

# New York State Tobacco Cessation Counseling Information and Billing Codes

Health Insurance	New York State Medicaid Fee For Service (FFS) and Managed Care (HMO)	Medicare/Medicare Advantage	TRICARE	Private
<b>ICD-10 Diagnostic Code</b>	<b>F17.200</b> [Nicotine dependence, unspecified, uncomplicated]	<b>F17.200</b> [Nicotine dependence, unspecified, uncomplicated] or <b>Z87.891</b> [Personal history of nicotine dependence]	<b>F17.200</b> [Nicotine dependence, unspecified, uncomplicated]	<b>F17.200</b> [Nicotine dependence, unspecified, uncomplicated]
<b>ICD-9 Diagnostic Code</b> (Only for services rendered prior to October 1, 2015)	<b>305.1</b> [Tobacco Use Disorder]	<b>305.1</b> or <b>V15.82</b> [History of Tobacco Use]	<b>305.1</b> [Tobacco Use Disorder]	<b>305.1</b> [Tobacco Use Disorder]
<b>Maximum Number of Billable Quit Attempts and Counseling Sessions</b>	No maximum. All medically necessary cessation counseling sessions covered.	<ul style="list-style-type: none"> <li>■ Two quit attempts per year</li> <li>■ Four face-to-face counseling sessions per quit attempt</li> </ul>	<ul style="list-style-type: none"> <li>■ Two quit attempts per year</li> <li>■ 18 face-to-face sessions per quit attempt (up to four can be individual sessions)</li> </ul>	<i>Benefits vary. Check with individual plan for codes and additional details.</i>
<b>Minimal Counseling (&lt;3 minutes)</b> <b>CPT, CDT or G Code</b>	Counseling may be conducted and documented with the use of E/M codes: <b>99201-99205</b> (new patients) <b>99211-99215</b> (established patients) Increased level of service may be applied.		<i>Payer guidelines apply</i>	<i>Payer guidelines apply</i>
<b>Intermediate Counseling (3-10 minutes)</b> <b>CPT, CDT or G Code</b> (Estimated reimbursement range)	Individual session <b>99406</b> (\$10) Individual counseling session† <b>D1320</b> ( <i>dentists only</i> ) (\$10)	Individual session [Asymptomatic] <b>G0436</b> (\$16.33) Individual session [Symptomatic] <b>99406</b> <sup>s</sup> (\$15.37-\$17.95)	Individual session <b>99406</b> <b>96152</b> <b>96153</b> <i>Payer guidelines apply</i>	Individual session <b>99406</b> (\$12-\$29)
<b>Intensive Counseling (11+ minutes)</b> <b>CPT, CDT or G Code</b> (Estimated reimbursement range)	Individual or group session <b>99407</b> (use HQ modifier to indicate group session) (\$19) Individual counseling session† <b>D1320</b> ( <i>dentists only</i> ) (\$19)	Individual session [Asymptomatic] <b>G0437</b> (\$29.78) Individual session [Symptomatic] <b>99407</b> <sup>s</sup> (\$29.96)	Group session <b>99407</b> <i>Payer guidelines apply</i>	Individual session <b>99407</b> (\$15-\$32)
<b>Billable Health Care Providers</b>	<b>Article 28<sup>1</sup>, D&amp;TC, FQHC (that bill APGs):</b> MD, DO, PA, NP, LMW/CNM, DMD, DDS, Dental Hygienists, CP, LCSW, LMSW, RN, LPN providers. <b>OASAS:</b> Same providers as above, and RN or other clinical staff with appropriate training <sup>‡</sup> <b>Article 31 (OMH):</b> See note <sup>*</sup>	Physician or other Medicare-qualified health care professionals	Physician or other TRICARE-qualified health care professionals (with prior approval) <sup>€</sup>	Physician or other qualified health care professionals
<b>Clinical Setting</b>	Outpatient	Outpatient, Emergency Department, Inpatient, Skilled Nursing Facility, Home Health Agency, Indian Health Service	Outpatient	<i>Payer guidelines apply</i>

## Billing Reminders

- ✓ If different evaluation and management (E/M) services are conducted by the same health care provider on the same day, such as treatment in addition to counseling, the appropriate modifier (e.g., Modifier 25) must be added to the code for payment.
- ✓ Counseling conducted and documented with use of level 1 E/M code 99211 can be done by an approved health care professional (MD/DO, PA, NP, LMW/CNM) and does not require the practitioner.
- ✓ For some capitation plans, payment may be included with the capitation payment.

## Billing Considerations

- † Dental professionals: See [May 2014 Medicaid Update](#) for required documentation.
- ¶ In Article 28 facilities, smoking cessation counseling should only take place during a dental visit as an adjunct when providing a dental service and not billed as a stand-alone service.
- ‡ See page 7 of the NYS Office of Alcoholism and Substance Abuse Services (OASAS) [Ambulatory Patient Groups \(APG\) Policy and Medicaid Billing Guidance Manual](#) for details.
- \* If cessation counseling is part of a psychotherapy session (group or individual), time spent can be counted toward the psychotherapy session but cannot be billed as an additional smoking cessation session. If not part of a psychotherapy session, cessation counseling is billable using the same codes and approved providers as Article 28 clinics.
- § Medicare and Medicaid allow other E/M services on the same day. Medicare requires that any other services be reported with Modifier 25 to indicate they are separately identifiable from the tobacco use service.
- € TRICARE beneficiaries can access TRICARE's smoking cessation resource line seven days a week for coaching services: 1-866-459-8766 (North - HealthNet Federal Services).

## Sources

**Medicaid:** NYS Department of Health April 2011 Medicaid Update and May 2014 Medicaid Update; NYS Office of Mental Health Clinic FAQs; NYS OASAS APG Policy and Medicaid Billing Guidance Manual

**Medicare:** MLN Matters Number MM7133. Medicare Learning Network. December 2012

**TRICARE:** Smoking Cessation Counseling benefit page

### Services available for uninsured patients:

NYC Smoking Cessation Programs provide supportive counseling and medication at little or no cost. New York State Quitline provides individualized counseling and a free two-week starter kit of quit-smoking medications.

For more information, visit [nyc.gov/health](http://nyc.gov/health) and search for **Tobacco Clinicians**.