Quick Reference Guide for Coverage and Coding for Treatment of Tobacco Dependence

Blue Cross Blue Shield of Minnesota (Blue Cross) covers services for the treatment of tobacco dependence. However, coverage for these services depends on the type of provider submitting the claim, the procedure/service and diagnosis codes submitted, and the patient’s contract with Blue Cross. Due to these many variables, exact payment can not be determined until we receive the claims for processing.

Diagnosis Codes

If the primary reason for the outpatient visit to the clinician is tobacco use, claims should be submitted with one of the following diagnosis codes:

- 305.1 tobacco use disorder
- V15.82 history of tobacco use

Procedure/Service Codes

Clinicians should submit the HCPCS code that reflects the service furnished. Claims may process differently depending on the code submitted. The difference reflects the application of the member’s contract benefits.

- Evaluation and Management (E/M) codes 99201-99215: Claims submitted using these problem-related visit codes will process according to the illness portion of the patient’s contract.
- E/M codes 99241-99245: Claims submitted using these consultation codes will process according to the illness portion of the patient’s contract when submitted with a tobacco diagnosis.
- E/M codes 99401-99404: Claims submitted using these preventive counseling codes will process according to the preventive portion of the patient’s contract. These codes may also be covered under the Patient Protections & Affordable Care Act (PPACA) otherwise known as health care reform (HCR) and as such, will be processed according to preventive portion of the patient’s contract.
- Codes 99406 and 99407: Claims submitted using these counseling visit codes will process according to the illness portion of the patient’s contract. These codes may also be covered under the Patient Protections & Affordable Care Act (PPACA) otherwise known as health care reform (HCR) and as such, will be processed according to preventive portion of the patient’s contract.
- Code S9453 for stop-smoking classes is generally not an eligible service under the patient’s contract; however these codes may also be covered under the Patient Protections & Affordable Care Act (PPACA) otherwise known as health care reform (HCR) and as such, will be processed according to preventive portion of the patient’s contract.
- E/M codes 99384-99387 and 99394-99397: These comprehensive preventive medicine services include counseling/anticipatory guidance/risk factor reduction
interventions. Tobacco cessation counseling is part of a comprehensive preventative medicine evaluation. Therefore it is not separately reportable under these codes.

- Psychiatric codes 90804-90862: Claims submitted using these codes will process according to the substance abuse portion of the patient’s contract.

- Group counseling codes 99411-99412 will process according to the illness portion of the patient’s contract when submitted with a tobacco diagnosis; however these codes may also be covered under the Patient Protections & Affordable Care Act (PPACA) otherwise known as health care reform (HCR) and as such, will be processed according to preventive portion of the patient’s contract.

- Codes for reporting patient documentation or supplemental tracking for performance measurement (4000F-4001F) may be submitted. These are zero-billed and zero-allowed codes.

**Revenue Codes Used by Facilities 0944 or 0945**

Facilities such as hospitals, skilled nursing facilities, and residential treatment centers, must bill for tobacco use under revenue codes 0944 (drug rehabilitation) or 0945 (alcohol rehabilitation). Claims submitted using these codes will process according to the substance abuse portion of the patient’s contract.

**Eligibility to Bill for Specific Procedures/Services**

Standard guidelines regarding provider eligibility apply to procedure/services submitted with a tobacco diagnosis. Provider eligibility depends on the provider’s scope of practice and the type of procedure/service being billed. For example, consultation codes are generally only allowed when performed by a MD; however, evaluation and management codes may be eligible if billed by a qualified practitioner such as a Nurse Practitioner, or Physician Assistant. Some procedure/service codes specific to mental health and chemical dependency may have to be performed by a qualified mental health provider.

**Coverage for Tobacco Treatment Medications**

All fully insured Blue Cross plans with drug coverage stop smoking medications. The same copayments and deductibles apply. With a physician’s prescription these patients are eligible for Zyban® and any FDA-approved nicotine replacement therapy drug (patch, gum, lozenge, inhaler, and nasal spray).

**Note #1:** In order to trigger this benefit, the patient does need a physician’s prescription even if the medication is available over the counter (except as described below in Note #2).

**Note #2:** Blue Cross wants to encourage people to use both counseling and medications. Fully insured members who choose to enroll in the Stop-Smoking
Program can trigger their benefit for either patch, gum, or lozenge without a physician’s prescription if:

- They enroll in our **free** Stop-Smoking Program (phone-based counseling),
- They have pharmacy benefits that cover PDA-approved OTC NRT and these benefits are administered through Prime Therapeutics, Blue Cross/pharmacy benefit manager
- And the Quit Coach at the Stop-Smoking Program determines that the member can safely take the medications.

Each self-insured group account chooses whether or not if will cover prescription and/or over-the-counter stop-smoking aids. Thus coverage varies greatly among self-insured groups. Your patients who have Blue Cross coverage through a self-insured group should call the customer service number on the back of their ID member card to determine if they have coverage for tobacco treatment medications and what restrictions might apply. If you have questions you may contact Blue Cross provider services.

**10/05/11**

**Tobacco Cessation**

- Submit diagnosis code 305.1 or V15.82 if the intent is counseling and/or visit to obtain a prescription for smoking cessation medication/patches.
- If linked to an E/M service, a preventive or general illness benefit will be applied depending on the member’s benefits.
- Do not use 305.1 or V15.82 as the primary diagnosis if the member has primary behavioral health diagnosis (such as depression) that is being treated but the member also uses tobacco. If this is the case, 305.1 or V15.82 should be listed as a secondary diagnosis.
- Hypnotherapy (code 90880), biofeedback (codes 90875-90876), and acupuncture (codes 97810-97811, 97813-97814) are considered investigative for treatment of tobacco use, dependence, and withdrawal, and are ineligible for reimbursement.
- Nicotine replacement therapies and bupropion for the treatment of tobacco dependence are subject to the member’s pharmacy benefits.
- Coverage for the treatment of tobacco dependence is subject to the member’s contract benefits.
- Any inpatient treatment service for tobacco cessation should be prior authorized, as they will be reviewed for medical necessity.

**12/08/11**

**Disclaimer: The fine print**

This information is designed for reference purposes only and does not guarantee coverage. Blue Cross will consider each individual member’s condition and unique circumstances in making coverage determinations. Blue Cross will also make each determination on a case-by-case basis and according to the terms and conditions of the
member’s contract, certificate of coverage, or summary plan description, as applicable, including provisions relating to exclusions and limitations. If there is a conflict between the information above and the contract or plan documents, the contract or plan documents govern.

As you know, Blue Cross reviews its policies and coverage periodically and may make changes in the future.

Any providers who have questions about this information are invited to contact Blue Cross provider services.