Tobacco Cessation Counseling
Policy Number: HS-187

Original Effective Date: 9/2/2010

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.

DISCLAIMER
The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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 CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG 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. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND
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 necessary for prevention of illness or disability and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B.
POSITION STATEMENT

Applicable To:
✔ Medicare – All Markets

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.

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.1,2

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.3 The USPSTF current recommendation was under review as of August 2014.

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.

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 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407 Smoking and tobacco use cessation counseling visit; Intensive, greater than 10 minutes

Covered HCPCS Level II ® Codes

G0436 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 Minutes, up to 10 minutes
G0437 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes

Covered ICD-10-PCS Code

GZ63ZZZ - Mental Health, None, Counseling, Other Counseling

Covered ICD-10-CM Diagnosis Codes

F17.200 - F17.299 Nicotine dependence (F17.200)
O99.330 - O99.335 Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium (O99.335)
TOBACCO CESSATION COUNSELING (MEDICARE) HS-187

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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