



## Q Tobacco Cessation

### Q.1 Tobacco Cessation Counseling Service for Pregnant Women

Beginning January 1, 2014, the Alabama Medicaid Agency will cover a new smoking cessation benefit for Medicaid-eligible pregnant women for the following provider types: **Outpatient hospitals, physicians, nurse practitioners, nurse midwives, county health departments, federally qualified health care centers (FQHCs), rural health clinics (RHCs), opticians, optometrists, pharmacies, mental health centers.**

The provider shall make available for review and audit by authorized representatives of the Alabama Medicaid Agency, at all reasonable times, the medical records pertaining to the services rendered to program recipients.

#### **NOTE:**

Medical record documentation must support each individual, face-to-face counseling session. Documentation must show, for each Medicaid beneficiary for whom a smoking and tobacco-use cessation counseling or counseling to prevent tobacco use claim is made, standard information, along with sufficient beneficiary history to adequately demonstrate that Medicaid coverage conditions were met.

## **Q.2 Benefits and Limitations**

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

### **Q.2.1 Benefits**

Medicaid will reimburse up to four face- to-face counseling sessions in a 12-month period.

### **Q.2.2 Limitations**

The reimbursement period will begin in the prenatal period and continue through the postpartum period (60 days after delivery or pregnancy end).

Eligibility should be verified **prior to rendering** services to **ANY** Medicaid recipient.

Counseling in the tobacco cessation setting is interactive and includes education. To enhance the effectiveness and efficiency of Medicaid processing, your counseling/education topics must be based on patient need and on protocol requirements outlined in the Public Health Services Guidelines: [http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/treating\\_tobacco\\_use08.pdf](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/treating_tobacco_use08.pdf)

## **Q.3 Cost Sharing (Copay)**

Copayment does not apply to services provided to pregnant women.

## **Q.4 Completing the Claims Form**

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

**NOTE:**

When filing a claim on paper, a CMS-1500 claim form is required.  
**Pharmacies must bill for these specific services through their DME NPI.**

**Q.4.1 Time Limit for Filing Claims**

Medicaid requires all claims from providers to be filed within one year of the date of service. Refer to Section 5.1.4, Filing Limits, for more information regarding timely filing limits and exceptions.

**Q.4.2 Diagnosis Codes**

Providers are to bill all claims to HPE utilizing the appropriate CPT code. A pregnancy diagnosis code, primary or secondary, must be used when billing maternity care services.

The International Classification of Diseases - 10<sup>th</sup> Revision - Clinical Modification (ICD-10-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, AMA Plaza 330 North Wabash Ave, Suite 39300 Chicago, IL 60611-5885, or 1-800-621-8335.

The following diagnosis codes must be billed on the claim (UB-04 or CMS-1500 claim form) in order to be reimbursed by Medicaid:

Diagnosis Codes	Diagnosis Codes Description	ICD Version
V220-V222	Normal pregnancy	ICD-9
V230-V233	Supervision of high-risk pregnancy	ICD-9
V2341-V237	Pregnancy with other poor obstetric history	ICD-9
O09.0-O09.93	Supervision of High-risk pregnancy	ICD-10

**OR**

Diagnosis Codes	Diagnosis Codes Description	ICD Version
V242	Routine postpartum follow-up	ICD-9
Z39.2	Encounter for routine postpartum follow-up	ICD-10

**AND**

Diagnosis Codes	Diagnosis Codes Description	ICD Version
3051	Tobacco use disorder	ICD-9
F17.200	Nicotine Dependence, unspecified	ICD-10

**NOTE:**

ICD-9 codes should be used for claims submitted with dates of service prior to or equal to 09/30/2015.

ICD-10 codes should be used for claims submitted with dates of service on/after 10/01/2015.

**NOTE:**

ICD-9 or ICD-10 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

**Q.4.3 Place of Service Codes**

The following place of service codes applies when filing claims for face to face tobacco cessation counseling sessions:

Place of Service Code	Description
01	Pharmacy
11	Office
12	Home
22	Outpatient Hospital
23	Emergency Room (Hospital)
24	Ambulatory Surgical Centers
25	Birth Center
51	Inpatient Psychiatric Facility
53	Community Rehabilitative Services Center
54	Intermediate Care/ Facility./Mentally Retarded
55	Residential Substance Abuse Treatment Center
56	Psychiatric Residential Treatment Center
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic

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#### Q.4.4 Procedure Codes and Modifiers

Medicaid uses the Healthcare Common Procedure Coding System (HCPCS). HCPCS is composed of the following:

- American Medical Association's Current Procedural Terminology (CPT)
- Nationally assigned codes developed by Medicare

The (837) Professional and Institutional electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

Claims for **face to face tobacco cessation counseling sessions** are limited to the following **two** procedure codes and modifiers. The following procedure codes are covered services when provided by any health care professional who is legally authorized to furnish such services under State law within their scope of practice and who is authorized to provide Medicaid covered services other than tobacco cessation services, and by or under the supervision of a physician.

Code	Modifier	Description
99406		Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes
99407		Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

#### NOTE:

Additional information regarding this mandate can be accessed at <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD11-007.pdf>

#### Q.4.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims With Third Party Denials

#### NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

Refer to Section 5.7, Required Attachments, for more information on attachments

## Q.5 Pharmacy Program

### Pharmacy Coverage of Smoking Cessation Products for Plan First Recipients

Effective for dates of service October 1, 2012, selected smoking cessation products are covered for Medicaid recipients on the Plan First program. Prior authorization will not be required for Plan First recipients.

### Pharmacy Coverage of Smoking Cessation Products for Medicaid Eligible Recipients

Effective January 1, 2014, smoking cessation products will be covered for Medicaid eligible recipients. Prior authorization through the Pharmacy Administrative Services contractor will be required (outside of the Plan First Program). In order for requests to be approved, prescribers must include a copy of the Department of Public Health's Alabama Tobacco Quitline Patient Referral/Consent Form signed by the recipient with the prior authorization request. Approval will be granted for up to three months at a time (unless duration of therapy differs). Only one course of therapy will be approved per calendar year.

## Q.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Section 5.2
Medical Medicaid/Medicare-related Claim Filing Instructions	Section 5.6.1 Appendix B
Electronic Media Claims (EMC) Submission Guidelines	
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N