

## **Tips on getting paid for smoking cessation treatment**

*A column about keeping your practice in good health*

**By VICTORIA STAGG ELLIOTT**

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Recent legislative changes mean that medical practices can get paid for helping Medicare and privately insured patients quit smoking.

"When physicians do the work and document this work, then you can bill and get it paid," said Tom Houston, MD, a family physician at McConnell Heart Health Center in Columbus, Ohio, who has long worked on tobacco-related issues.

And there most likely will be incentives beyond the usual fee for service, such as bonuses for meaningful use of electronic medical records and meeting quality metrics from private insurers.

So how do physicians get paid for counseling patients about quitting smoking?

The U.S. Dept. of Health and Human Services announced Aug. 25, 2010, that smoking cessation will be paid for under Medicare Parts A and B. Previously, the program paid for cessation only for patients who already developed a tobacco-related medical condition. This change was supported by the American Medical Association, and private insurers are expected to follow suit if they haven't already done so.

"For practices, one of the biggest challenges is the patchwork of coverage that varies by payer, but more and more private insurers are expanding their coverage of tobacco dependence," said Michael Fiore, MD, MPH, director of the Center for Tobacco Research and Intervention at the University of Wisconsin in Madison.

Private insurance and Medicaid coverage will vary, but Medicare will pay for two attempts to stop smoking that involve a maximum of four cessation sessions each per year.

Practices can expect to receive \$10 to \$15 for shorter smoking cessation sessions and \$25 to \$30 for longer ones, and much of this should come from insurers. A trained office member usually provides smoking cessation counseling.

"Many offices are getting a nurse or medical assistant trained in motivation counseling, education and intervention," Dr. Houston said.

Bonuses for incorporating smoking cessation into a practice beyond the usual fee for service also are possible. Using an EMR to tally the percentage of patients asked about tobacco use and delivering a cessation treatment is one of the quality reporting requirements to qualify for meaningful use incentive payments. Tackling tobacco-related issues is expected to become part of quality measures that allow physicians to receive bonuses within an accountable care organization.

Experts say the first step toward incorporating smoking cessation into medical care is developing a system that will tell physicians which patients use tobacco. This may be in the form of an alert attached to an EMR or require less technology, such as a sticker attached to a paper chart.

The next step is to assess a patient's readiness to quit. Surveys have indicated that most smokers want to give up tobacco, but they may be unaware of their options beyond quitting cold turkey.

"The majority of smokers want to quit," said Carol Southard, RN, a tobacco treatment specialist at Rush University Medical Center in Chicago. "We have a captive audience."

When initiating counseling, questions to ask a patient include: What worked in the past? What didn't? How much tobacco do you use? Do you smoke cigarettes or use other forms of tobacco? Would a prescription smoking cessation drug be appropriate? What about nicotine replacement therapies? What should your quit date be?

The information should be documented in a patient's chart along with the time spent on this subject.

"This can be an estimate," said Cindy Hughes, a coding and compliance specialist with the American Academy of Family Physicians. "This is not something that requires that they have a stopwatch in hand."

The visit needs to be coded appropriately. The ICD-9 codes for patients without a tobacco-related illness are 305.1, nondependent tobacco use disorder, or V15.82, history of tobacco use.

For Medicare patients, the service should then be coded G0436 if the counseling is more than three minutes but less than 10. Smoking cessation counseling longer than 10 minutes should be coded G0437.

For patients with private insurance, the CPT code is 99406 for the shorter visit and 99407 for the longer one. Modifier 25 should be used if the evaluation and management codes characterize the focus of the visit.

"Be sure to make your staff aware of the ability to bill for this, and make sure it's being reported appropriately," Southard said.

Smoking cessation counseling shorter than three minutes is not a separate billable service.

Victoria Stagg Elliott is a longtime staff member. She covered practice management issues and wrote the "Practice Management" column from 2009 to 2013. She also covered public health and science from 2000 to 2009.