



Related Medlearn Matters Article #: MM3834

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## *Smoking and Tobacco Use Cessation Counseling*

### Key Words

MM3834, CR3834, Smoking, Tobacco, Cessation, Counseling, G0375, G0376

### Provider Types Affected

Physicians, other Medicare-recognized practitioners, and providers billing Medicare Fiscal intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and carriers for smoking and tobacco use cessation counseling

### Key Points

- The effective date of instruction is March 22, 2005.
- Medicare Part B covers two new levels of counseling for smoking and tobacco use cessation, effective March 22, 2005:
  - Intermediate and;
  - Intensive
- The coverage is limited to beneficiaries who use tobacco and have a disease or adverse health effect found by the U.S. Surgeon General to be linked to tobacco use or who are taking certain therapeutic agents whose metabolism or dosage is affected by tobacco use as based on Food and Drug Administration (FDA)-approved information.
- Patients must be competent and alert at the time that services are provided.
- Two attempts are covered each year and each attempt may include a maximum of four intermediate or intensive sessions.
- A maximum of 8 sessions in a 12-month period are covered.
- The following two new Health Common Procedure Coding System (HCPCS) codes have been created for billing for the two new levels of smoking and tobacco-use cessation counseling Medicare now covers:
  - **G0375** - Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. **Short Descriptor:** Smoke/Tobacco counseling 3-10.

- **G0376** - Smoking and tobacco-use cessation visit; intensive, greater than 10 minutes. **Short Descriptor:** Smoke/Tobacco counseling greater than 10.
- For the interim period of March 22, 2005, through July 4, 2005, when billing for smoking and tobacco use cessation counseling, the unlisted code 99199 should be used. One unit per session should be included in the unit's field of the claim.
- Providers whose claims are subject to payment under the Outpatient Prospective Payment System (OPPS) should use the G codes instead of 99199. Such claims were held by your FI until July 5, at which time they would be processed.
- Code 99199 is carrier priced.
- Effective for claims received by Medicare on or after July 5, 2005, when billing for this counseling, the appropriate new "G" codes should be used.
- Smoking and tobacco use cessation counseling claims are to be submitted with the appropriate diagnosis code.
- Diagnosis codes should reflect the condition the patient has that is adversely affected by the use of tobacco or the condition the patient is being treated for with a therapeutic agent whose metabolism or dosing is affected by the use of tobacco.
- Providers are reminded that they should keep on file appropriate 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.
- Physicians and other Medicare-recognized practitioners who need to bill for E&M services on the same day as smoking cessation services are billed should use the appropriate HCPCS code in the 99201-99215 range AND modifier 25 to show that the E&M service is a separately identifiable service from a smoking and tobacco-use cessation counseling service.
- Claims from physicians or other providers where assignment was not taken are subject to the Medicare limiting charge, meaning charges to the beneficiary may be no more than 115% of the allowed amount.
- The payment method used by FIs/RHHIs may be found in the table located on page 3 of the Medlearn Matters Article located at the reference link below on the web.

### Important Links

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3834.pdf>

[http://www.cms.hhs.gov/manuals/pm\\_trans/r36ncd.pdf](http://www.cms.hhs.gov/manuals/pm_trans/r36ncd.pdf)