UAMS
Tobacco and Disease Symposium 2018
Session 2
Documentation and Coding for Tobacco Cessation Assessment and Counseling

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Today’s Presenter

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About the QIN-QIO Program

Leading rapid, large-scale change in health quality:

- Goals are bolder.
- The patient is at the center.
- All improvers are welcome.
- Everyone teaches and learns.
- Greater value is fostered.
TMF Region for the Quality Payment Program

16 or more clinicians
- Oklahoma
- Arkansas
- Texas
- Puerto Rico

15 or fewer clinicians
- CO
- KS
- MO
- AR
- LA
- MS
- PR
- TX
TMF QIN-QIO Regional Partners

TMF has subcontracted with strong, experienced quality improvement partners to provide expert technical assistance and quality improvement support for participating providers across the region.

- Arkansas Foundation for Medical Care (AFMC)
- Primaris (Missouri)
- QIPRO and Ponce Medical School Foundation (Puerto Rico)
- TMF Health Quality Institute (Texas and Oklahoma)
TMF’s Learning and Action Network

Join any of the following TMFQIN.org networks and you can sign up to receive email notifications to stay current on announcements, emerging content, events and discussions in the online forums.

- Antibiotic Stewardship
- Behavioral Health
- Cardiovascular Health and Million Hearts
- Health for Life – Everyone with Diabetes Counts
- Immunizations
- Medication Safety
- Nursing Home Quality Improvement
- Patient and Family
- Quality Improvement Initiative
- Quality Payment Program
- Readmissions
- Value-Based Improvement and Outcomes (CAHs)
Paying for Tobacco Screening and Counseling

- The Affordable Care Act (ACA) mandated coverage for many preventive services, including
  - Tobacco use screening for all adults and adolescents
  - Tobacco cessation counseling for adults and adolescents who use tobacco, with expanded counseling for pregnant women

- Who covers?
  - Medicare
  - Medicaid
  - Private/Commercial Insurance Carriers
  - Some employer groups
    (AAFP, 2018)
Recommended: Counseling and Treatment

- The American Academy of Family Physicians (AAFP) urges all family practices to change the clinical cultural practice patterns so that every tobacco-using patient
  - Is identified
  - Is advised to quit
  - Is offered evidence-based treatment (AAFP, 2018).

- U.S. Public Health Guidelines recommend advice to quit and counseling be offered at all, or nearly all, office visits in primary care. (Park, et.al, in JAMA Internal Med, 2015, p.3)
Patients with Medicare Part B

- Outpatient and hospitalized patients for whom all of the following is true:
  - Tobacco use, whether or not they exhibit signs or symptoms of tobacco-related disease
  - Must be competent and alert at the time of counseling
  - Counseling provided by Medicare-recognized health care provider
  - For hospitalized patients, the main diagnosis cannot be tobacco dependence

(Medicare Learning Network, 2018)
Patients with Medicare

- Reminder:
  - Two levels of tobacco cessation counseling for symptomatic and asymptomatic patients: intermediate and intensive.
  - Two cessation attempts each 12-month period, which include four intermediate or four intensive (not both) counseling sessions, totaling eight per year.
  - Once 11 full months have passed since the first Medicare-covered cessation counseling session took place, may bill for another eight sessions.
  - Copays/deductibles waived if doctor or recognized provider accepts Medicare assignment.
Medicare-recognized Providers

- Doctors
  - MD
  - DO

- Some cases:
  - Dentist
  - Podiatrist
  - Optometrist
  - Chiropractor
  - Physician assistant
  - Nurse practitioner (APRN)
  - Clinical nurse specialist
  - Clinical social worker

May also may bill E&M:
  - PT
  - OT
  - Speech language pathologist
  - Clinical psychologist

(Medicare.gov, nd)
Medicaid and Tobacco Cessation

- Prevalence among Medicaid enrollees is 25.3 percent, twice that of privately insured Americans (11.8 percent).
  (DeGiulio, Jump, Yu, Bibb, Schecter, Williams, et.al., 2018)

- Medicaid spends $39 billion annually on treating smoking related diseases.

- Assessment, counseling required for pregnant women; adolescents and children; should be done for all women of child-bearing age.
  (Medicaid.gov, n.d.)

- As of the end of 2017, Medicaid in Arkansas covered individual counseling, NRT patches, NRT gum, Zyban (Bupropion) and Chantix (Varenicline). Check for updates!
  (DeGiulio, et.al., 2018)
Private Payers and Tobacco Cessation

- The ACA rules require commercial plans to cover preventive services:
  - Tobacco use screening for all adults
  - Tobacco cessation counseling for adults and adolescents who use tobacco, expanded for pregnant women
  - May be low or no cost to the patient (DHHS healthfinder.gov, 2018)
  - High-level findings relevant to billing from a CDC study:
    - Benefit coverage continues to improve, especially pharmaceuticals
    - Coverage is consistent across the plans
  - Guidelines: in-person or telephonic counseling offered
Find out what is covered!

- **Questions to ask payers:**
  1. Are both individual and group counseling covered?
  2. Are there limits on the number of counseling sessions (either individual or group)?
  3. Are there any restrictions on what provider types may bill for counseling? (e.g., MD, APRN, PA)
  4. Are there specific notes that must be included in documentation for counseling?
  5. Is there coverage for nicotine replacement therapy (patch, gum, inhaler)? Can it be over the counter or must it be prescription to be covered?
  6. Is there coverage for bupropion? Is there coverage for varenicline?
  7. Are there any prior authorization or step therapy requirements?
  8. How many fills are allowed per patient per year?
  9. What should my patient expect in terms of cost sharing?

- **Most payers follow Medicare guidelines, but it doesn’t hurt to ask. Two quit attempts, four sessions each attempt.**
  
  (CMS.gov/CCIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs19.html)
Which payers provide some level of coverage for tobacco counseling and pharmacotherapy?

A. Medicare  
B. Medicaid  
C. Private payers  
D. All of the above
Two major coding categories that all payers require in addition to appropriate documentation:

- Codes that indicate what services were provided
- Codes that indicate a diagnosis.

Procedure and service codes

- CPT – establishes services provided, basis for payment by payers: codes 99406 and 99407 (counseling and treatment)
- May also consider 99078 for group counseling – patients with symptoms or established illness (no additional payment)
- CPT II – (category II codes) codes for quality measures; no financial value, billable charge of $0.00 (American Lung Association, 2018)
- HCPCS codes G0436 and G0437 were retired Sept. 30, 2016
  - NO LONGER VALID (Oliverez, 2017)
ICD-10-CM Diagnosis Coding Guide

- American Lung Association suggests the following guidelines for ICD-10-CM diagnoses:
  - Decide if you should use F-17 or Z code.
    - The F codes are from the Mental and Behavioral Disorder category. The F17 codes are used if the patient is dependent on tobacco.
    - The Z codes are used if there is NOT dependence on tobacco.
      - Z71.6=Tobacco Abuse Counseling
  - The Z codes cannot be combined with an F17 code.
    - Z code: do NOT use “history of” when reporting current use.
      - Z87.891—This means CURED of tobacco dependence.
    - The codes specific to maternal and newborn health (O99) and the toxic effects of tobacco (T65) are used by medical providers to reflect the biological impact of tobacco use.
CPT Coding

- All payers will recognize these codes:
  - **99406** – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
  - **99407** – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
  - May append modifier 25 when providing these counseling services on the same date as a significant, separately identifiable evaluation and management service (E&M codes for the visit)
    - Check with your payers!
Quiz Question

Which of the following codes are supported in tobacco cessation assessment, counseling and treatment documentation?

A. HCPCS codes G0436 or G0437, depending on time spent
B. CPT codes 99406 or 99407, depending on time spent
C. ICD-10-CM code Z87.891 Personal history of nicotine dependence
D. ICD-10-CM code F10.20 Alcohol dependence, uncomplicated
Coding for Quality Measures

- Denominators must include CPT E&M codes for the visit.
  - Criteria 1: Age 18+, seen for two visits or one preventive visit during the measurement period, WITHOUT telehealth modifiers
  - Criteria 2: Screened, identified as user, received intervention, plus requirements from Criteria 1
  - Criteria 3: Screened, identified as non-user, plus requirements from Criteria 1

- Please see a full list of codes and criteria in plain language:
Coding for Quality Measures

- Quality ID # 226 (NQF 0028): Preventive care and screening: Tobacco Use: Screening and Cessation (process measure)—see web source below
- Numerator Criteria: HCPCS coding
- G9902 Performance met, tobacco user (must counsel >3 minutes)
- G9903 Screened and identified as non-user
- G9904 Medical reason for not screening for tobacco use
- G9905 Patient not screened, no reason given (screened, tobacco use unknown)
- Technical information:
CPT Category II

- Non-billable, usually for quality reporting.
  - Must still report all applicable E&M and ICD-10 diagnosis codes
- MIPS data capture/Payers may require appropriate screening codes with modifiers
  - CPT II code 4004F (Screened and received tobacco cessation intervention IF identified as tobacco user)
    - Modifier 1P—performance exclusion due to medical reasons (hospice, terminal illness, etc.) Document!
    - Modifier 2P—performance exclusion due to patient reasons (“none of your business; we aren’t going there”) Document!
    - Modifier 8P—performance not met, just didn’t do it
  - CPT II code 1036F: Current non-tobacco user
For EHRs Requiring SNOMED-CT Codes

- ONC’s 2015 Edition certification requirements reference the following value set for smoking status. Codes from SNOMED CT®:
  - Current every day smoker. 449868002
  - Current some day smoker. 428041000124106
  - Former smoker. 8517006
  - Never smoker. 266919005
  - Smoker, current status unknown. 77176002
  - Unknown if ever smoked. 266927001
  - Heavy tobacco smoker. 428071000124103
  - Light tobacco smoker. 428061000124105

- Additional tobacco-related codes:
  - User of smokeless tobacco (finding): SNOMED CT 713914004
  - Smokeless tobacco non-user (finding): SNOMED CT 451381000124107
  - Date quit tobacco smoking LOINC 74010-0
    (healthit.gov, 2018)
Documentation—codes are not enough!

- Documentation in the medical record **must support** the use of the cessation codes.
  - **Amount of time spent counseling the patient**
  - Document patient’s tobacco use
  - Advise to quit and deleterious impacts of behavior
  - Assess willingness to attempt the quit
  - Provide methods and skills for cessation
  - Medication management
  - Resources provided-ex: additional counseling? Quit Line?
  - **Set quit date!**
  - Follow-up **arranged** (within a couple of days or week of quit date)

*Your support is sorely needed.*  (Oliverez, 2017)
Additional Reimbursement – Arkansas

Physician’s Fee Schedule Code Search & Downloads

Search using a single code
- Procedure Code: 99406
- Date Of Service: 9/5/2018
- State: Arkansas
- Locality: Entire State (13)

Results
- Procedure Code: 99406
- State: Arkansas
- Effective Date: 01-01-2018
- Locality: Entire State (13)

Please click on the icon for a description of any field or indicator

Fee Schedule Amount
- Participating Provider: 13.76
- Non-Participating Provider: 13.07
- Limiting Charge Amount: 15.03

(Novitas Solutions Medicare Part B, 2018)
Additional Reimbursement – Arkansas

Physician’s Fee Schedule Code Search & Downloads

Search using a single code

Procedure Code: 99407  No Modifier
Date Of Service: 9/5/2018
State: Arkansas
Locality: Entire State (13)

Search  Clear

Results

Procedure Code: 99407  State: Arkansas
Effective Date: 01-01-2018  Locality: Entire State (13)

Please click on the icon for a description of any field or indicator

Fee Schedule Amount

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</tbody>
</table>

View Limiting Charge Amounts for EHR, eRX and PQRS

(Novitas Solutions Medicare Part B, 2018)
References

More References


More References


Questions?

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