



Related MLN Matters Article #: MM5878 **Revised**

Date Posted: February 5, 2008

Related CR #: 5878

Smoking and Tobacco Use Cessation Counseling Billing Code Update to Medicare - JA5878

Note: MLN Matters® article MM5878 was revised to add a reference to Change Request (CR) 6163 (<http://www.cms.hhs.gov/Transmittals/downloads/R1593CP.pdf>), which removes the outpatient physical therapy provider (OPT) bill type 74X and comprehensive outpatient rehabilitation facility (CORF) bill type 75X from the list of applicable bill types for smoking and tobacco cessation counseling (effective July 1, 2008). The related MLN Matters® article may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6163.pdf> on the CMS website. All other information is unchanged.

Key Words

MM5878, CR5878, R1433CP, R1593CP, MM6163, Smoking, Tobacco, Cessation, Counseling

Provider Types Affected

Physicians and providers who bill Medicare Carriers, Fiscal Intermediaries (FIs), or Part A/B Medicare Administrative contractors (A/B MACs) for smoking and tobacco use cessation counseling

Key Points

- The effective date of the instruction is January 1, 2008.
- The implementation date is July 7, 2008.
- CR5878 announces that the temporary Healthcare Common Procedure Coding System (HCPCS) G codes G0375 and G0376, which are currently used to bill for Smoking and Tobacco Use Cessation Counseling services, are effective only through December 31, 2007.
- They are being replaced by two new Current Procedural Terminology (CPT) codes:
 - **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.
- These new CPT codes, which are included in the 2008 Medicare Physician Fee Database, become effective for claims with dates of service January 1, 2008, and later.

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- FIs, carriers, and A/B MACs will pay for counseling services billed with HCPCS codes G0375 and G0376 for dates of service performed on and **after March 22, 2005, through December 31, 2007**, and with CPT codes 99406 and 99407 for **dates of service on or after January 1, 2008**.

Important Links

The related MLN Matters® article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5878.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

The official instruction (CR5878) issued regarding this change can be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R1433CP.pdf> on the CMS website. Providers will find the updated *Medicare Claims Processing Manual*, Chapter 32 (Billing Requirements for Special Services), Section 12.1 (HCPCS and Diagnosis Coding), Section 12.2 (Carrier Billing Requirements), and Section 12.3 (FI Billing Requirements) as an attachment to that CR.