



REIMBURSEMENT POLICY STATEMENT GEORGIA MEDICAID

Original Issue Date		Next Annual Review		Effective Date	
09/20/2017		07/15/2019		07/15/2018	
Policy Name				Policy Number	
Smoking & Tobacco Cessation				PY-0378	
Policy Type					
Medical	Administrative	Pharmacy	REIMBURSEMENT		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. SUBJECT

Smoking & Tobacco Cessation

B. BACKGROUND

The use of tobacco products generally leads to tobacco/nicotine dependence³ and often results in serious health problems. Quitting smoking greatly reduces the risk of developing smoking-related diseases. Tobacco/nicotine dependence is a condition that often requires repeated treatments, as nicotine is strongly addictive. Because of this, quitting smoking and ending the use of tobacco use may be a difficult process requiring several, staged attempts, and may involve stress, irritability, and other withdrawal symptoms for those addicted to nicotine^{8, 9, 10}.

However, continued tobacco use in any form is far more harmful. Tobacco smoke contains seriously harmful chemicals and carcinogens^{5, 8, 11} and leads to lung and other cancers, chronic lung disease, heart disease, strokes, vascular disease, and infertility. Additionally, smokeless tobacco is directly linked to cancers of the mouth, tongue, cheek, gum, esophagus, and pancreas.

Counseling and medication are both effective means for ending dependency on tobacco products, and are even more effective together than either method alone¹⁰. Counseling can be effective when delivered via individual, group, or telephone counseling, one-on-one brief help sessions with a provider, behavioral therapies, or even through mobile phone apps.

Medications which have been found to be effective include prescription non-nicotine medications such as bupropion SR (Zyban[®]) and varenicline tartrate (Chantix[®]), and nicotine replacement products such as nicotine patches, inhalers or nasal sprays available by prescription, and over-the-counter nicotine patches, gums or lozenges^{10, 17}.

The United States government recognizes the health dangers and risks associated with the use of tobacco in its citizens and has set up a free telephone support service to help people stop smoking and stop the use of tobacco, 1-800-QUIT-NOW. Callers are routed through this service to their state's specific resource, and may be able to obtain free support, advice, and counseling from experienced "quit-line" coaches, a personalized plan to quit, practical information on how to quit, including ways to cope with nicotine withdrawal, the latest information about stop-smoking medications, free or discounted medications (available for at least some callers in most states), referrals to other resources, and/or mailed self-help materials.

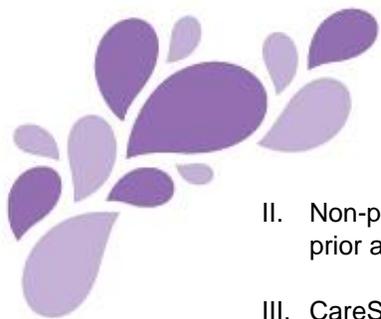
CareSource encourages all of its members to refrain from the use of tobacco, and if using it in any form, to make concerted and ongoing attempts to quit its use as soon as possible.

C. DEFINITIONS

- **Tobacco products** – means any product containing tobacco or nicotine, including (but not limited to) cigarettes, pipes, cigars, cigarillos, bidis, hookahs, kreteks, e-cigarettes, vaporized and other inhaled tobacco and nicotine products, smokeless tobacco (e.g., dip, chew, snuff, snus), dissolvable tobacco (e.g., strips, sticks, orbs, lozenges), or other ingestible tobacco products, and/or chewing tobacco.

D. POLICY

- I. Prior authorizations are required for participating (contracted) providers only when the services they are providing for tobacco cessation exceed the limits of this policy.



- II. Non-participating providers (not contracted with CareSource) should contact CareSource for prior authorization for these services.
- III. CareSource will reimburse its participating providers for the following tobacco use intervention and cessation care methods:
 - A. An encounter for evaluation and management of the member on the same day as counseling to prevent or cease tobacco use; and,
 - B. Screenings for tobacco use as needed for members 20 and younger;
 - C. One screening for tobacco use per calendar year for members 21 and older; and,
 - D. Three individual tobacco cessation counseling attempts per calendar year.
 - 1. Each attempt will not exceed 12 weeks of treatment.
 - 2. Face to face counseling sessions are required every 30 days during each 12 week treatment period.
 - E. Nicotine replacement or non-nicotine medications prescribed and approved for use for tobacco cessation.
- IV. CareSource will not reimburse claims for counseling to prevent or cease tobacco use in excess of 12 sessions within a calendar year, unless prior authorization has been obtained by the provider.
- V. The number of CPT, HCPCS, and diagnosis codes (ICD-10) potentially associated with the diagnosis and treatment of tobacco use and addiction is too great to list. As such, the specific tobacco cessation codes provided below are eligible to be reimbursed with any appropriate, associated code.
- VI. Evaluation and Management service for the member which is provided on the same day as counseling to prevent or cease tobacco use, should be reported with modifier -25 to indicate that the E&M service is separately identifiable from the counseling.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Georgia Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Georgia Medicaid fee schedule.

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.

CODES	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

F. RELATED POLICIES/RULES

N/A

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	09/20/2017	New Policy.
Date Revised		
Date Effective	07/15/2018	



H. REFERENCES

1. Physician Services Manual, § 903.19, "Tobacco cessation services for Medicaid eligible members." Ibid. Appendix D, "Health check and adult preventive visit". (2017, July 1).
2. CDC - Fact Sheet - Quitting Smoking - Smoking & Tobacco Use. (n.d.).
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5. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
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14. Centers for Disease Control and Prevention. Quitting Smoking Among Adults—United States, 2000–2015. Morbidity and Mortality Weekly Report 2017;65(52):1457-64.
15. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance—United States, 2015. Morbidity and Mortality Weekly Report [serial online] 2016;66 (SS–6):1–174.
16. Centers for Disease Control and Prevention. The Guide to Community Preventive Services: Reducing Tobacco Use and Secondhand Smoke Exposure.
17. U.S. Food and Drug Administration. The FDA Approves Novel Medication for Smoking Cessation. FDA Consumer, 2006.

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.