




# MEDICAL ASSISTANCE BULLETIN

<b>ISSUE DATE</b> October 3, 2012	<b>EFFECTIVE DATE</b> June 25, 2012	<b>NUMBER</b> 99-12-09
<b>SUBJECT</b>  New Procedure Codes for Tobacco Cessation Counseling Services		<b>BY</b>  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

## **PURPOSE:**

The purpose of this Medical Assistance (MA) Bulletin is to notify providers of new procedure codes for the billing of Tobacco Cessation Counseling (TCC) services. The procedure code information in this bulletin replaces the procedure code information in MA Bulletin 99-07-02, titled "Policy Reinforcement Regarding Billing for Tobacco Cessation Counseling Services", issued and effective January 4, 2007.

## **SCOPE:**

This bulletin applies to physicians, dentists, psychologists, Certified Registered Nurse Practitioners (CRNPs), independent medical/surgical clinics, acute care general hospitals, rehabilitation hospitals, home health agencies, outpatient drug and alcohol facilities, outpatient psychiatric clinics, and family planning clinics enrolled in the MA Program that render TCC services to MA recipients in the Fee-for-Service (FFS) delivery system, including ACCESS Plus. Providers that render TCC services to MA recipients in the managed care delivery system should address any coding or payment-related questions to the appropriate managed care organization.

## **BACKGROUND/DISCUSSION:**

Licensed health care provider types, i.e., physicians, dentists, psychologists, CRNPs, general hospital or rehabilitation hospitals, home health agencies, or health related entities such as independent medical/surgical clinics, rural health clinics/federally qualified health centers (RHC/FQHCs), outpatient drug & alcohol facilities, outpatient psychiatric clinics, or family planning clinics are permitted to bill for TCC services, as long as they are (1) approved by the DOH as a Tobacco Cessation Program (TCP Provider Type 37) and (2) enrolled in the MA Program to provide TCC services.

The Department of Public Welfare (Department) added and end-dated TCC procedure codes on the MA Program Fee Schedule as a result of implementing the 2012 Healthcare Common Procedure Coding System (HCPCS) procedure code updates published by the Centers for Medicare and Medicaid Services (CMS). See MA Bulletin 99-12-06, titled "2012 HCPCS Updates and Other Procedure Code Changes", issued and effective June 25, 2012. TCC procedure code S9075, defined as "Tobacco Counseling Session", was end-dated by CMS. As a result, the Department end-dated procedure code S9075 on the MA Program Fee Schedule. The Department added existing HCPCS procedure codes

### **COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

G0437, defined as “Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than ten minutes”, and 99407, defined as “Smoking and tobacco use cessation counseling visit; intensive, greater than ten minutes” to the MA Program Fee Schedule.

**PROCEDURE:**

The Department end-dated procedure code S9075 on the MA Program Fee Schedule, effective with date of service June 24, 2012.

The Department added existing HCPCS procedure codes G0437 and 99407, for TCC services to the MA Program Fee Schedule, effective with dates of service on and after June 25, 2012, as follows:

Procedure Codes	Description	Unit of Service	Unit of Service	Limit	Rate
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than ten minutes	1	Greater than ten minutes; face to face encounter	One unit per day, and a maximum of 70 units per calendar year	19.33 per unit
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than ten minutes	1	Greater than ten minutes; face to face encounter	One unit per day, and a maximum of 70 units per calendar year	19.33 per unit

Providers, except FQHCs and RHCs, are to submit claims for TCC services using the above procedure codes.

Providers must provide more than 10 minutes of face to face counseling in order to submit a claim for one unit of service. Providers are not to submit claims for procedure codes G0437 and 99407 for the same recipient on the same date of service. The MA Program payment for TCC services is limited to payment under one of the procedure codes, i.e. G0437 or 99407, per recipient per date of service.

NOTE: RHCs and FQHCs are paid an all-inclusive, per encounter payment rate. RHCs and FQHCs are to submit claims for TCC services when provided at the time of a face to face visit, using procedure code T1015, defined as “clinic visit/encounter, all-inclusive”. RHCs and FQHCs are not to submit claims reflecting procedure codes G0437 and 99407 for TCC services.

All of the other information in MA Bulletin 99-07-02 remains in effect.

