



# PAYMENT

## Reimbursement Tips:

### FQHC Requirements for Tobacco Cessation Counseling

*Counseling for tobacco cessation, if well documented, can be reimbursed as a behavior change intervention distinct from Evaluation and Management (E/M) services. FQHCs may bill Medicare for tobacco cessation counseling as part of the Prospective Payment System (PPS). Medicaid and/or private insurance reimbursement varies by state and plan.*



#### Program Requirements

Behavior change interventions have been demonstrated to be effective for individuals who struggle with behaviors connected to conditions like obesity, substance abuse, or addiction (including tobacco addiction). The Centers for Medicare and Medicaid Services (CMS) will reimburse FQHC's for tobacco cessation counseling as a preventive care service, distinct from E/M services.



#### Patient Eligibility & Consent

Eligible patients are adults and adolescents with an active or personal history of nicotine dependence, or who are experiencing harmful or toxic effects of tobacco and nicotine. Patients may or may not have tobacco-related disease symptoms. Eligible patients include those with current and valid Medicare Part B benefits.

The Affordable Care Act of 2010 mandated private insurers to cover certain preventive services, including tobacco cessation counseling. Tobacco cessation counseling services must be offered face-to-face by a physician or other qualified health care practitioner. Patients must be competent and alert when counseling is provided. Tobacco cessation counseling services may be furnished to new or established patients.

*Under **Medicare**, a new patient is someone who has not received any Medicare-covered professional health service (medical or mental health) from any site within the FQHC organization, or from any practitioner within the FQHC organization, within the past 3 years from the date of service. Dental service would not count as dental is not covered by Medicare. This definition differs from the traditional CPT definition of a new patient. FQHCs are encouraged to educate staff of the variance and may choose to use a single definition.*

Patient consent is required before initiating services, however, during the COVID-19 public health emergency, consent may be obtained at the time services are provided. Patient consent (written or verbal) must be documented in the medical record. As a preventive service, coinsurance is waived.

The provider can recommend medication-assisted treatment and/or counseling and bill for it, even if the patient is not yet ready to quit.



#### Timeframe & Services

Coverage for tobacco cessation must be provided without cost to the patient under most health plans based upon the requirements of the Affordable Care Act. The scope of coverage varies by plan and by state based on what constitutes tobacco cessation services ([CMS FAQs, Q5](#)). The state Medicaid Office can offer more information on coverage.

According to the **Medicare** Benefit Policy Manual, Medicare Administrative Contractors (MACs) will allow payment for:

- Up to 8 intermediate or intensive counseling sessions in a 12-month period.
- An additional 8 sessions in the subsequent year/s (after a full 11 months of counseling has been performed).
- Up to 2 cessation attempts per year.

Medicare copayment, coinsurance, and deductibles for cessation counseling are waived.

**Private insurers** mandate access to cessation services in 15 states, as of 2022. These states include: Colorado, Delaware, Illinois, Kentucky, Louisiana, Maryland, Massachusetts, New Mexico, New York, North Dakota, Oregon, Rhode Island, Utah, and Vermont. Coverage varies by state and by plan.

*All state **Medicaid** programs are required to provide a smoking cessation program to pregnant beneficiaries which includes counseling and Federal Drug Administration (FDA) approved smoking cessation medications. Further, states may not exclude FDA-approved tobacco cessation medications, including over-the-counter medications, from coverage.*

Per the Affordable Care Act, states have the option to offer tobacco cessation interventions for eligible beneficiaries who meet a defined income level and other state-specific criteria. Twenty states offer

## Reimbursement Tips: FQHC Requirements for Tobacco Cessation Counseling

comprehensive coverage for these treatments (California, Colorado, Connecticut, Illinois, Indiana, Kansas, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Virginia, and Wisconsin) with additional states offering some, but not comprehensive, coverage. [STATE System Medicaid Coverage of Tobacco Cessation Treatments Fact Sheet \(cdc.gov\)](#)

**Electronic-cigarette counseling (i.e., vapes, e-hookahs, vape pens, tank systems, modes, and ENDS) are not included in the definition of the services included in this document.**



### Authorized Provider/Staff

Authorized practitioners (see table below) are eligible to provide face-to-face counseling services for tobacco cessation. FQHC core practitioners who are Medicare eligible, may provide these counseling services. These services may not be billed for if provided by non-eligible clinical or auxiliary staff.

#### TREATING (BILLING) PRACTITIONERS

Physicians (MD or DO)	Non-Physician Practitioners				
	NP	PA	CNM	CSW	CP
X	X	X	X	X	X

- *Physicians: Medical Doctor (MD) or Doctor of Osteopathy (DO)*
- *Non-Physician Practitioners include: Nurse Practitioners (NP), Physician Assistants (PA), Certified Nurse Midwives (CNM), Clinical Social Worker (CSW), and Clinical Pharmacist (CP), according to State licensure and scope of practice and education parameters.*



### Documentation

To bill for tobacco cessation counseling, medical necessity must be documented. The following components should be included in the medical record documentation:

- Patient's tobacco use, or history of use
- Willingness of the patient to quit
- Date(s) of counseling attempts
- Time spent counseling patient
- Mode of delivering counseling (e.g., telehealth, video chat, face-to-face, etc.)
- Summary of counseling discussion, including advice, plan of approach, health impact, and resources supplied to the patient

- Information about pharmacotherapy discussed with and/or agreed to by patient
- Target quit-date set with the patient
- Next appointment date or follow-up required


### Coding & Billing

In 2016, CMS modified reimbursement to FQHCs for both primary health and qualified preventive health services. When all of the program requirements are met, FQHCs are paid for the professional component of the preventive services. Additionally, frequency of service limits must not have been exceeded.

Tobacco cessation counseling is considered a qualified visit under the FQHC preventive service list, which means that it is reimbursable as a distinct service under PPS. It is not separately reimbursable outside of the PPS payment. The coinsurance for most preventive services, tobacco cessation counseling included, is waived for beneficiaries.

If a patient is seen for tobacco cessation counseling with a medical provider, and had no other qualifying services, the CPT 99406 or 99407 could be billed under the applicable PPS G code. This way, the FQHC would be reimbursed at the full PPS amount. If cessation counseling is provided during the same visit as another qualifying medical service, the codes would be listed together on the claim. Still, only one visit is reimbursable. If provided along with E/M services, modifier 25 should be appended to the E/M code.

Tobacco cessation counseling is documented as a professional medical service (as opposed to a mental health service). For a new patient, FQHC's bill CMS using the PPS G code G0466; for an established patient the PPS G code is G0467. The level and time of services determines the CPT code used by the provider. If a new patient is also receiving mental health services on the same day, the patient is considered new for only one of these visits. G0470, a mental health established patient visit PPS G code, would be used for billing the mental health visit occurring the same day as the tobacco cessation counseling visit or any other medical service.

 **PHE Exception.** Tobacco cessation counseling, including audio-only communications, may be provided via telehealth during the COVID-19 PHE. The PHE telehealth flexibilities for tobacco counseling will continue through December 31, 2024 after the PHE expires.

## Reimbursement Tips: FQHC Requirements for Tobacco Cessation Counseling

If telehealth is used for cessation counseling due to the COVID-19 pandemic, both CPT 99406 and 99407 may be used. The FQHC would bill these services under G2025 and the national payment rate is \$98.27. CMS has further designated that these services, if provided via telehealth during the PHE, may be offered as audio-only services. The American Academy of Family Physicians produced a telehealth tobacco cessation guide which may be a helpful resource for FQHCs: ([https://www.aafp.org/dam/AAFP/documents/patient\\_care/tobacco/tobacco-cessation-telehealth-guide.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/tobacco-cessation-telehealth-guide.pdf))

Medicare does not cover smoking cessation classes, which are typically provided by non-physician, non-qualified healthcare providers.

FQHCs should check with individual MACs, Medicaid, MCO, and private insurance plans to determine what treatments are included and the extent to which they are covered.

### Tobacco Cessation Counseling Codes:

WHAT PROVIDER CODES	Services	What FQHC bills to CMS	CMS/ Medicare 2023 Fees
<b>CPT 99406</b>	Smoking and tobacco use cessation counseling visit; intermediate, 4-10 minutes face-to-face	G0466 (new patient) G0467 (est. patient)	\$251.13 \$187.19
<b>CPT 99407</b>	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	G0466 (new patient) G0467 (est. patient)	\$251.13 \$187.19
<b>COVID-19 PHE exception</b>	If either of the above services are offered via telehealth	G2025	\$98.27

- Cessation counseling provided for three (3) or fewer minutes is considered part of an E/M service visit and may not be separately billed.
- Rates here are based on the 2023 Medicare Physician Fee Schedule (PFS); no Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied. FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.

The appropriate ICD-10-CM diagnosis code (F17.2XX, T65.2XXX, Z87.891) must be provided to avoid a claims denial. For maternal use and newborn exposure, specific codes must be applied.

## References

- AAPC ICD-10-CM 2023 Manual.
- AMA CPT® 2023 Professional Edition.
- American Lung Association. State of Tobacco Control. 2022. <https://www.lung.org/getmedia/3c56576e-1be2-4408-a0f4-2dd7674fa32e/sotc-2022-final-report.pdf>
- Coverage for Tobacco Use Cessation Treatments. [https://www.cdc.gov/tobacco/quit\\_smoking/cessation/coverage/index.htm](https://www.cdc.gov/tobacco/quit_smoking/cessation/coverage/index.htm)
- How the Affordable Care Act Affects Tobacco Use and Control. [tclc-fs-aca-&-tobacco-control-2014\\_0.pdf](https://publichealthlawcenter.org/pdf/publichealthlawcenter.org) (publichealthlawcenter.org)
- ICD-10-CM Tabular List of Diseases and Injuries. Addenda for Vaping-related disorder. <https://www.cdc.gov/nchs/data/icd/Chapter-22-new-vaping-code-FINAL3.pdf>
- Medicare Claims Processing Manual, Chapter 9. Rural Health Centers (RHC) and Federally Qualified Health Center (FQHC) Services. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c09.pdf>
- Medicare Benefit Policy Manual, Chapter 13. Rural Health Centers (RHC) and Federally Qualified Health Center (FQHC) Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf>
- Medicare Claims Processing Manual, Chapter 18. <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/clm104c18.pdf>
- Medicare Claims Processing Manual. Chapter 32, Section 12 – Counseling to Prevent Tobacco Use. <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/clm104c32.pdf>
- PMIC HCPCS 2023 National Level II Medicare Codes: CMS.
- Specific Payment Codes for FQHC PPS. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-Specific-Payment-Codes.pdf>