



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Tobacco Cessation Counseling

Policy Number: HS-187

Original Effective Date: 9/2/2010

Revised Date(s): 9/1/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

N/A

POSITION STATEMENT

Counseling to prevent tobacco use **is considered medically necessary** for prevention of illness or disability and is subject to individual state benefits.

- Counseling is for outpatient and hospitalized Medicare beneficiaries; **AND**,
- The member uses tobacco, regardless of whether the member has signs or symptoms of tobacco-related disease; **AND**,
- The member is competent and alert at the time the counseling is provided; **AND**,
- The counseling is furnished by a qualified physician or other Medicare-recognized practitioner.

Frequency and Length of Sessions

CMS will cover two individual tobacco cessation counseling attempts per year. Each attempt may include a maximum of four intermediate or intensive sessions, with the total annual benefit thus covering up to eight sessions per Medicare beneficiary who uses tobacco. The practitioner and patient have the flexibility to choose between intermediate (more than three minutes) or intensive (more than ten minutes) cessation counseling sessions for each attempt. This decision memorandum does not modify existing coverage for minimal individual cessation counseling (three minutes or less), which is already covered as part of each Evaluation and Management (E&M) visit and is not separately billable.

The Centers for Medicare and Medicaid Services (CMS) has determined that the evidence is adequate to conclude that counseling to prevent tobacco use, which is recommended with a grade of A by the U.S. Preventive Services Task Force (USPSTF) for all adults and pregnant women who use tobacco, is reasonable and necessary for prevention of illness or disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

CODING

Per WellCare and CMS Nationally Non-Covered Indications

1. Inpatient hospital stays with the principal diagnosis of 305.1 - Tobacco Use Disorder are not reasonable and necessary for the effective delivery of tobacco cessation counseling services. Therefore, we will not cover tobacco cessation services if tobacco cessation is the primary reason for the patient's hospital stay.
2. Medicare covers minimal cessation counseling, defined as three minutes or less in duration as part of each Evaluation and Management (E/M) visit and is not separately billable.

Documentation

Keep patient record information on file for each beneficiary for whom a smoking and tobacco-use cessation counseling claim is made. Medical record documentation must include standard information along with sufficient beneficiary history to adequately demonstrate that medical necessity conditions were met.

Covered CPT® Codes**Preventive Medicine - Individual Smoking Cessation Counseling**

These codes are for face-to-face counseling by a physician or other qualified health care professional, using “standardized, evidence-based screening instruments and tools with reliable documentation and appropriate sensitivity.”

- 99406** For intermediate visit of between 3 and 10 minutes (See # 2 above for Medicare coverage.)
99407 For an intensive visit lasting longer than 30 minutes (Not covered by Medicare.)

ICD-9-CM Procedure Codes

- 94.49** Individual Counseling, i.e. smoking cessation

HCPCS Level II ® Codes**Dental Code**

- D1320*** Tobacco counseling for the control and prevention of oral disease.
*Non-Covered by Medicare - for Medicare bill the appropriate E&M Level code.

ICD-9-CM Diagnosis Codes

- 305.1** Tobacco Use Disorder (Tobacco Dependence)
649.01 – 649.04 Tobacco use disorder complicating pregnancy, childbirth, or the puerperium.

*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL. ©©

REFERENCES

Peer Reviewed - N/A

Government Agencies, Professional and Medical Organizations

1. Centers for Medicare and Medicaid Services. (2010, August 25). Decision memo for counseling to prevent tobacco use (CAG-00420N). Retrieved from <http://www.cms.hhs.gov/mcd/search.asp>
2. Centers for Medicare and Medicaid Services. (2005, March 22). National coverage determination for smoking and tobacco-use counseling (210.4). Retrieved from <http://www.cms.hhs.gov/mcd/search.asp>
3. National Guideline Clearinghouse (NGC). (2001, revised 2009). Guideline synthesis: tobacco use cessation. Retrieved from <http://www.guideline.gov>.
4. U.S. Preventative Services Task Force. (2009). Counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women: U.S. Preventative Services Task Force reaffirmation recommendation statement. *Annals of Internal Medicine*, 150(8), 551-555.

HISTORY AND REVISIONS

Date	Action
12/1/2011	• New template design approved by MPC.
9/1/2011	• Approved by MPC.