

# Counseling to Prevent Tobacco Use

Medicare Part B Preventive Services

8/12/2025

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## Objective

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



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# Today's Presenters



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



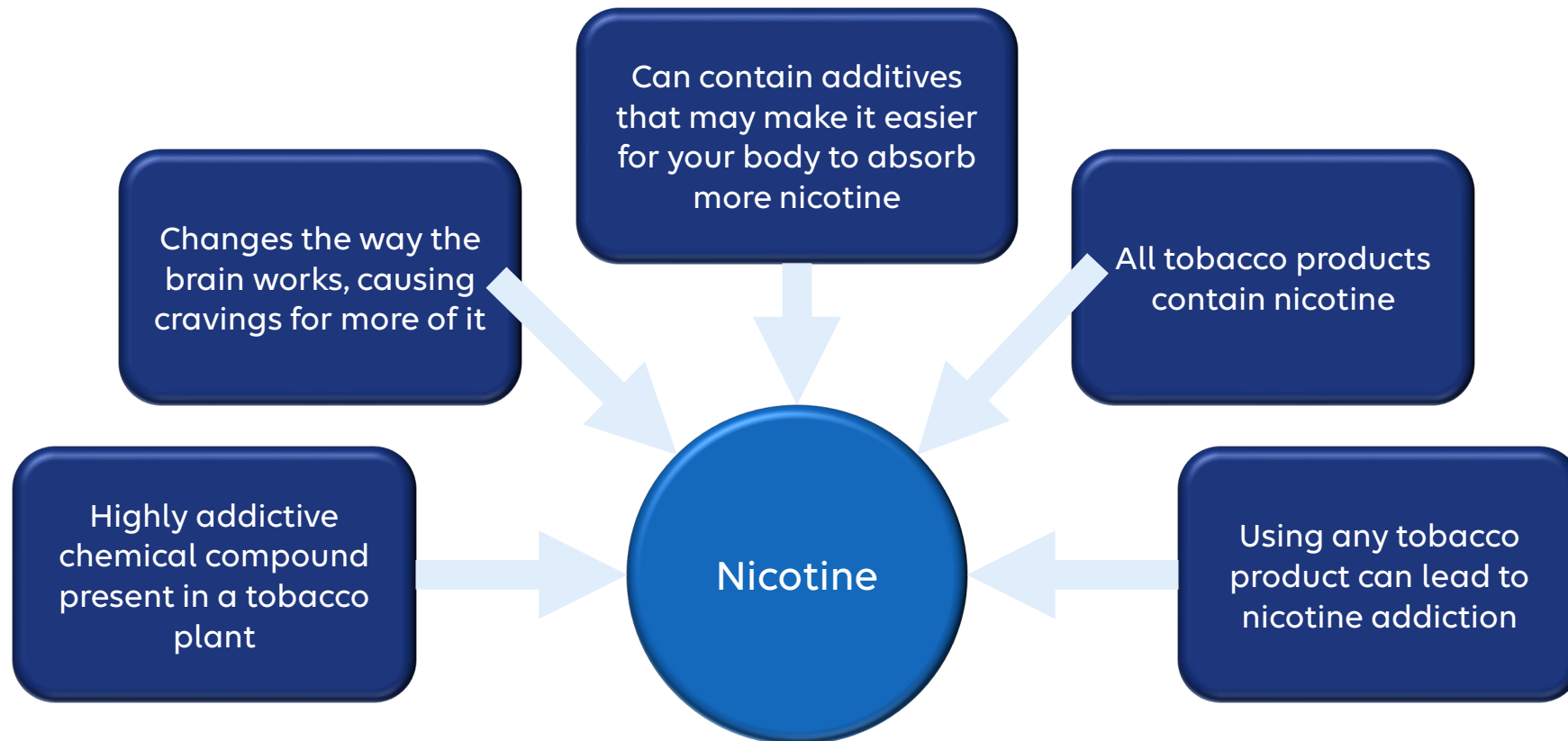


# Agenda

- [Tobacco and Nicotine](#)
- [Tobacco Health Effects](#)
- [Medicare Coverage Guidelines](#)
- [Intervention and Documentation](#)
- [Resources](#)

# Tobacco and Nicotine

# What Is Nicotine?



# How Is Nicotine Used?





# Tobacco Use Facts

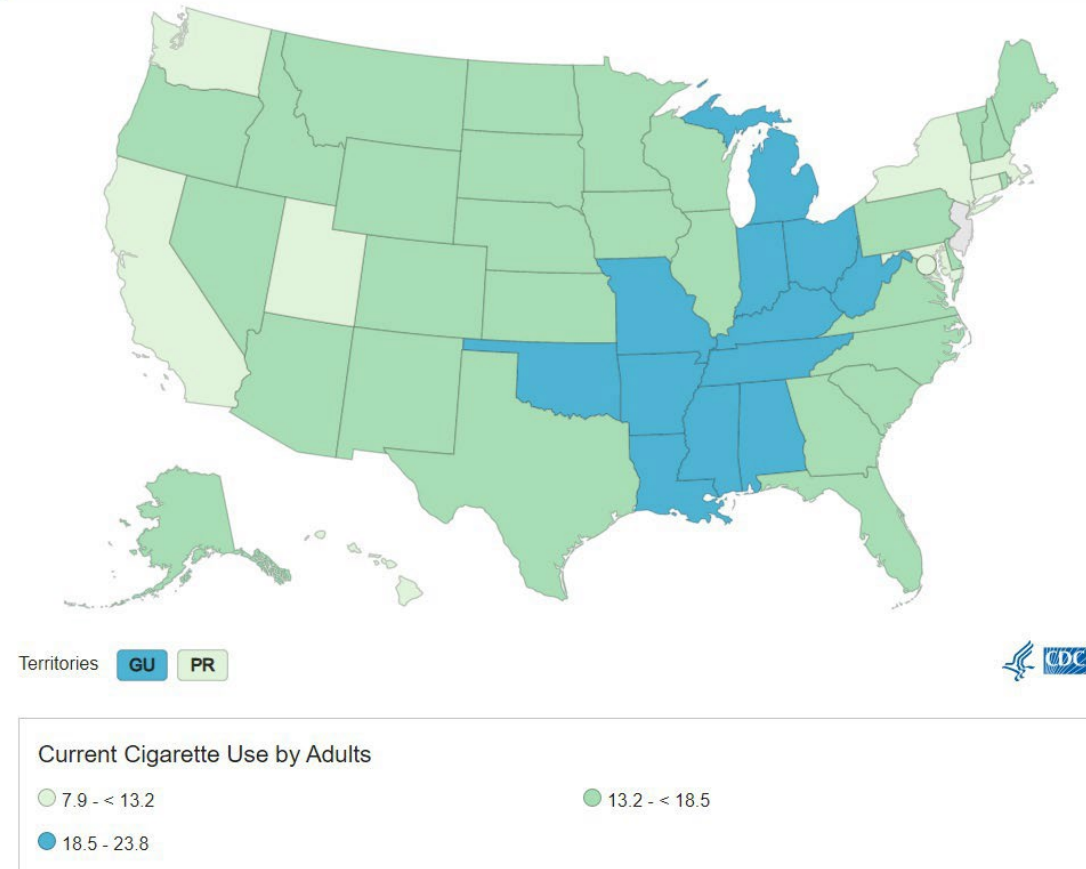
- Leading cause of preventable morbidity and mortality in the U.S.
- Major contributor to the nation's increasing medical costs
- Estimated 30.8 million adults in the United States currently smoke cigarettes
- 14.1% of men, 11% of women
- Smoking costs the United States hundreds of billions of dollars 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 2022, about two-thirds (67.7%) of adult smokers in the US reported wanting to quit, and about half (53.3%) had tried to quit in the past year, according to the CDC. However, only 8.8% of those who smoked quit successfully
- 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












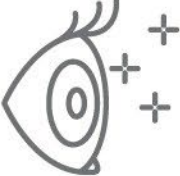


# Tobacco and Population Groups

- 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
  - 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

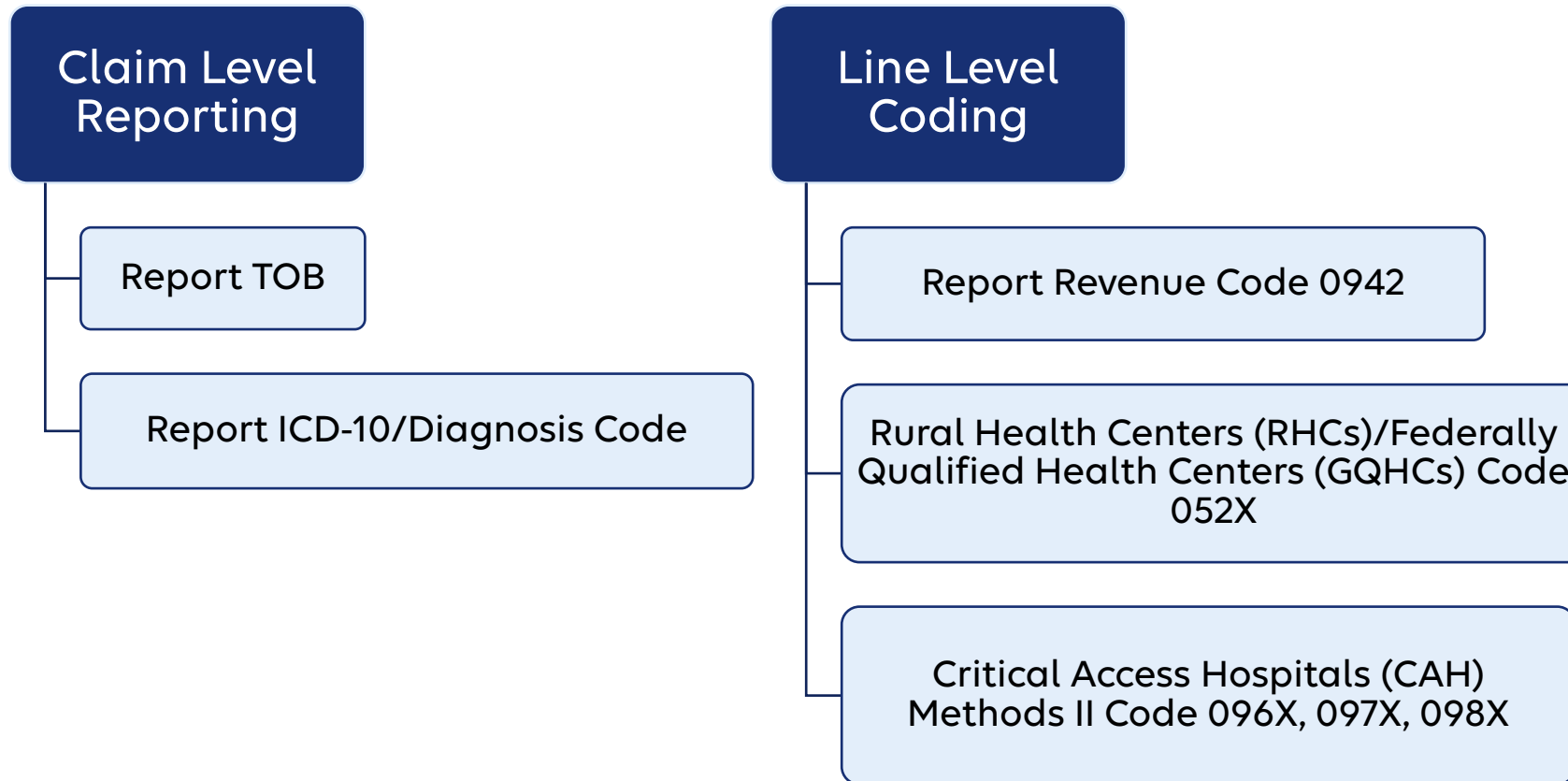
# Frequency

- 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 CPT 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	71X
FQHC	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

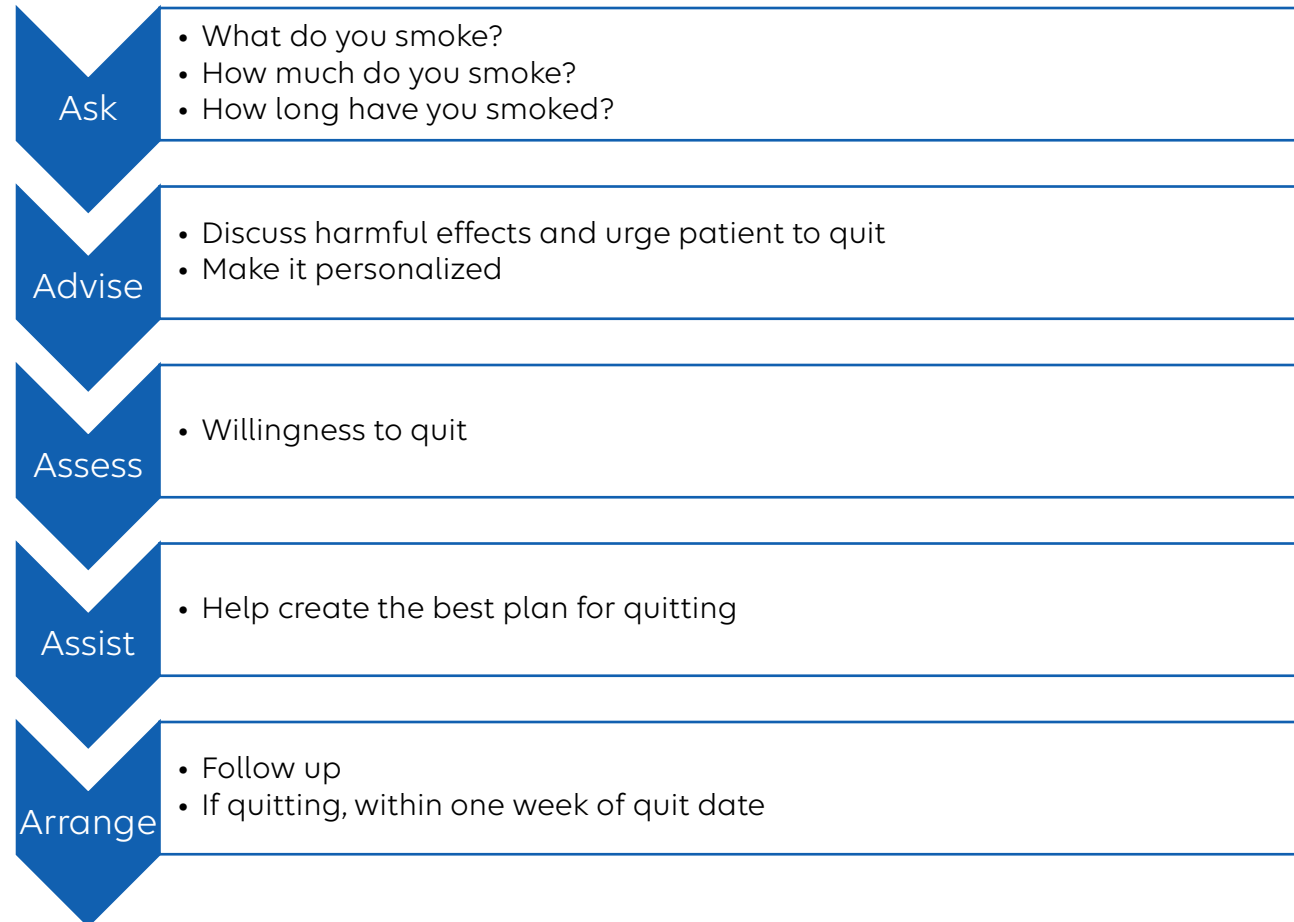
- NCCI Procedure-to-Procedure PTP edits prevent inappropriate payment of services that should not be reported together
- Each edit has a Column One and Column Two HCPCS/CPT code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the Column One code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



# Resources

# CMS Internet-Only Manuals

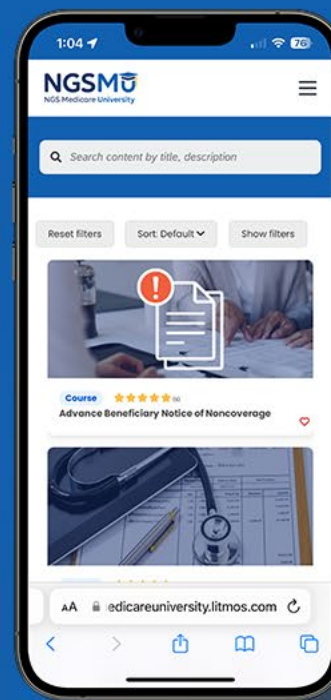
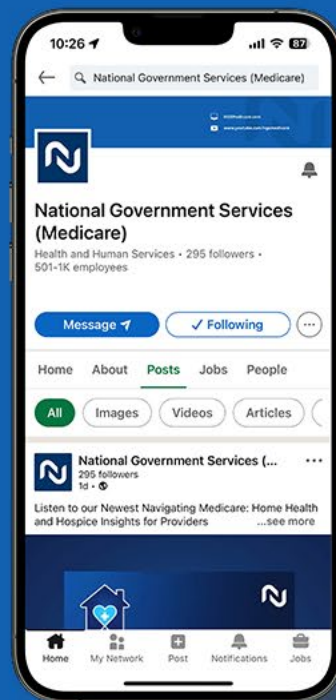
- [CMS Manuals](#)
  - Regulations and Guidance > Manuals > [Internet-Only Manuals \(IOMs\)](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 32, Section 12](#)
- [CMS IOM Publication 100-03, Medicare National Coverage Determinations Manual, Part 4, Section 210.4.1](#)
- [CMS 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](#)

# Questions?

Thank you!



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Educational Videos

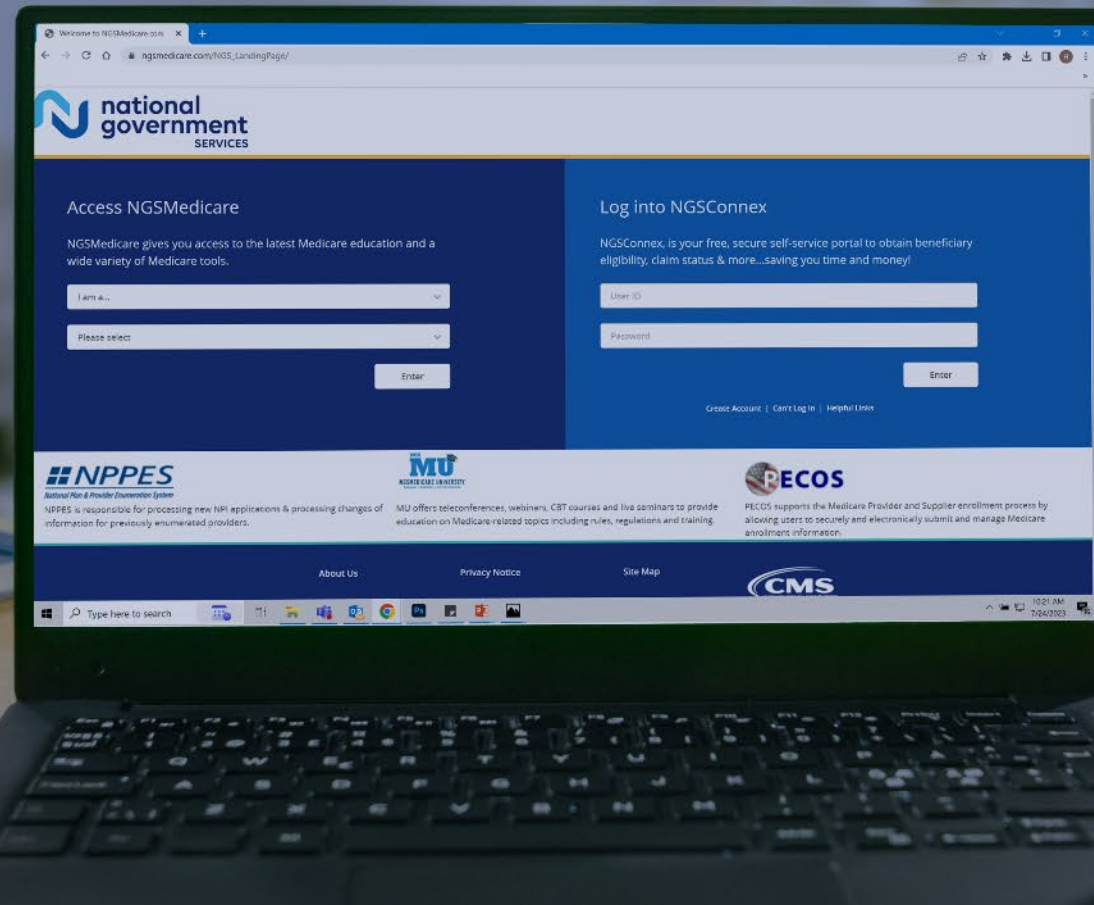


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