

REVENUE CYCLE STRATEGIST

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• coding Q&A •

Coding for Smoking Cessation Services

By Jennifer Swindle

While this is a medically necessary and payable service, there are some documentation requirements to support billing.

Smoking cessation care is often administered and not billed. In other instances, it may be billed, but not fully supported in the documentation. While this is a medically necessary and payable service, there are some documentation requirements to support billing, which are more substantial than simply including the phrase “smoking cessation for 3 minutes.”

Two different CPT time-based codes may be used to capture this service:

- > 99406 - Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes and up to 10 minutes
- > 99407 - Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes

These codes reflect behavior-change intervention services and should be precluded by a validation that the patient’s readiness was assessed. While these services can be reported as treatment of the condition or in relation to the condition that has the potential of causing illness or injury, there must be information capturing the patient’s opinions related to behavior change as well as providing input on a plan to change that behavior, capturing specific actions.

Using the acronym QUIT can be a good way to remember what documentation elements need to be present.

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'QUIT' Outlines Documentation for Smoking Cessation Coding

The following four actions are helpful in remembering smoking cessation documentation.

Q	Question patients on their use of tobacco products.
U	Understand patient desires to quit smoking or using tobacco products.
I	Intervention requires advising behavior changes and discussing barriers to change.
T	Treat through motivational counseling, arranging services, and follow-up.

Source: Salud Revenue Partners. Used with permission.

While different payers may have different criteria, the Centers for Medicare & Medicaid Services (CMS) “has determined that the evidence is adequate to conclude that smoking and tobacco use cessation counseling, based on the current U.S. Public Health Service [PHS] Guideline, is reasonable and necessary for a patient with a disease or an adverse health effect that has been found by the U.S. Surgeon

General to be linked to tobacco use or who is taking a therapeutic agent whose metabolism or dosing is affected by tobacco use as based on FDA-approved information. Patients must be competent and alert at the time that services are provided” (“Decision Memo for Smoking & Tobacco Use Cessation Counseling,” CMS).

This service is reportable at the same time as an evaluation and management

(E&M) service; however, the E&M service must be distinct and separate. There is minimal counseling included in every E&M service. CMS will cover two cessation attempts per year. An attempt may include up to four intermediate or intensive sessions, so up to eight sessions could be covered in a 12-month period. It must be noted that other payers may cover cessation attempts at different frequencies.

There are no required guidelines as to whether intermediate or intensive sessions should be performed or what the recommended treatment must include because those details should be determined by providers and patients. However, it is a service that should be documented and reported when performed. •

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