

CLINICAL GUIDELINES		Guideline up for revision
<b>Topic:</b> <i>(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)</i>	Tobacco Cessation	Physician Champion: Dr. Timothy Lewan
<b>Guideline Source:</b> <i>(Examples: ADA, USPSTF, HTW, NHLBI, etc)</i>	Colorado Clinical Guidelines Collaborative	
<b>Guideline Original or Revision Date:</b>	Guideline date: 5/2009 Reviewed: 2/2013 No revisions since original guideline date. Reviewed: 2/2015; Billing Guidelines added.	
<b>QCEC Approval Date:</b>	02/09/2015	
<b>Guideline Summary and link to guideline</b> <i>(Summarize guideline for Memo and link to full guideline + note on Updates)</i>	<p><a href="http://healthteamworks-media.precis5.com/33ceb07bf4eeb3da587e268d663aba1a">http://healthteamworks-media.precis5.com/33ceb07bf4eeb3da587e268d663aba1a</a></p> <p>Focuses on the 5A's: Ask, advise, assess, assist arrange. Page 2 is list of prescription medications and nicotine replacement therapies with helpful dosing instructions, treatment tips, and adverse effects of each therapy.          Weakness: does not give specific guidelines re: timing and coverage for cessation counseling (see below)</p> <p>This information is from <a href="http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/2014/tobacco-cessation-preventive-service.pdf">http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/2014/tobacco-cessation-preventive-service.pdf</a></p> <p>On May 2, 2014, the U.S. Departments of Health and Human Services, Labor and Treasury issued guidance, in the form of an <b>FAQ</b>, on insurance coverage of tobacco cessation as a preventive service. The guidance states that, to comply with ACA preventive services requirements, health plans should, for example, cover the following benefit:</p> <ol style="list-style-type: none"> <li>1. Screening for tobacco use.             <ul style="list-style-type: none"> <li>Two quit attempts per year, consisting of: Four sessions of telephone, individual and group cessation counseling lasting at least 10 minutes each per quit attempt; and, All medications approved by the FDA as safe and effective for smoking cessation, for 90 days per quit attempt, when prescribed by a health care provider.</li> </ul> </li> </ol>	
<b>Billing Guidelines:</b>	<p><a href="http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf">http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf</a></p> <p>Which codes should I use for my smoking cessation counseling for symptomatic and asymptomatic individuals?</p> <ol style="list-style-type: none"> <li>1. If the patient has symptoms related to their tobacco use, practitioners should continue to submit payment using the CPT® codes 99406 (intermediate) and 99407 (intensive) for their counseling efforts.</li> <li>2. For asymptomatic tobacco using individuals, two new codes G codes have been introduced. Starting in January 1st, 2011, the Accountable Care Act (ACA) provided for a waiver of Medicare coinsurance and Part B deductible requirements for these two G codes only. (If the patient visit is for tobacco counselling <b>only</b>, the copayment is waived.)             <ul style="list-style-type: none"> <li>○ <b>G0436</b> for greater than 3 minutes up to 10 minutes of counseling (intermediate)</li> </ul> </li> </ol>	

- G0437 for greater than 10 minutes of smoking cessation counseling (intensive)

The billing codes must also include one of the following diagnosis codes:

1. 305.1 (Tobacco Use Disorder)
2. V15.82 (History of Tobacco Use)

The CMS rule says that Medicare will allow two individual tobacco cessation counseling attempts per year during which each attempt can include up to four intermediate or intensive sessions, for a maximum benefit of up to eight sessions per year.