SUBJECT: Smoking and Tobacco-Use Cessation Counseling

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services will cover two new levels of counseling for smoking cessation (intermediate and intensive). This decision does not modify existing coverage for minimal cessation counseling (defined as 3 minutes or less in duration) which is already considered to be covered as part of each Evaluation and Management (E/M) visit and is not separately billable.

(This addition of section 210.4 to Pub. 100-03, is a national coverage determination (NCD) made under section 1862(a)(1) of the Social Security Act. NCDs are binding on all carriers, fiscal intermediaries, quality improvement organizations, health maintenance organizations, competitive medical plans, health care prepayment plans, the Medicare Appeals Council, and administrative law judges (see 42 CFR sections 405.732, 405.860). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an administrative law judge may not review an NCD. (See section 1869(f)(1)(A)(i) of the Social Security Act.)

NEW/REVISED MATERIAL:
EFFECTIVE DATE: March 22, 2005
IMPLEMENTATION DATE: July 5, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/ revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:
R = REVISED, N = NEW, D = DELETED

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III. FUNDING:
No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Manual Instruction

*Unless otherwise specified, the effective date is the date of service.*
210.4 – Smoking and Tobacco-Use Cessation Counseling (Effective March 22, 2005)
210.4 - Smoking and Tobacco-Use Cessation Counseling (Effective March 22, 2005)
(Rev. 36, Issued: 05-20-05; Effective: 03-22-05; Implementation: 07-05-05)

A. General

Tobacco use continues to be the leading cause of preventable death in the United States. In 1964, the Surgeon General of the U.S. Public Health Service (PHS) issued the report of his Advisory Committee on Smoking and Health, officially recognizing that cigarette smoking is a cause of cancer and other serious diseases. Though smoking rates have significantly declined, 9.3% of the population age 65 and older smokes cigarettes. Approximately 440,000 people die annually from smoking related disease, with 68% (300,000) age 65 or older. Many more people of all ages suffer from serious illness caused from smoking, leading to disability and decreased quality of life. Reduction in smoking prevalence is a national objective in Healthy People 2010.

B. Nationally Covered Indications

Effective March 22, 2005, the Centers for Medicare and Medicaid Services (CMS) has determined that the evidence is adequate to conclude that smoking and tobacco use cessation counseling, based on the current PHS Guideline, is reasonable and necessary for a patient with a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use, or who is taking a therapeutic agent whose metabolism or dosing is affected by tobacco use as based on FDA-approved information.

Patients must be competent and alert at the time that services are provided. Minimal counseling is already covered at each evaluation and management (E&M) visit. Beyond that, Medicare will cover 2 cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions in a 12-month period. The practitioner and patient have flexibility to choose between intermediate or intensive cessation strategies for each attempt.

Intermediate and intensive smoking cessation counseling services will be covered for outpatient and hospitalized beneficiaries who are smokers and who qualify as above, as long as those services are furnished by qualified physicians and other Medicare-recognized practitioners.

C. Nationally Non-Covered Indications

Inpatient hospital stays with the principal diagnosis of Tobacco Use Disorder are not reasonable and necessary for the effective delivery of tobacco cessation counseling services. Therefore, we will not cover tobacco cessation services if tobacco cessation is the primary reason for the patient’s hospital stay.

D. Other
N/A

(This NCD last reviewed May 2005.)