



Coding for Tobacco Use and Cessation Counseling

► Diagnosis Coding

The International Statistical Classification of Diseases and Related Health Problems (ICD) codes support the medical necessity for performing a service. The physician must clearly indicate the reason(s) for all the services rendered to ensure the selection of the most specific code.

Correct coding implies that the code selection is

- the most accurate description of “what” was performed and “why” it was performed
- supported by documentation in the medical record
- consistent with coding conventions and guidelines

When selecting ICD-10-CM diagnosis(es) code(s) for an encounter, the diagnosis code(s) must support the clinical need (medical necessity) for the service as described by the Current Procedural Terminology (CPT) code linked to the diagnosis.

Basic Guidelines for Diagnosis Coding

- Code to the highest degree of specificity.
- Code to the highest degree of certainty.
- Link the diagnosis code to the procedure code (CPT) on the claim.
- Sequence the diagnoses, reporting the primary diagnosis first, followed by the secondary, and so on.
- Code only diagnoses relevant for the current encounter.

Tobacco Use Screening

The ICD-10-CM diagnosis code that may be reported for tobacco screening is Z13.89 (Encounter for screening for other disorder).

Tobacco Use

Tobacco use may be reported when the health care provider has not documented nicotine dependence.

Code Description

- Tobacco use (not otherwise specified)

Code

Z72.0

Nicotine Dependence

A code from code section F17.- would be reported for a diagnosis of Nicotine dependence. The “-” used in this document indicates that an additional character or characters are required for

appropriate code selection. Mental, Behavioral and Neurodevelopmental Disorders (F01-F99) codes are found in Chapter 5 of ICD-10-CM. Possible ICD-10 codes to report linked to the counseling and office visit codes are as follows:

<u>Code Description</u>	<u>Code</u>
• Nicotine dependence, unspecified	F17.20-
• Nicotine dependence, unspecified, uncomplicated	F17.200
• Nicotine dependence, unspecified, in remission	F17.201
• Nicotine dependence, unspecified, with withdrawal	F17.203
• Nicotine dependence, unspecified, with other nicotine-induced disorders	F17.208
• Nicotine dependence, unspecified, with unspecified nicotine-induced disorders	F17.209

<u>Code Description</u>	<u>Code</u>
• Nicotine dependence, cigarettes	F17.21-
• Nicotine dependence, cigarettes, uncomplicated	F17.210
• Nicotine dependence, cigarettes, in remission	F17.211
• Nicotine dependence, cigarettes, with other nicotine-induced disorders	F17.218
• Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders	F17.219

<u>Code Description</u>	<u>Code</u>
• Nicotine dependence, chewing tobacco	F17.22-
• Nicotine dependence, chewing tobacco, uncomplicated	F17.220
• Nicotine dependence, chewing tobacco, in remission	F17.221
• Nicotine dependence, chewing tobacco, with withdrawal	F17.223
• Nicotine dependence, chewing tobacco, with other nicotine-induced disorders	F17.228
• Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders	F17.229

<u>Code Description</u>	<u>Code</u>
• Nicotine dependence, other tobacco product	F17.29-
• Nicotine dependence, other tobacco product, uncomplicated	F17.290
• Nicotine dependence, other tobacco product, in remission	F17.291
• Nicotine dependence, other tobacco product, with withdrawal	F17.293
• Nicotine dependence, other tobacco product, with other nicotine-induced disorders	F17.298
• Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders	F17.299

History of Tobacco Dependence

Code Description

- Personal history of nicotine dependence

Code

Z87.891

Tobacco Abuse Counseling

When reporting tobacco abuse counseling, an additional code from code section F17.- indicating nicotine dependence should be reported.

Code Description

- Tobacco Abuse Counseling

Code

Z71.6

Toxic Effect of Nicotine

Code Description

- Toxic effect of tobacco and nicotine

Code

T65.2-

Procedure Coding

Procedure codes such as Evaluation and Management (E/M) codes are a method of documenting what service or procedure was performed. The most appropriate E/M code to select will depend on whether the encounter was for screening or treatment of tobacco use or nicotine dependence.

If the encounter was for screening the patient, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Whether or not these codes will be reimbursed by the payer will vary. Possible procedure codes are the following:

Code Description

- Preventive medicine, individual counseling
- Preventive medicine, group counseling

Code

99401-99404

99411-99412

Specific CPT codes have been developed for tobacco cessation counseling. These services are reported as follows:

Code Description

- Preventive medicine, Smoking/tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- Preventive medicine, Smoking/tobacco use cessation counseling visit; intensive, greater than 10 minutes

Code

99406

99407

If the encounter was for other treatment for a patient with a diagnosis of tobacco use/nicotine dependence, report an office or other outpatient E/M code. These codes list a “typical time” in the code descriptions. Codes with typical times listed may be reported based on time, rather than the key E/M components of history, examination, and medical decision-making. If the health care provider spends more than 50% of the visit counseling the patient, the E/M code may be selected based on time. Time spent providing face-to-face counseling with the patient must be

documented in the medical record. The record should document total time and that either all of the encounter or more than 50% of the total time was spent counseling the patient. The patient record also must provide details on the topics discussed. Possible procedure codes are the following:

Code Description

Code

- | | |
|--|-------------|
| • New patient, office, or other outpatient visit | 99201-99205 |
| • Established patient, office, or other outpatient visit | 99211-99215 |

Smoking Cessation Classes – Commercial Payers

HCPCS code S9453 (Smoking cessation classes, nonphysician provider, per session), may be reported to some commercial payers. S codes are temporary national codes. They may or may not be reportable to your specific payer. Be sure to verify the use of these codes with specific payers before reporting them.

Medicare

Tobacco Cessation Counseling

Medicare began covering counseling for tobacco cessation in 2005. The counseling can be provided to outpatients or inpatients. Inpatients are covered if counseling for tobacco use is not the primary reason for the patient's hospital stay. Medicare covers two cessation counseling sessions in a 12-month period.

Counseling during the E/M service must be either intermediate or intensive. An intermediate E/M service is described as two to three sessions of 3–10 minutes each; reported using HCPCS code G0436. An intensive E/M service is described as four sessions of more than 10 minutes each; reported using HCPCS code G0437. Counseling involving only one session of less than 3 minutes is included in current E/M payment and not covered separately. Each attempt may include a maximum of four intermediate or intensive counseling sessions. The total annual benefit is for eight sessions in a 12-month period. These services may be linked to a diagnosis code from the F17.2- (Mental, Behavioral and Neurodevelopmental Disorders) code section.

Services may be provided by a physician, physician assistant, nurse practitioner, clinical nurse specialist, qualified psychologist, or clinical social worker. The Centers for Medicare & Medicaid Services does not currently have specific training requirements, but may in the future. The counseling must be provided face to face with the patient. Use a diagnosis code indicating the patient's condition or the treatment she is receiving that is being adversely affected by her tobacco use.

Preventive Services

Preventive Medicine Services are a type of E/M service that does not require a chief complaint. There are two types of preventive medicine services. Preventive Medicine Evaluation and Management services are reported as follows:

1. Code Description

Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, **new patient**;

<u>Code</u>	<u>Age Group</u>
99384	adolescent (age 12–17 years)
99385	18–39 years
99386	40–64 years
99387	65 years and older

2. Code Description

Initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, **established patient**;

<u>Code</u>	<u>Age Group</u>
99394	adolescent (age 12–17 years)
99395	18–39 years
99396	40–64 years
99397	65 years and older

These codes are used to report annual well-woman examinations. The code reported is determined by the age of the patient and whether she is considered a new or established patient to the physician, practice, or both. Preventive Medicine Services codes include the following:

- A comprehensive history and examination
- Counseling/anticipatory guidance/risk factor reduction interventions
- The ordering of appropriate immunizations or laboratory/diagnostic procedures
- Treatment of insignificant abnormalities

Because counseling, anticipatory guidance, and risk factor reduction interventions are an included part of the typical preventive service visit, additional counseling codes, if reported, may not be reimbursed. Medicare does not cover Preventive Services encounters as described by CPT codes 99384-99397.

As aforementioned, **Counseling Risk Factor Reduction and Behavioral Change Intervention** services are reported with CPT codes 99401-99412. These counseling codes are used to report services for promoting health and preventing illness and injury. That is, the patient has no current symptoms or diagnosed illness.

The counseling *must be* provided at a *separate encounter* from the preventive medicine services encounter described by codes 99381-99397. The counseling codes are selected according to the time spent counseling the patient. For example, a patient comes in for prepregnancy counseling, or to discuss diet and exercise, or sexual practices. The physician spends 30 minutes with the patient and reports CPT code 99402 (preventive medicine counseling; approximately 30 minutes). If a separate and distinct problem-oriented E/M service also is provided, it may be reported separately. It is helpful to link a different/distinct diagnosis code to the problem service.

Counseling Risk Factor Reduction and Behavioral Change Intervention codes are not reported when the physician counsels an individual patient with symptoms or an established illness related to the counseling. In this case, a problem-oriented E/M service, from CPT code section, 99201-99215, is reported.

Behavioral change interventions are reported for services to individuals who have a behavior that is often considered an illness itself, such as tobacco or substance abuse. Any E/M service (including preventive services codes 99406-99407) reported on the same day as a preventive service must be distinct, and time spent providing counseling services may not be used as a basis for the E/M code selection.

For counseling groups of patients with symptoms or established illness, see code 99078 (Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)).

Note: Due to ICD-10-CM specificity, many of the diagnosis code sections have multiple codes for particular conditions. A dash (-) in the chart indicates that additional characters are required. For the most accurate code selection, always look up codes in the code set manuals or your electronic medical record or electronic health record.