

<b>CMS Manual System</b>	Department of Health & Human Services (DHHS)
<b>Pub 100-04 Medicare Claims Processing</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Transmittal 2058</b>	<b>Date: September 30, 2010</b>
	<b>Change Request 7133</b>

**SUBJECT: Counseling to Prevent Tobacco Use**

**I. SUMMARY OF CHANGES:** Effective for claims with dates of service on and after August 25, 2010, CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries:

1. Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;
2. Who are competent and alert at the time that counseling is provided; and,
3. Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.

**EFFECTIVE DATE: AUGUST 25, 2010**

**IMPLEMENTATION DATE: JANUARY 3, 2011**

*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: (N/A if manual is not updated)**

**R=REVISED, N=NEW, D=DELETED**

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
<b>R</b>	18/Table of Contents
<b>N</b>	18/150/Counseling to Prevent Tobacco Use
<b>N</b>	18/150.1/Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Coding
<b>N</b>	18/150.2/Carrier Billing Requirements
<b>N</b>	18/150.2.1/Fiscal Intermediary (FI) Billing Requirements
<b>N</b>	18/150.3/Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RARCs), Claims Adjustment Reason Codes (CARCs), and Group Codes
<b>N</b>	18/150.4/Common Working File (CWF)

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:** No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 2058	Date: September 30, 2010	Change Request: 7133
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**SUBJECT: Counseling to Prevent Tobacco Use**

**EFFECTIVE DATE: AUGUST 25, 2010**

**IMPLEMENTATION DATE: JANUARY 3, 2011**

## I. GENERAL INFORMATION

**A. Background:** Tobacco use remains the leading cause of preventable morbidity and mortality in the U.S. and is a major contributor to the nation's increasing medical costs. Despite the growing list of adverse health effects associated with smoking, more than 45 million U.S. adults continue to smoke and approximately 1200 die prematurely each day from tobacco-related diseases. Annual smoking-attributable expenditures can be measured both in direct medical costs (\$96 billion) and in lost productivity (\$97 billion), but the results of national surveys have raised concerns that recent declines in smoking prevalence among U.S. adults may have come to an end. According to the U.S. Department of Health and Human Services (DHHS) Public Health Service (PHS) Clinical Practice Guideline on Treating Tobacco Use and Dependence (2008), 4.5 million adults over 65 years of age smoke cigarettes. Even smokers over age 65, however, can benefit greatly from abstinence, and older smokers who quit can reduce their risk of death from coronary heart disease, chronic obstructive lung disease and lung cancer, as well as decrease their risk of osteoporosis.

Medicare Part B (Section 210.4 of the National Coverage Determination (NCD) Manual) already covers cessation counseling for individuals who use tobacco and have been diagnosed with a recognized tobacco-related disease or who exhibit symptoms consistent with tobacco-related disease. In November 2009, based upon authority to cover "additional preventive services" for Medicare beneficiaries if certain statutory requirements are met, the Centers for Medicare & Medicaid Services (CMS) initiated a new national coverage analysis to evaluate whether the existing evidence on counseling to prevent tobacco use is sufficient to extend national coverage for cessation counseling to those individuals who use tobacco but do not have signs or symptoms of tobacco-related disease. One of these statutory requirements is that the service be categorized as a grade A (strongly recommends) or grade B (recommends) rating by the US Preventive Services Task Force (USPSTF).

**B. Policy:** Effective for claims with dates of service on and after August 25, 2010, CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries:

1. Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;
2. Who are competent and alert at the time that counseling is provided; and
3. Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.

These individuals who do not have signs or symptoms of tobacco-related disease will be covered under Medicare Part B when the above conditions of coverage are met, subject to certain frequency and other limitations. The diagnosis codes that should be reported for these individuals are ICD-9 codes 305.1, non-dependent tobacco use disorder, or V15.82, history of tobacco use.

The CMS has created two new G codes for billing for tobacco cessation counseling services to prevent tobacco use. These are in addition to the two CPT codes 99406 and 99407 that currently are used for tobacco cessation

counseling for symptomatic individuals. They will appear in the quarterly coding updates for January 2011 and the TOS code is 1.

- G0436: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
- Short Descriptor: Tobacco-use counsel 3-10 min
- G0437: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
- Short Descriptor: Tobacco-use counsel >10 min

In addition, two new, temporary C codes have been created for facilities paid under the Outpatient Prospective payment System (OPPS) when billing for counseling to prevent tobacco use and tobacco-related disease services during the interim period of August 25, 2010, through December 31, 2010. They will appear in the quarterly coding updates for October 2010, and the TOS code is 1.

- C9801: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
- Short descriptor: Tobacco-use counsel 3-10 min
- C9802: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
- Short descriptor: Tobacco-use counsel >10min

During the same interim period of time between August 25, 2010, and December 31, 2010, carriers shall pay claims for these tobacco-cessation counseling sessions with unlisted code 99199.

The CMS will allow two individual tobacco cessation counseling attempts per year. Each attempt may include a maximum of four intermediate OR intensive sessions, with a total benefit covering up to 8 sessions per year per Medicare beneficiary who uses tobacco. The practitioner and patient have the flexibility to choose between intermediate (more than 3 minutes but less than 10 minutes), or intensive (more than 10 minutes) cessation counseling sessions for each attempt.

Section 4104 of the Affordable Care Act provided for a waiver of the Medicare coinsurance and Part B deductible requirements for this service effective on or after January 1, 2011. Until that time, this service will be subject to the standard Medicare coinsurance and Part B deductible requirements.

**II. BUSINESS REQUIREMENTS TABLE**  
*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER	
		M A C	M A C				F I S S	M C S	V M S	C W F		
7133-04.1	Effective for claims with dates of service on and after August 25, 2010, contractors shall pay for counseling to prevent tobacco use services for hospitalized and outpatient Medicare patients who meet the requirements under Pub. 100-03, chapter 1,	X		X	X	X	X	X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	section 210.4.1, and follow the claims processing instructions contained in Pub. 100-04, chapter 18, section 150.										
7133-04.2	Effective for claims with dates of service on and after August 25, 2010, through December 31, 2010, for non-OPPS providers, contractors shall pay claims with diagnosis code 305.1, non-dependent tobacco-use disorder, or V15.82, history of tobacco use, when billed with unlisted HCPCS code 99199 for counseling to prevent tobacco use services.  <b>NOTE:</b> HCPCS code 99199 is contractor priced.	X		X	X	X	X	X			
7133-04.2.1	Effective for claims with dates of service on and after August 25, 2010, through December 31, 2010, for OPPS providers, contractors shall pay claims with diagnosis codes 305.1 or V15.82, when billed with HCPCS codes C9801 or C9802 for counseling to prevent tobacco use services.  <b>NOTE:</b> Providers reimbursed under OPPS shall not submit claims with unlisted code 99199.	X		X							
7133-04.3	Effective for claims with dates of service on and after January 1, 2011, contractors shall accept codes G0436 or G0437 for claims billed for counseling to prevent tobacco use.	X		X	X	X	X	X			
7133-04.3.1	Contractors shall waive the deductible and coinsurance/copayment for counseling to prevent tobacco use services codes G0436 and G0437 effective January 1, 2011, and after.  <b>NOTE:</b> No other tobacco cessation codes are eligible for waiver of coinsurance/deductible at this time.	X		X	X	X	X	X		X	
7133-04.3.2	Contractors shall pay claims for Counseling to Prevent Tobacco services containing G0436 or G0437 as follows: <ul style="list-style-type: none"> <li>Types of Bill (TOBs) 12X and 13X, based on Outpatient Prospective Payment System (OPPS) for hospitals subject to OPPS,</li> <li>TOBs 12X and 13X, non-OPPS hospitals, based on MPFS,</li> <li>TOB 13X, Indian Health Service (IHS) facilities, based on all-inclusive rate,</li> </ul>	X		X		X	X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> <li>• TOBs 22X, 23X, and 34X based on MPFS,</li> <li>• TOBs 71X and 77X based on all-inclusive rate,</li> <li>• TOB 85X based on reasonable cost, and</li> <li>• TOB 85X, IHS facilities, based on specific rate.</li> </ul>										
7133-04.3.3	Contractors shall pay for counseling to prevent tobacco use services for hospitals in Maryland under the jurisdiction of the Health Services Cost Review Commission (HSCRC) in accordance with the terms of the Maryland waiver.	X		X			X				
7133-04.3.4	Contractors shall pay HCPCS codes G0436 and G0437 with revenue codes 096X, 097X, or 098X when billed on TOB 85X Method II under MPFS.	X		X			X				
7133-04.3.5	Contractors shall accept counseling to prevent tobacco use services HCPCS codes G0436 and G0437 with revenue code 0942 on claims with TOBs 12X, 13X, 22X, 23X, 34X, and 85X.	X		X		X	X				
7133-04.3.6	Contractors shall accept revenue code 052X for counseling to prevent tobacco use services HCPCS codes G0436 and G0437 on TOBs 71X and 77X.	X		X			X				
7133-04.3.7	Contractors shall accept revenue code 0510 for counseling to prevent tobacco use services HCPCS codes G0436 and G0437 on IHS claims.	X		X			X				
7133-04.4	<p>Contractors shall deny claims for counseling to prevent tobacco use services G0436 and G0437 submitted without diagnosis code 305.1 or V15.82 using the following messages:</p> <p>CARC 167: This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</p> <p>RARC M64: Missing/incomplete/invalid other diagnosis</p> <p>MSN 15.4: The information provided does not support the need for this service or item.</p> <p>MSN Spanish Version: La información proporcionada no confirma la necesidad para este servicio o artículo.</p> <p>Contractors shall use Group Code PR assigning</p>	X		X	X	X	X	X			

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>financial liability to the beneficiary, if a claim is received with a signed ABN on file.</p> <p>Contractors shall use Group Code CO assigning financial liability to the provider, if a claim is received with no signed ABN on file.</p>										
7133-04.4.1	Contractors shall return to provider claims for counseling to prevent tobacco use HCPCS codes G0436 or G0437 billed in other than TOBs 12X, 13X, 22X, 23X, 34X, 71X, 77X, and 85X.	X		X		X	X				
7133-04.4.2	<p>CWF shall deny counseling to prevent tobacco use services (HCPCS G0436, G0437, 99406, 99407) that exceed a combined total of 8 sessions within a 12-month period.</p> <p><b>NOTE:</b> In calculating a 12-month period, 11 months must pass following the month in which the 1<sup>st</sup> Medicare covered cessation counseling session was performed.</p>								X	MBD NGD HETS	
7133-04.4.2.1	<p>Contractors shall deny counseling to prevent tobacco use services that exceed a combined total of 8 sessions within a 12-month period using the following messages:</p> <p>CARC 119: "Benefit maximum for this time period or occurrence has been reached."</p> <p>RARC N362: "The number of days or units of service exceeds our acceptable maximum."</p> <p>MSN 20.5: "These services cannot be paid because your benefits are exhausted at this time."</p> <p>Spanish Version: "Estos servicios no pueden ser pagados porque sus beneficios se han agotado."</p> <p>Contractors shall use Group Code PR assigning financial liability to the beneficiary, if a claim is received with a signed ABN on file.</p> <p>Contractors shall use Group Code CO assigning financial liability to the provider, if a claim is received with no signed ABN on file.</p>	X		X	X	X	X	X			

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7133-04.5	Contractors shall allow payment for a medically necessary evaluation and management (E/M) service on the same day as the counseling to prevent tobacco use service when it is clinically appropriate. Providers shall report an E/M service with modifier -25 to indicate that the E/M service is a separately identifiable service from a counseling to prevent tobacco use service.	X		X	X	X	X	X			OCE
7133-04.6	Contractors shall not research and adjust counseling to prevent tobacco use claims paid for more than 8 visits within a 12-month period processed prior to the implementation of this change request. However, contractors may adjust claims brought to their attention.	X		X	X	X					
7133-04.7	CWF shall display the number of sessions rendered for counseling to prevent tobacco use services on all CWF provider inquiry screens.	X		X		X	X			X	HIMR
7133-04.8	CWF shall display the number of sessions remaining for counseling to prevent tobacco use services on all CWF provider inquiry screens.									X	MBD NGD

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7133-04.9	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and	X		X	X	X					



Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	administering the Medicare program correctly.										

#### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For all other recommendations and supporting information, use this space: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** William Larson, Coverage, 410-786-4639, [William.larson@cms.hhs.gov](mailto:William.larson@cms.hhs.gov), Wanda Belle, Coverage, 410-786-7491, [wanda.belle@cms.hhs.gov](mailto:wanda.belle@cms.hhs.gov), Pat Brocato-Simons, coverage, 410-786-0261, [patricia.brocatosimons@cms.hhs.gov](mailto:patricia.brocatosimons@cms.hhs.gov), Tom Dorsey, Practitioner Claims Processing, 410-786-7434, [Thomas.dorsey@cms.hhs.gov](mailto:Thomas.dorsey@cms.hhs.gov), Bill Ruiz, Institutional Claims Processing, 410-786-2123, [William.Ruiz@cms.hhs.gov](mailto:William.Ruiz@cms.hhs.gov)

**Post-Implementation Contact(s):** Appropriate regional office

#### VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:** No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:** The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

# Medicare Claims Processing Manual

## Chapter 18 - Preventive and Screening Services

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## **150 – Counseling to Prevent Tobacco Use**

**(Rev.2058, Issued: 09-30-10, Effective: 08-25-10, Implementation: 01-03-11)**

*Effective for claims with dates of service on and after August 25, 2010, the Centers for Medicare & Medicaid Services (CMS) will cover counseling to prevent tobacco use services for outpatient and hospitalized Medicare beneficiaries:*

- 1. Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;*
- 2. Who are competent and alert at the time that counseling is provided; and,*
- 3. Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.*

*These individuals who do not have signs or symptoms of tobacco-related disease will be covered under Medicare Part B when the above conditions of coverage are met, subject to certain frequency and other limitations.*

*Conditions of Medicare Part A and Medicare Part B coverage for counseling to prevent tobacco use are located in the Medicare National Coverage Determinations (NCD) Manual, Publication 100-3, chapter 1, section 210.4.1.*

### **150.1 – Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Coding**

**(Rev. 2058, Issued: 09-30-10, Effective: 08-25-10, Implementation: 01-03-11)**

*The CMS has created two new G codes for billing for tobacco cessation counseling services to prevent tobacco use for those individuals who use tobacco but do not have signs or symptoms of tobacco-related disease. These are in addition to the two CPT codes 99406 and 99407 that currently are used for smoking and tobacco-use cessation counseling for symptomatic individuals.*

*The following HCPCS codes should be reported when billing for counseling to prevent tobacco use effective January 1, 2011:*

**G0436** - *Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes*

*Short descriptor: Tobacco-use counsel 3-10 min*

**G0437** - *Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes*

*Short descriptor: Tobacco-use counsel >10min*

**NOTE:** *The above G codes will not be active in contractors' systems until January 1, 2011. Therefore, contractors shall advise non-outpatient perspective payment system (OPPS) providers*

*to use unlisted code 99199 to bill for counseling to prevent tobacco use and tobacco-related disease services during the interim period of August 25, 2010, through December 31, 2010.*

*On January 3, 2011, contractor's systems will accept the new G codes for services performed on or after August 25, 2010.*

*Two new C codes have been created for facilities paid under OPPS when billing for counseling to prevent tobacco use and tobacco-related disease services during the interim period of August 25, 2010, through December 31, 2010:*

***C9801** – Smoking and tobacco cessation counseling visit for the asymptomatic patient, intermediate, greater than 3 minutes, up to 10 minutes*

*Short descriptor: Tobacco-use counsel 3-10 min*

***C9802** – Smoking and tobacco cessation counseling visit for the asymptomatic patient, intensive, greater than 10 minutes*

*Short descriptor: Tobacco-use counsel >10min*

*Claims for smoking and tobacco use cessation counseling services G0436 and G0437 shall be submitted with diagnosis code V15.82, history of tobacco use, or 305.1, non-dependent tobacco use disorder.*

*Contractors shall allow payment for a medically necessary E/M service on the same day as the smoking and tobacco-use cessation counseling service when it is clinically appropriate. Physicians and qualified non-physician practitioners shall use an appropriate HCPCS code to report an E/M service with modifier -25 to indicate that the E/M service is a separately identifiable service from G0436 or G0437.*

## **150.2 - Carrier Billing Requirements**

**(Rev. 2058, Issued: 09-30-10, Effective: 08-25-10, Implementation: 01-03-11)**

*Carriers shall pay for counseling to prevent tobacco use services billed with code G0436 or G0437 for dates of service on or after January 1, 2011. Carriers shall pay for counseling services billed with code 99199 for dates of service performed on or after August 25, 2010 through December 31, 2010. The type of service (TOS) for each of the new codes is 1.*

*Carriers pay for counseling services billed based on the Medicare Physician Fee Schedule (MPFS). Deductible and coinsurance apply for services performed on August 25, 2010, through December 31, 2010. For claims with dates of service on and after January 1, 2011, coinsurance and deductible do not apply on G0436 and G0437.*

*Physicians or qualified non-physician practitioners shall bill the carrier for counseling to prevent tobacco use services on Form CMS-1500 or an approved electronic format.*

**NOTE:** The above G codes will not be active in contractors' systems until January 1, 2011. Therefore, contractors shall advise providers to use unlisted code 99199 to bill for counseling to prevent tobacco use services during the interim period of August 25, 2010, through December 31, 2010.

**150.2.1 – Fiscal Intermediary (FI) Billing Requirements**  
**(Rev. 2058, Issued: 09-30-10, Effective: 08-25-10, Implementation: 01-03-11)**

The FIs shall pay for counseling to prevent tobacco use services with codes G0436 and G0437 for dates of service on or after January 1, 2011. FIs shall pay for counseling services billed with code 99199 for dates of service performed on or after August 25, 2010, through December 31, 2010. For facilities paid under OPPTS, FIs shall pay for counseling services billed with codes C9801 and C9802 for dates of service performed on or after August 25, 2010, through December 31, 2010.

Claims for counseling to prevent tobacco use services should be submitted on Form CMS-1450 or its electronic equivalent.

The applicable bill types are 12X, 13X, 22X, 23X, 34X, 71X, 77X, and 85X.

Payment for outpatient services is as follows:

<b>Type of Facility</b>	<b>Method of Payment</b>
Rural Health Centers (RHCs) TOB 71X/Federally Qualified Health Centers (FQHCs)TOB 77X	All-inclusive rate (AIR) for the encounter
Hospitals TOBs 12X and 13X	OPPS for hospitals subject to OPPTS MPFS for hospitals not subject to OPPTS
Indian Health Services (IHS) Hospitals TOB 13X	AIR for the encounter
Skilled Nursing Facilities (SNFs) TOBs 22X and 23X	Medicare Physician Fee Schedule (MPFS)
Home Health Agencies (HHAs) TOB 34X	MPFS
Critical Access Hospitals (CAHs) TOB 85X	Method I: Technical services are paid at 101% of reasonable cost. Method II: technical services are paid at 101% of reasonable cost, and Professional services are paid at 115% of the MPFS Data Base
IHS CAHs TOB 85X	Based on specific rate
Maryland Hospitals	Payment is based according to the Health Services Cost Review Commission (HSCRC). That is 94% of submitted charges subject to any unmet deductible, coinsurance, and non-covered charges policies.

*Deductible and coinsurance apply for services performed on August 25, 2010, through December 31, 2010. For claims with dates of service on and after January 1, 2011, coinsurance and deductible do not apply for G0436 and G0437.*

***150.3 - Medicare Summary Notices (MSNs), Remittance Advice Remark Codes (RARCs), Claims Adjustment Reason Codes (CARCs), and Group Codes (Rev. 2058, Issued: 09-30-10, Effective: 08-25-10, Implementation: 01-03-11)***

*When denying claims for counseling to prevent tobacco use services submitted without diagnosis codes 305.1 or V15.82, contractors shall use the following messages:*

*MSN 15.4: The information provided does not support the need for this service or item.*

*MSN Spanish Version: La información proporcionada no confirma la necesidad para este servicio o artículo*

*RARC M64 - Missing/incomplete/invalid other diagnosis*

*CARC 167 This (these) diagnosis(es) is (are) not covered, missing, or are invalid.*

*Contractors shall use Group Code CO, assigning financial liability to the provider, if a claim is received with no signed ABN on file.*

*When denying claims for counseling to prevent tobacco use services and smoking and tobacco-use cessation counseling services that exceed a combined total of 8 sessions within a 12-month period (G0436, G0437, 99406, 99407), contractors shall use the following messages:*

*MSN 20.5: “These services cannot be paid because your benefits are exhausted at this time.”*

*MSN Spanish Version: “Estos servicios no pueden ser pagados porque sus beneficios se han agotado.”*

*CARC 119: “Benefit maximum for this time period or occurrence has been reached.”*

*RARC N362: “The number of days or units of service exceeds our acceptable maximum.”*

*Contractors shall use Group Code PR, assigning financial liability to the beneficiary, if a claim is received with a signed ABN on file.*

*Contractors shall use Group Code CO, assigning financial liability to the provider, if a claim is received with no signed ABN on file.*

#### ***150.4 - Common Working File (CWF)***

***(Rev. 2058, Issued: 09-30-10, Effective: 08-25-10, Implementation: 01-03-11)***

*The Common Working File (CWF) shall edit for the frequency of service limitations of counseling to prevent tobacco use sessions and smoking and tobacco-use cessation counseling services (G0436, G0437, 99406, 99407) rendered to a beneficiary for a combined total of 8 sessions within a 12-month period. The beneficiary may receive another 8 sessions during a second or subsequent year after 11 full months have passed since the first Medicare covered counseling session was performed. To start the count for the second or subsequent 12-month period, begin with the month after the month in which the first Medicare covered counseling session was performed and count until 11 full months have elapsed.*

*By entering the beneficiary's health insurance claim number (HICN), providers have the capability to view the number of sessions a beneficiary has received for this service via inquiry through CWF.*