

# Medicare and Smoking Cessation

## Centers for Medicare & Medicaid Services (CMS)

Source: <http://www.cms.hhs.gov/SmokingCessation/>

### Overview:

Smoking is the most preventable cause of disease and death in the U.S. People who continue to smoke after the age of 65 have a higher overall risk of disease and death than those who quit. Smoking contributes to and can exacerbate heart disease, cancer, stroke, lung disease, hypertension, diabetes, osteoporosis, macular degeneration, and cataracts. It can also interfere with the effectiveness of medications that many older adults take, including insulin.

In March 2005, CMS determined that there was sufficient evidence to support Medicare coverage for smoking and tobacco use cessation counseling for beneficiaries who have smoking-related illnesses, or who are taking medications that are affected by tobacco use.

Medicare's prescription drug benefit also began covering smoking cessation treatments prescribed by a physician beginning in January 2006.

This section provides information regarding Medicare's smoking and tobacco use cessation counseling benefit and information about the national portal access to state tobacco quitlines, including the online link to South Carolina Tobacco Quitline provider tools and resources.

### General Facts:

An estimated 9.3% of people ages 65 and older smoke cigarettes.

Approximately 440,000 people die annually from smoking related diseases, and 300,000 of those deaths occur in people ages 65 and older. One study estimated that Medicare spends about 10% of its total annual budget on treating smoking-related illnesses--approximately \$24 billion in 2001.

There are significant benefits to quitting smoking, even after 30 or more years of smoking. Lung function and circulation begin to improve soon after quitting. Smokers who quit have cardiovascular mortality rates similar to those of non-smokers, and this benefit is unrelated to age or the time elapsed since quitting. In one study, older smokers who already had coronary artery disease improved their survival and risk of heart attack by quitting. Older adults who smoke have been shown to be more successful at quitting than younger smokers.

Healthcare providers are one of the most important allies a smoker can have, particularly when it comes to understanding the many health risks of smoking and learning about the quitting process. When providers help their patients quit, reimbursement is available through Medicare.

### What Medicare Covers:

Medicare covers 2 types of counseling:

- ❑ Intermediate cessation counseling is 3 to 10 minutes per session; and
- ❑ Intensive cessation counseling is greater than 10 minutes per session.

## Coding & Billing (updated as of January 1, 2008):

The codes for Smoking Cessation Counseling are for face-to-face counseling by a physician or other qualified health care professional, using “standardized, evidence-based screening instruments and tools with reliable documentation and appropriate sensitivity.”

### MEDICARE SERVICE TITLE – *Smoking and Tobacco-Use Cessation Counseling*

- ❑ **CPT Code 99406** – smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
- ❑ **CPT Code 99407** – smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes.
- ❑ **ICD-9-CM Code 305.1** – Tobacco Use Disorder (Tobacco Dependence) – *but also contact your local Medicare Contractor for additional guidance.*

## Eligibility Requirements:

Diagnosis codes must reflect patient’s disease or adverse health effect linked to tobacco use or patient’s prescribed therapeutic agent for which its metabolism or dosage is affected by tobacco use. For example, to be eligible to receive this benefit, a beneficiary must have a primary medical condition (elevated blood pressure, diabetes, COPD, etc.) that is adversely affected by smoking or tobacco use, or that the metabolism or dosing of a medication that is being used to treat a condition the beneficiary has is being adversely affected by his or her smoking or tobacco use. The beneficiary pays copayment/coinsurance with deductible. *Refer to Medicare guidelines for smoking and tobacco-use cessation counseling for further guidance.*

**Medication** – Medicare Part D will also cover FDA-approved smoking cessation pharmaceutical treatments prescribed by a physician. However, over-the-counter treatments, such as nicotine patches or gum, will not be covered.

## Frequency:

Medicare will cover 2 cessation (quit) attempts per year per patient. Each quit attempt may include a maximum of 4 intermediate or intensive counseling sessions, with the total annual benefit covering up to 8 sessions in a 12-month period. The healthcare provider and patient have the flexibility to choose between intermediate and intensive counseling.

## Provider Resource – *South Carolina Tobacco Quitline:*

In addition to Medicare’s smoking cessation-counseling benefit, the Department of Health and Human Services launched a national telephone counseling quitline initiative to link all smokers in the U.S. with their state’s tobacco quitline.

The toll free number – **1-800-QUIT-NOW** (1-800-784-8669, TTY 1-800-332-8615) – is a single “telephonic portal access” to the National Network of Tobacco Cessation Quitlines. Callers are routed to a state-run quitline for counseling assistance.

**Fax Referral** – Providers are encouraged to use a fax referral method to refer their patients to their state quitline. Access the South Carolina Healthcare Provider Fax Referral Form and other provider tools and resources online at <http://www.scdhec.gov/quitforkeeps>

## For More Information:

Consult the CMS Web site at: <http://www.cms.hhs.gov/SmokingCessation/>