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## Oct. 1 changes make smoking cessation easier — but watch out for denial traps

by: [Roy Edroso](#)

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### Billing

Replace the G codes you've been using to bill for smoking cessation counseling of patients who smoke but are asymptomatic (**G0436**, **G0437**) with two CPT codes as of Oct. 1, CMS tells *Part B News*.

The codes you've been using for symptomatic patients — **99406** (Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes) and **99407** (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes) — will be appropriate for symptomatic and asymptomatic patients.

Note that denial rates for the CPT codes have increased from 2014 to 2015 — from 12% for 99406 to 23% and from 15% for 99407 to 25%.

Previously, providers may have been denied on 99406 and 99407 on grounds that there was no appropriate diagnosis code on the claim showing the patient was symptomatic, such as **J45.909** (Unspecified asthma, uncomplicated) or **J44.9** (Chronic obstructive pulmonary disease, unspecified), says Vyacheslav Kudrov, CPC, account representative for the WCH Service Bureau billing company in Brooklyn, N.Y. Now that the same codes apply to both symptomatic and asymptomatic patients, there's no need to show that the patient is symptomatic.

Symptomatic or not, providers will still need to cite a code in the family of **F17.200** (Nicotine dependence, unspecified, uncomplicated) to justify the need for counseling in the first place, says Stephanie Fiedler, director for health care advisory services for Grassi & Co. in New York.

### 6 ways to make smoking cessation pay

You have to do more than get the codes right to make this service worthwhile for your practice and your patients:

**Make it a habit to ask all smokers about counseling.** Smaller practices especially ignore the codes because they don't pay very well, Fiedler says — \$14.32 and \$27.93, respectively. "In fact, unless they have an EHR [electronic health record] that gets them to bring it up, they just don't use it." But if you make it seamless — via a simple protocol, such as asking all self-identified smokers whether they want counseling and appropriately tracking completed sessions in the record — you can collect the charge with little administrative effort.

**Make sure they're actually smokers, on the record.** Fiedler has actually seen random audits where counseling claims were overturned because the patient history said the patient was a non-smoker. "There may be a checkbox in the EHR that says the patient never smoked, and if he picked it up later, the provider may never have changed it," she says.

**Check with your private payers.** Some payers still use the G codes, says Nancy Enos, consultant and coding educator at Enos Medical Coding in Warwick, R.I. "So billers should always call on a denial and inquire which type of code to use to report the procedure."

**Document the time.** "Audits usually show that the time spent in counseling was not documented, resulting in denials," says Enos. "The note [for 99406] should show that the time was greater than three minutes up to 10 minutes or greater than 10 minutes [for 99407]. The note should also reflect that the provider established nicotine dependence [such as documenting pack-years], not just the social history of 'yes' to a smoking questionnaire."

**Don't go over the line.** Patients get two counseling attempts per year with a maximum of four sessions per attempt per beneficiary. "If you've ever tried to bill flu vaccines too close together, you know the MACs [Medicare administrative contractors] will automatically kick the last one out," says Fiedler.

**Make sure the patient is competent to participate in the counseling** — if they're not cognitively intact or engaged, they can't do cessation counseling, say Fiedler. — *Roy Edroso* ([redroso@decisionhealth.com](mailto:redroso@decisionhealth.com))

### Resource:

October 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS): [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9768.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9768.pdf)

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