Practical Tips

Coding for Smoking and Tobacco-Use Cessation Counseling

Beginning March 2005, Medicare Part B began providing coverage for smoking and tobacco-use cessation counseling. Here are some of the most frequently asked questions about billing for this service.

Are all Medicare beneficiaries eligible for smoking cessation counseling?

No. Medicare statute states that coverage is limited to Medicare beneficiaries who use tobacco and have a disease or adverse health effect found by the US Surgeon General to be linked to tobacco use. In addition, it is limited to those taking certain therapeutic agents whose metabolism or dosage is affected by tobacco use as based on FDA-approved information. Additionally, patients must be competent and alert at the time that services are provided.

What codes are used to bill for these services?

Two new codes were added to the Health Care Financing Administration's Common Procedure Coding System:

- G0375—Smoking and tobacco-use cessation counseling visit; intermediate session of more than 3 minutes and up to 10 minutes
- G0376—Smoking and tobacco-use cessation counseling visit; intensive session of more than 10 minutes

Smoking and tobacco-use cessation counseling services of 3 minutes or less are bundled into the evaluation and management (E&M) service.

Who can provide these services?

Physicians and qualified nonphysician practitioners can bill Medicare for smoking and tobacco-use cessation counseling.

How often can these codes be used?

Medicare Part B covers two smoking cessation attempts each 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.

Is special documentation required?

Claims for smoking and tobacco-use cessation counseling should be submitted with a diagnosis code that reflects the condition the patient has that is adversely affected by tobacco use *or* the condition the patient is being treated for with a therapeutic agent whose metabolism or dosing is affected by tobacco use. Providers should include appropriate documentation in the patient record to adequately demonstrate that Medicare coverage conditions were met for any services provided.

Can an E&M service be provided on the same day as smoking and tobacco-use cessation counseling?

Yes. If an E&M service is provided on the same day as smoking and tobacco-use cessation counseling, providers should choose the appropriate E&M code and use modifier 25 to show that the E&M service is a separately identifiable service from the smoking and tobacco-use cessation counseling service.

Can these codes be used for payers other than Medicare?

Codes G0375 and G0376, and the associated reimbursement policies, were developed specifically for Medicare patients. Other payers may choose to recognize these codes for non-Medicare patients, but they are not required to do so. Check with your payers for their policy on coverage and reimbursement for smoking and tobacco-use cessation counseling.

Diagnosis Coding Update

Changes in the 2007 ICD-9-CM (The International Classification of Diseases, Ninth Revision, Clinical Modification) manual include new codes, revisions, and deleted codes frequently used by oncology and hematology practices. Table 1 summarizes many of these changes. For a complete list, refer to the 2007 ICD-9-CM manual. Changes in ICD-9-CM were effective October 1, 2006.

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Table 1. Updates to Diagnosis Coding

Code	Diagnosis
New codes	
238.71	Essential thrombocythemia
238.72	Low-grade myelodysplastic syndrome lesions
238.73	High-grade myelodysplastic syndrome lesions
238.74	Myelodysplastic syndrome with 5q deletion
238.75	Myelodysplastic syndrome, unspecified
238.76	Myelofibrosis with myeloid metaplasia
238.79	Other lymphatic and hematopoietic tissues
284.01	Constitutional red blood cell aplasia
284.09	Other constitutional aplastic anemia
284.1	Pancytopenia
284.2	Myelophthisis
288.00	Neutropenia, unspecified
288.01	Congenital neutropenia
288.02	Cyclic neutropenia
288.03	Drug-induced neutropenia
288.04	Neutropenia due to infection
288.09	Other neutropenia
288.4	Hemophagocytic syndromes
288.50	Leukocytopenia, unspecified
288.51	Lymphocytopenia
288.59	Other decreased white blood cell count
288.60	Leukocytosis, unspecified
288.61	Lymphocytosis (symptomatic)
288.62	Leukemoid reaction
288.63	Monocytosis (symptomatic)
288.64	Plasmacytosis
288.65	Basophilia
288.69	Other elevated white blood cell count
289.53	Neutropenic splenomegaly
289.83	Myelofibrosis
338.3	Neoplasm related pain (acute) (chronic)
528.01	Mucositis (ulcerative) due to antineoplastic therapy
795.81	Elevated carcinoembryonic antigen (CEA)
795.82	Elevated cancer antigen 125 (CA 125)
795.89	Other abnormal tumor markers
V86.0	Estrogen receptor-positive status (ER+)
V86.1	Estrogen receptor-negative status (ER-)
Revised codes	
285.29	Anemia of other chronic disease
790.93	Elevated prostate specific antigen
Invalid codes	
238.7	Other lymphatic and hematopoietic tissues
277.3	Amyloidosis
284.0	Constitutional aplastic anemia
288.0	Agranulocytosis