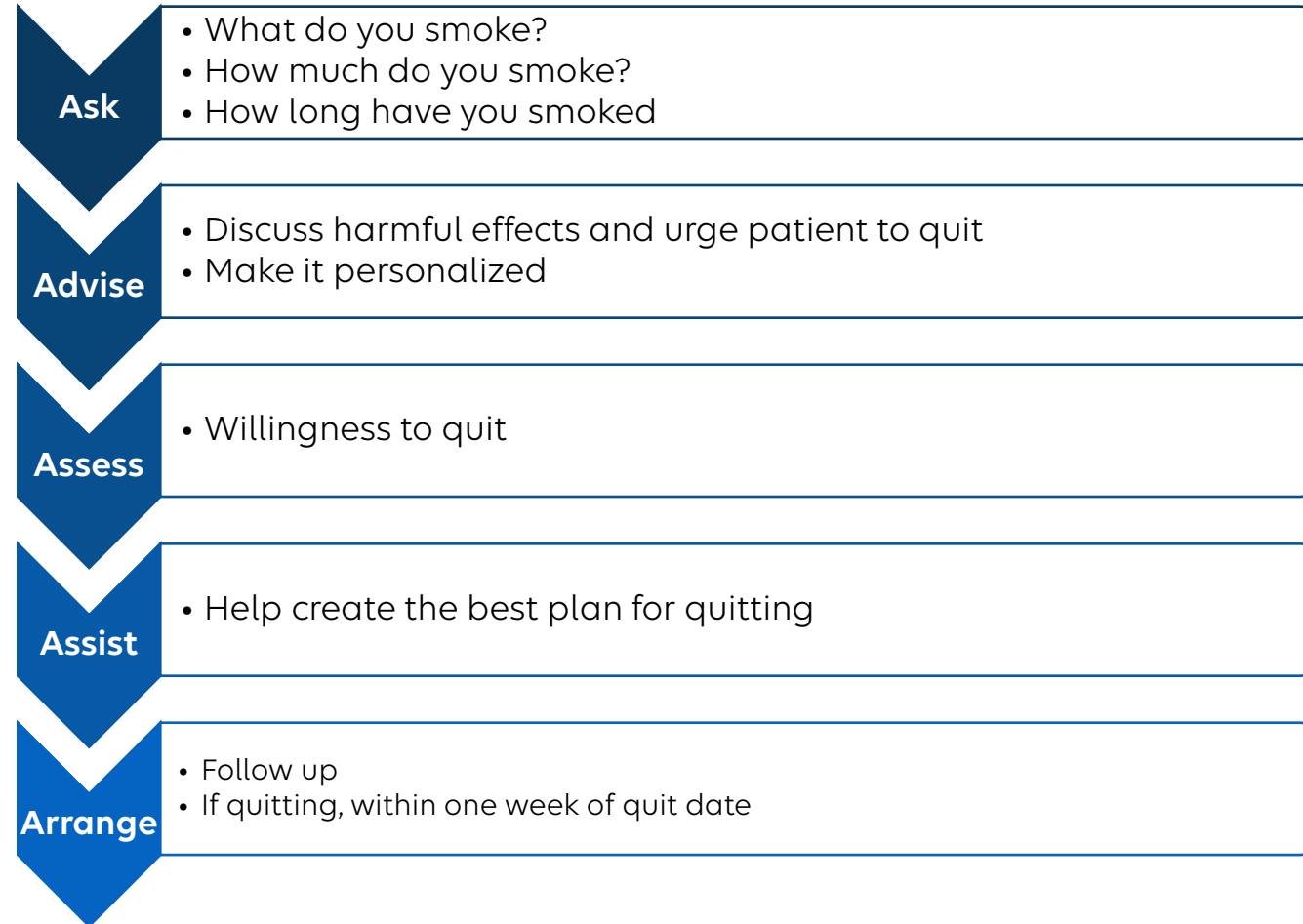
- NCCI Procedure-to-Procedure PTP edits prevent inappropriate payment of services that should not be reported together
- Each edit has a Column One and Column Two HCPCS/CPT code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the Column One code 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.”

Medicare Tobacco Counseling Telehealth Guidelines

Telehealth Benefits

- Telehealth helps improve access to healthcare for various populations, including communities that lack providers and patients with limited time or mobility
- Telehealth
 - Has the potential to reduce costs and improve the quality of care
 - Offers a mechanism to provide better follow up and a support for ongoing monitoring and adherence to tobacco cessation
 - Can help patients feel better supported by their health care provider as they attempt to quit smoking
 - Has the potential to provide another avenue for persons who use tobacco to access evidence-based cessation support
 - Allows tobacco counseling services to be billed on the same day as an E/M service

Telehealth Coverage

- Any Medicare patient can access telehealth services
 - Prior to the PHE, only patients living in rural areas or areas designated as a provider shortage area could access telehealth services
- Medicare patients can access telehealth from their home
 - Previously, patients could only access telehealth from a medical facility
- Tobacco cessation counseling can be conducted via audio-only interaction
 - Previously, all telehealth encounters, including tobacco cessation counseling, had to have both an audio and visual component

Telehealth Billing

■ Professional Services

- HCPCS code 99406/99407
 - ✓ Applicable ICD

■ Services performed after 12/31/2023

- Use POS 02-Telehealth to indicate you provided the service via telehealth when the originating site is other than the patient's home
 - ✓ To be paid at the facility rate
- Use POS 10-Telehealth for services when the patient is in their home
 - ✓ Beginning in CY 2024, telehealth services furnished to people in their homes will be paid at the non-facility PFS rate (higher rate on fee schedule)
 - This is to protect access to mental health and other telehealth services by aligning with telehealth-related flexibilities that were extended via the CAA, 2023

Telehealth

- In the CY 2023 Final Rule, CMS finalized alignment of availability of services on the telehealth list with the extension timeframe enacted by the Consolidated Appropriations Act (CAA), 2022
- After the PHE ended, the CAA, 2023 extended availability of the telehealth services that could be furnished using audio-only technology through 12/31/2024

Telehealth Service Code	Description	Can Audio-only Meet the Requirement
99406	Behav chng smoking 3-10 min	Yes
99407	Behav chng smoking > 10 min	Yes

[List of Telehealth Services](#)

Rural Providers

- RHC/FQHC
 - Practitioners can provide distant site telehealth services - approved by Medicare as a distant site telehealth service under the physician fee schedule – from any location, including their home
 - ✓ For preventive services provided via telehealth that have cost sharing waived, RHCs must report G205 on claims with the CG and CS modifiers, and FQHCs must report G205 with the CS modifier on or after 1/2/2020–12/31/2024
- CAH: Critical access hospital method II claims should continue to bill with modifier GT

Resources

CMS Resources

- CMS [Preventive Services](#) web page

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Print

Telehealth Eligible Services

Medicare Preventive Services

× Select a Service FAQs Resources

Alcohol Misuse Screening & Counseling T	Annual Wellness Visit T	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use T
Depression Screening T	Diabetes Screening	Diabetes Self-Management Training T	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease T	IBT for Obesity T	Initial Preventive Physical Exam	Lung Cancer Screening T	Mammography Screening
Medical Nutrition Therapy T	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services T	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs T	Ultrasound AAA Screening					

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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](#)
- [American Lung Association – Stay Away from Tobacco](#)
- [American Cancer Society – Great American Smokeout](#)

National Government Services Website Resources

■ Accessing Webinar Materials/Presentations

■ Available on [our website](#)

- Select your provider type and applicable state, click on enter
- From the drop-down menu, click on **Education** for manuals, job aids and to access Medicare University
- From the drop-down menu, click **Events** to view and register for upcoming webinars

■ Materials from prior webinars are available on our website

- Click on Events from the drop down, scroll towards the bottom of the page for past events

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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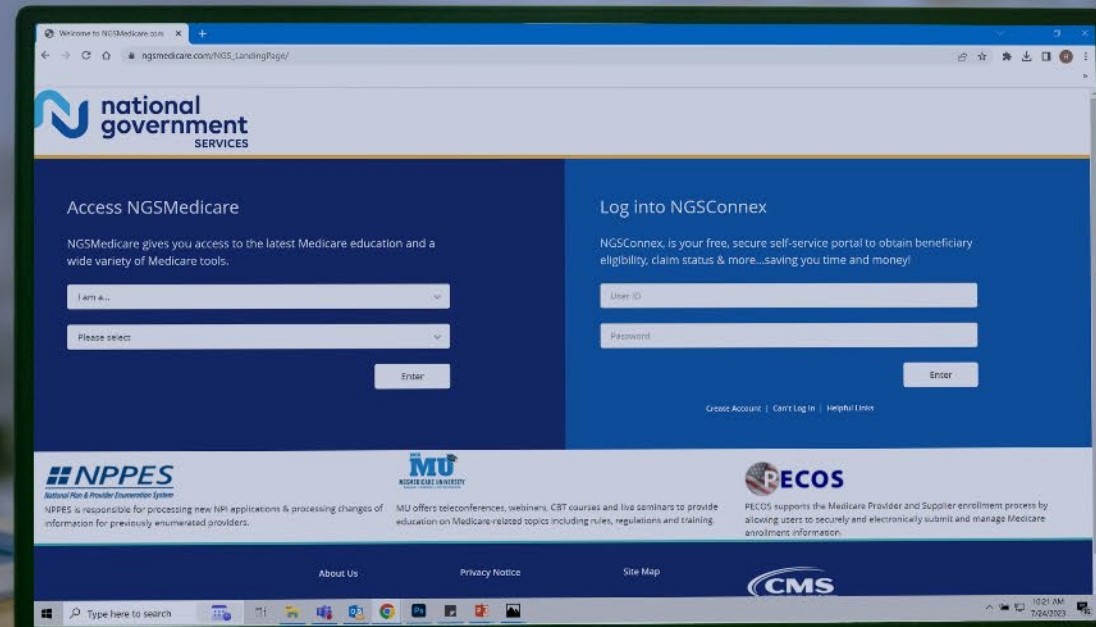
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