Reimbursement Policy

Counseling to Prevent Tobacco Use (NCD 210.4.1)

<table>
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<tr>
<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
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<tbody>
<tr>
<td>210.4.1</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>06/25/2014</td>
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</table>

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

According to the U.S. Department of Health and Human Services (DHHS) Public Health Service (PHS) Clinical Practice Guideline on Treating Tobacco Use and Dependence (2008), 4.5 million adults over 65 years of age smoke cigarettes. Even smokers over age 65, however, can benefit greatly from abstinence, and older smokers who quit can reduce their risk of death from coronary heart disease, chronic obstructive lung disease and lung cancer, as well as decrease their risk of osteoporosis.

Medicare Part B (section 210.4 of the National Coverage Determination (NCD) Manual) already covers cessation counseling for individuals who use tobacco and have been diagnosed with a recognized tobacco-related disease or who exhibit symptoms consistent with tobacco-related disease. In November 2009, based upon authority to cover “additional preventive services” for Medicare beneficiaries if certain statutory requirements are met, the Centers for Medicare & Medicaid Services (CMS) initiated a new national coverage analysis to evaluate whether the existing evidence on counseling to prevent tobacco use is sufficient to extend national coverage for cessation counseling to those individuals who use tobacco but do not have signs or symptoms of tobacco-related disease. One of these statutory requirements is that the service be categorized as a grade A (strongly recommends) or grade B (recommends) rating by the US Preventive Services Task Force (USPSTF).

Reimbursement Guidelines

Covered Indications

Effective for claims with dates of service on or after August 25, 2010, CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries

1. Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;  
2. Who are competent and alert at the time that counseling is provided; and,  
3. Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.

Intermediate and intensive smoking cessation counseling services will be covered under Medicare Part B when the above conditions of coverage are met, subject to frequency and other limitations. That is, similar to existing tobacco cessation counseling for symptomatic individuals, CMS will allow 2 individual tobacco cessation counseling attempts per 12-month period. Each attempt may include a maximum of 4 intermediate OR intensive sessions, with a total benefit covering up to 8 sessions per 12-month period per Medicare beneficiary who uses tobacco. 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.

Non-Covered Indications

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, we will not cover tobacco cessation services if tobacco cessation is the primary reason for the patient’s hospital stay.

Other

Section 4104 of the Affordable Care Act provided for a waiver of the Medicare coinsurance and Part B deductible requirements for this service effective on or after January 1, 2011. Until that time, this service will continue to be subject to the standard Medicare coinsurance and Part B deductible requirements.
## Counseling to Prevent Tobacco Use (NCD 210.4.1)

### CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<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</td>
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<tr>
<td>G0437</td>
<td>Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes</td>
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### References Included (but not limited to):

**CMS NCD(s)**
- NCD 210.4.1 Counseling to Prevent Tobacco Use
- Reference NCD: NCD 210.4 Smoking and Tobacco-Use Cessation Counseling

**CMS Claims Processing Manual**
- Chapter 18; § 150 Counseling to Prevent Tobacco Use

**UnitedHealthcare Medicare Advantage Coverage Summaries**
- Preventive Health Services and Procedures

**UnitedHealthcare Medical Policies**
- Preventive Care Services
- Preventive Care Services Coding Guideline Summary

**MLN Matters**
- Article MM7133, Counseling to Prevent Tobacco Use
- MLN Quick Reference Preventive Services, October 2013

**Others**
- Decision Memo for Counseling to Prevent Tobacco Use (CAG-00420N)

### History

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>06/25/2014</td>
<td>Annual Review for MRP Committee presentation and approval</td>
</tr>
<tr>
<td>08/14/2013</td>
<td>• Annual review</td>
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<tr>
<td></td>
<td>• MRP Committee approved</td>
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<tr>
<td>02/29/2012</td>
<td>• Initial review</td>
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<td>• NCD committee approved</td>
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