Reimbursement Guidelines

Tobacco Cessation



This guideline is in reference to Samaritan Health Plan Operations' products for services performed by contracted providers. Payment for covered services rendered by contracted providers will be reimbursed at the contracted rate. This reimbursement guideline does not apply to inpatient per diem, DRG, or case rates. Samaritan Health Plan Operations reserves the right to amend a payment guideline at its discretion. CPT and HCPS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

RELATED REIMBURSEMENT DOCUMENTS:

Preventive Benefits Table; Modifier Pricing Table; CMS NCCI Edits; Prior Authorization List, PRC-11 Contracted Provider Types Policy

DEFINITIONS

• Tobacco Cessation – "to quit smoking" or "withdrawal from nicotine". Tobacco is highly addictive and quitting often involves irritability, headache, mood swings, and cravings with cessation or reduction of use. Does not include cessation from marijuana or e-cigarettes.

SHPO reimburses:

• Tobacco Cessation services are reimbursed at 100% of the allowable amount in accordance with payment methodology systems defined in the provider contract, and in accordance with member benefits and authorization requirements.

SHPO does not reimburse:

- Claims from registered nurses (RNs). The RN completing the tobacco cessation services needs to bill with their supervising physician.
- SHPO does not reimburse a separate professional claim when a provider is employed by the facility. The charges would be included in the outpatient or inpatient facility fees and reimbursed according to the facility contract arrangement.
- SHPO does not reimburse tobacco cessation services that are billed redundantly or above the typical units in accordance with the NCCI edit rules.

PREREQUISITES

- Payment is based on member benefits, place of service where service was provided, provider type delivering the service (credentialed vs. ancillary provider type), eligibility, medical necessity review, and SHPO provider contractual agreements.
- Tobacco Cessation services do not require a prior authorization when performed by a contracted SHPO provider.

MEMBER COST-SHARING

Tobacco Cessation Visits are considered preventive services and are provided to the members at a \$0.00 cost share for all lines of business when provided by an in-network provider, based on the ICD-10/CPT/HCPCS code billed, and formulary drug coverage.

PROVIDER BILLING GUIDELINES AND DOCUMENTATION

Tobacco Cessation Therapy Services

CPT/HCPCS Code	Description	Comments
99406	Smoking and Tobacco Use Cessation Counseling Visit; intermediate, greater than 3 minutes, up to 10 minutes	There are coding rules that will not allow credit or payment if billed in combination with certain services. In some cases, modifiers 25 or 27 can be

		used to report separate and distinct services.
99407	Smoking and Tobacco Use Cessation Counseling Visit; Intensive, Greater than 10 Minutes	There are coding rules that will not allow credit or payment if billed in combination with certain services. In some cases, modifiers 24 or 25 can be used to report separate and distinct services.
\$9453	Smoking cessation classes, non-physician provider, per session	
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 mins)	

ICD-10 Diagnosis Codes

ICD-10 Diagnosis Code	Description	Comments
F17.200	Nicotine Dependence, unspecified, uncomplicated	
F17.201	Nicotine Dependence, unspecified, in remission	
F17.210	Nicotine Dependence, cigarettes, uncomplicated	
F17.211	Nicotine Dependence, cigarettes, in remission	
F17.220	Nicotine Dependence, chewing tobacco, uncomplicated	
F17.221	Nicotine Dependence, chewing tobacco, in remission	
F17.290	Nicotine Dependence, other tobacco product, uncomplicated	
F17.291	Nicotine Dependence, other tobacco product, in remission	
Z71.6	Tobacco abuse counseling and surveillance	
Z72.0	Tobacco Use	
Z87.891	Personal history of nicotine dependence	

	Reimbu	ursement Guideline for Tobacco Cessation
O99.330	Smoking tobacco complicating pregnancy, unspecified trimester	
O99.331	Smoking tobacco complicating pregnancy, first trimester	
O99.332	Smoking tobacco complicating pregnancy, second trimester	
O99.333	Smoking tobacco complicating pregnancy, third trimester	
099.334	Smoking tobacco complicating childbirth	
O99.35	Smoking tobacco complicating the puerperium	
Pharmacy GPI code		,
Pharmacy GPI Code	Description	Comments
62100005002020	NICOTINE NASAL SPRAY 10 MG/ML (0.5	
	MG/SPRAY)	
62100005002410	The state of the s	
62100005002410 62100005006430	MG/SPRAY) NICOTINE INHALER SYSTEM 10 MG (4	
	MG/SPRAY) NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED) NICOTINE TD PATCH 24 HR KIT 21-14-7	
62100005006430	MG/SPRAY) NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED) NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	
62100005006430 62100010004710	MG/SPRAY) NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED) NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR NICOTINE POLACRILEX LOZENGE 2 MG	
62100005006430 62100010004710 62100010004720	MG/SPRAY) NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED) NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR NICOTINE POLACRILEX LOZENGE 2 MG NICOTINE POLACRILEX LOZENGE 4 MG	

CHANTIX CONTINUING MONTH PAK

0.5 MG X 11 & 1 MG X42 ORAL

CHANTIX TABLET 0.5 MG ORAL

CHANTIX TABLET 1 MG ORAL

TAB SR 12 HR 150 MG

BUPROPION HCI (Smoking Deterrent)

CHANTIX STARTING MONTH PAK TABLET

TABLET 1 MG ORAL

62100080200330

62100080206320

62100080200320

62100080200330

62100002107430

DOCUMENTATION REQUIREMENTS

To support coding and claim submission, the Medical Record must:

- Be complete and legible
- Ongoing tracking of smoking or tobacco use status in the EHR
- Document at least four counseling sessions of at least 10 minutes each
- Allow for at least two quit attempts per year
- Include evidence and support for any cessation services provided

QUALIFICATIONS

- An office visit includes separate, billable encounters that result from evaluation and management services provided to the patient and include:
 - o Concurrent care or transfer of care visits
 - o Consultant visits, or
 - o Prolonged Physician Service without Direct (Face-To-Face) Patient Contact (tele-health).
- A consultant visit occurs when a provider is asked to render an expert opinion/service for a specific condition or problem
- Qualifying visits include:
 - Non-primary care provider visits
 - Mental Health treatment
 - o Dental Health Visits

RESOURCES

OHA Website: http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

2015 CPT, Professional Edition, American Medical Association, 2015 HCPCS Level II Professional, 2015 Draft ICD-10 CM

Professional for Physicians, Optum, 2015 ICD-9 Professional for Physicians.

http://www.uspreventiveservicestaskforce.org

http://www.cdc.gov/tobacco/data statistics/fact sheets/cessation/quitting/

https://smokefree.gov/

PUBLICATION HISTORY

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