GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Tobacco use directly causes or contributes to conditions that increase morbidity and mortality in the U.S. and is a major contributor to the nation's increasing medical costs. Despite the growing list of adverse health effects associated with smoking, more than 45 million U.S. adults continue to smoke and approximately 1,200 die prematurely each day from tobacco-related diseases.

Tobacco cessation counseling is defined as information given in the form of health education to the patient on topics related to tobacco use in any form, including cigarettes, cigars, snuff, and chewing tobacco, or on exposure to secondhand smoke. Tobacco cessation counseling includes information on smoking cessation and prevention of tobacco use.

POLICY
Tobacco Cessation (99406, 99407) does not require prior authorization.

Code S9453 does not require prior authorization for Advantage.

Code S9453 is non-covered for HMO, PPO, Individual Marketplace, & Elite.

Paramount will cover tobacco cessation counseling for outpatient and hospitalized members:
- Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;
- Who are competent and alert at the time that counseling is provided; and,
- Whose counseling is furnished by a qualified physician or other qualified health care provider.

Two smoking cessation attempts allowed per year. Each attempt may include a maximum of four intermediate or intensive sessions. A total of eight sessions are covered in a 12-month period. The practitioner and patient have the flexibility to choose between intermediate (more than 3 minutes but less than 10 minutes), or intensive (more than 10 minutes) cessation counseling sessions for each attempt.

Minimal counseling (<3 minutes) is not reimbursable as a separate and distinct service.

The documentation in the health care record of a “smoking and tobacco-use cessation counseling or counseling to prevent tobacco use” claim must show sufficient patient history to adequately demonstrate that the following coverage conditions were met:
- The individual uses tobacco – regardless of whether there are signs or symptoms of tobacco-related disease
- Services were furnished by a qualified health care provider

In addition to documenting that the coverage conditions were met, the health care record must include verification of the counseling intervention. Documentation must demonstrate the member was:
1. Asked about tobacco use
2. Advised to quit
3. Assessed for the willingness to attempt to quit
4. Assisted with the attempt to quit
5. Follow-up with the patient was arranged

Smoking and tobacco-use cessation counseling are time-based codes. The documentation of these services must include the amount of time spent with the patient.
Inpatient hospital stays with the principal diagnosis of tobacco use disorder are not reasonable and necessary for the effective delivery of tobacco cessation counseling services. Therefore, Paramount will not cover tobacco cessation services if tobacco cessation is the primary reason for the patient’s hospital stay.

**Advantage**

Deductible and Copayment/Coinsurance waived for Smoking Cessation Counseling (99406, 99407, S9453) if reported with ICD-10-CM diagnosis codes listed below.

**Elite**

Deductible and Copayment/Coinsurance waived for Smoking Cessation Counseling (99406, 99407) if reported with ICD-10-CM diagnosis codes listed below.

**HMO, PPO, Individual Marketplace**

Deductible and Copayment/Coinsurance will apply in a standard medical benefit. If the member has the preventive medical benefit, the Deductible and Copayment/Coinsurance is waived for Smoking Cessation Counseling (99406, 99407) if reported with ICD-10-CM diagnosis codes listed below.

**CODING/BILLING INFORMATION**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99406</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes</td>
</tr>
<tr>
<td>99407</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate, greater than 10 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0436</td>
<td>Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes up to 10 minutes (Deleted effective 9/30/2016)</td>
</tr>
<tr>
<td>G0437</td>
<td>Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes (Deleted effective 9/30/2016)</td>
</tr>
<tr>
<td>S9453</td>
<td>Smoking cessation classes, non-physician provider, per session</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10-CM CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F17.200</td>
<td>Nicotine dependence, unspecified, uncomplicated</td>
</tr>
<tr>
<td>F17.201</td>
<td>Nicotine dependence, unspecified, in remission</td>
</tr>
<tr>
<td>F17.210</td>
<td>Nicotine dependence, cigarettes, uncomplicated</td>
</tr>
<tr>
<td>F17.211</td>
<td>Nicotine dependence, cigarette, in remission</td>
</tr>
<tr>
<td>F17.220</td>
<td>Nicotine dependence, chewing tobacco, uncomplicated</td>
</tr>
<tr>
<td>F17.221</td>
<td>Nicotine dependence, chewing tobacco, in remission</td>
</tr>
<tr>
<td>F17.290</td>
<td>Nicotine dependence, other tobacco product, uncomplicated</td>
</tr>
<tr>
<td>F17.291</td>
<td>Nicotine dependence, other tobacco product, in remission</td>
</tr>
<tr>
<td>T65.211A</td>
<td>Toxic effect of chewing tobacco, accidental (unintentional), initial encounter</td>
</tr>
<tr>
<td>T65.212A</td>
<td>Toxic effect of chewing tobacco, intentional self-harm, initial encounter</td>
</tr>
<tr>
<td>T65.213A</td>
<td>Toxic effect of chewing tobacco, assault, initial encounter</td>
</tr>
<tr>
<td>T65.214A</td>
<td>Toxic effect of chewing tobacco, undetermined, initial encounter</td>
</tr>
<tr>
<td>T65.221A</td>
<td>Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter</td>
</tr>
<tr>
<td>T65.222A</td>
<td>Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter</td>
</tr>
<tr>
<td>T65.223A</td>
<td>Toxic effect of tobacco cigarettes, assault, initial encounter</td>
</tr>
<tr>
<td>T65.224A</td>
<td>Toxic effect of tobacco cigarettes, undetermined, initial encounter</td>
</tr>
<tr>
<td>T65.291A</td>
<td>Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter</td>
</tr>
<tr>
<td>T65.292A</td>
<td>Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter</td>
</tr>
<tr>
<td>T65.293A</td>
<td>Toxic effect of other tobacco and nicotine, assault, initial encounter</td>
</tr>
<tr>
<td>T65.294A</td>
<td>Toxic effect of other tobacco and nicotine, undetermined, initial encounter</td>
</tr>
<tr>
<td>Z87.891</td>
<td>Personal history of nicotine dependence</td>
</tr>
</tbody>
</table>

**REVISION HISTORY EXPLANATION**

03/01/07: Edit Changes - smoking cessation services allowed with the E/M services 99201-99205 and 99211-99215. Procedures G0375 and G0376 will continue to be denied "IN" (service incidental to primary procedure-no patient liability) with all other E/M services as previously.

01/01/08: New codes - these services were replaced with procedure codes 99406 and 99407 following the same established guidelines in place for the deleted procedure codes G0375 and G0376.

11/01/08: No changes

09/15/09: Benefit definition
06/11/13: Per Medical Policy Steering Committee review, procedure S9453 is covered under Medicaid Appendix DD, reimbursement warranted.

09/10/13: Removed deleted ICD-9 codes 305.10, 305.11, 305.12, 305.13. Added new code 305.1. ICD-10 Codes added from ICD-9 conversion. Policy reviewed and updated to reflect most current clinical evidence. Approved by Medical Policy Steering Committee as revised.


07/10/18: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

11/13/18: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review