

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 4237</b>	<b>Date: February 8, 2019</b>
	<b>Change Request 11127</b>

**SUBJECT: Update to the Internet-Only-Manual (IOM) Publication (Pub.) 100-04, Chapter 32, Section 12.1**

**I. SUMMARY OF CHANGES:** This Change Request (CR) updates language in Pub. 100-04, chapter 32, section 12.1 by removing diagnosis codes F17.200 and F17.201 from the list of valid diagnosis codes for Counseling to Prevent Tobacco Use. In addition, this CR adds diagnosis codes F17.213, F17.218, F17.219, F17.223, F17.228, F17.229, F17.293, F17.298, and F17.299 to the list of valid diagnosis codes for Counseling to Prevent Tobacco Use.

**EFFECTIVE DATE: March 12, 2019**

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

**IMPLEMENTATION DATE: March 12, 2019**

*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-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	32/12/12.1/Counseling to Prevent Tobacco Use HCPCS and Diagnosis Coding

**III. FUNDING:**

**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**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 4237	Date: Feb 8, 2019.	Change Request: 11127
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## I. GENERAL INFORMATION

**A. Background:** It has been brought to CMS’ attention that section 12.1 of Pub. 100-04, chapter 32 incorrectly lists diagnosis codes F17200 and F17201 as valid codes for Counseling to Prevent Tobacco Use. Per Change Request (CR) 10184, International Classification of Diseases Tenth Edition (ICD-10) Coding Revisions to National Coverage Determinations (NCDs), codes F17.200 and F17.201 are no longer valid for Counseling to Prevent Tobacco Use. In addition, CR10184 adds diagnosis codes F17.213, F17.218, F17.219, F17.223, F17.228, F17.229, F17.293, F17.298, and F17.299 to the list of valid diagnosis codes for Counseling to Prevent Tobacco Use.

**B. Policy:** No change in policy. This CR updates the manual by removing diagnosis codes F17.200 and F17.201 from chapter 32 section 12.1, and adding diagnosis codes F17.213, F17.218, F17.219, F17.223, F17.228, F17.229, F17.293, F17.298, and F17.299 to the list of valid diagnosis codes for Counseling to Prevent Tobacco Use.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
A	B	H H H	F I S S	M C S		V M S	C M S	W F			
11127.1	Contractors shall note the revisions made to Pub 100-04, chapter 32, section 12.1.	X	X	X							

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Bill Ruiz, 410-786-9283 or [william.ruiz@cms.hhs.gov](mailto:william.ruiz@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: 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.

**ATTACHMENTS: 0**

**12.1 - Counseling to Prevent Tobacco Use HCPCS and Diagnosis Coding**  
**(Rev. 4237, Issued: 02-08- 19, Effective: 03-12- 19, Implementation: 03-12-19)**

The following HCPCS codes should be reported when billing for counseling to prevent tobacco use services:

**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

Note the above codes were effective for dates of service on or after January 1, 2008, and specifically effective for counseling to prevent tobacco use claims on or after October 1, 2016.

Contractors shall allow payment for a medically necessary E/M service on the same day as the counseling to prevent tobacco use service when it is clinically appropriate. Physicians and qualified non-physician practitioners shall use an appropriate HCPCS code, such as HCPCS 99201– 99215, to report an E/M service with modifier 25 to indicate that the E/M service is a separately identifiable service from 99406 or 99407.

Contractors shall only pay for 8 counseling to prevent tobacco use sessions in 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.

Claims for counseling to prevent tobacco use services shall be submitted with an appropriate diagnosis code. **NOTE:** 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.

Claims for counseling to prevent tobacco use services shall be submitted with an applicable diagnosis code:

**ICD-9-CM** (prior to October 1, 2015)

V15.82, personal history of tobacco use, or  
305.1, non-dependent tobacco use disorder  
989.84, toxic effect of tobacco

**ICD-10-CM** (effective October 1, 2015)

F17.210, nicotine dependence, cigarettes, uncomplicated,  
F17.211, nicotine dependence, cigarettes, in remission,

*F17.213 Nicotine dependence, cigarettes, with withdrawal*

*F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders*

*F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders*

F17.220, nicotine dependence, chewing tobacco, uncomplicated,

F17.221, nicotine dependence, chewing tobacco, in remission,

*F17.223 Nicotine dependence, chewing tobacco, with withdrawal*

*F17.228 Nicotine dependence, chewing tobacco, with other nicotine-induced disorders*

*F17.229 Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders*

F17.290, nicotine dependence, other tobacco product, uncomplicated,

F17.291, nicotine dependence, other tobacco product, in remission, or

*F17.293 Nicotine dependence, other tobacco product, with withdrawal*

*F17.298 Nicotine dependence, other tobacco product, with other nicotine-induced disorders*

*F17.299 Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders*

Z87.891, personal history of nicotine dependence, unspecified, uncomplicated.  
T65.211A, Toxic effect of chewing tobacco, accidental (unintentional), initial encounter  
T65.212A, Toxic effect of chewing tobacco, intentional self-harm, initial encounter  
T65.213A, Toxic effect of chewing tobacco, assault, initial encounter  
T65.214A, Toxic effect of chewing tobacco, undetermined, initial encounter  
T65.221A, Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter  
T65.222A, Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter  
T65.223A, Toxic effect of tobacco cigarettes, assault, initial encounter  
T65.224A, Toxic effect of tobacco cigarettes, undetermined, initial encounter  
T65.291A, Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter  
T65.292A, Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter  
T65.293A, Toxic effect of other tobacco and nicotine, assault, initial encounter  
T65.294A, Toxic effect of other tobacco and nicotine, undetermined, initial encounter