SMOKING AND TOBACCO-USE CESSATION COUNSELING
(NCD 210.4)

Guideline Number: MPG288.03  Approval Date: June 14, 2017

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INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
Tobacco use continues to be the leading cause of preventable death in the United States. 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.

Guidelines
Nationally Covered Indications
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 U.S. Public Health Service (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.

**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.

**APPLICABLE CODES**

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>99406</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes [See the Medicare Advantage Policy Guideline titled Counseling to Prevent Tobacco Use (NCD 210.4.1)]</td>
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<tr>
<td>99407</td>
<td>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes [See the Medicare Advantage Policy Guideline titled Counseling to Prevent Tobacco Use (NCD 210.4.1)]</td>
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**REFERENCES**

**CMS National Coverage Determinations (NCDs)**

NCD 210.4 Smoking and Tobacco-Use Cessation Counseling
Reference NCD: NCD 210.4.1 Counseling to Prevent Tobacco Use

**CMS Claims Processing Manual**

Chapter 12; § 190.3 List Of Medicare Telehealth Services
Chapter 18; § 150 Counseling to Prevent Tobacco Use
Chapter 32; § 12 Smoking and Tobacco-Use Cessation Counseling Services

**MLN Matters**

Article MM7133, Counseling to Prevent Tobacco Use
Article MM9428, Telehealth Services
Article MM9768, October 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)

**UnitedHealthcare Commercial Policies**

Preventive Care Services
Preventive Care Services Coding Guideline Summary

**Others**

List of Telehealth Services, CMS Website
Medicare Preventive Services Quick Reference
USPSTF: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions

**GUIDELINE HISTORY/REVISION INFORMATION**

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<th>Date</th>
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<tbody>
<tr>
<td>06/14/2017</td>
<td>● Annual review</td>
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