

Counseling to Prevent Tobacco Use (NCD 210.4.1)

Guideline Number: MPG066.06
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[Terms and Conditions](#)

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Related Medicare Advantage Coverage Summaries

- [Preventive Health Services and Procedures](#)
- [Telemedicine/Telehealth Services](#)

Policy Summary

[See Purpose](#)

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.

Guidelines

Covered Indications

- CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries:
- Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;
 - Who are competent and alert at the time that counseling is provided; and,
 - 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

Medicare waived the coinsurance and Part B deductible requirements for this service.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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

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References

CMS National Coverage Determinations (NCDs)

[NCD 210.4.1 Counseling to Prevent Tobacco Use](#)

CMS Claims Processing Manual

[Chapter 12; § 190 Medicare Payment for Telehealth Services](#)

[Chapter 18; § 1.2 Table of Preventive and Screening Services; § 150 Counseling to Prevent Tobacco Use](#)

[Chapter 32; § 12 Smoking and Tobacco-Use Cessation Counseling Services](#)

CMS Transmittal(s)

[Transmittal 1665, Change Request 9631, Dated 06/03/2016 \(Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 2039, Change Request 10473, Dated 02/28/2018 \(ICD-10 and Other Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 3848, Change Request 10199, Dated 08/25/2017 \(Updates to Pub. 100-04, Chapter 18 Preventive and Screening Services and Chapter 32 Billing Requirements for Special Services and Publication 100-03, Chapter 1 Coverage Determinations Part 4\)](#)

MLN Matters

[Article MM9768, October 2016 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

[Article MM10583, Revisions to the Telehealth Billing Requirements for Distant Site Services](#)

UnitedHealthcare Commercial Policy

[Preventive Care Services](#)

Other(s)

[List of Telehealth Services, CMS website](#)

[Medicare Preventive Services Quick Reference, CMS Website](#)

[USPSTF: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
06/10/2020	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG066.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided.

UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).