



**News Flash - It's Not Too Late to Give and Get the Flu Shot!** In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters® article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

MLN Matters® Number: MM5878 **Revised**

Related Change Request (CR) #: 5878

Related CR Release Date: February 1, 2008

Effective Date: January 1, 2008

Related CR Transmittal #: R1433CP

Implementation Date: July 7, 2008

## Smoking and Tobacco Use Cessation Counseling Billing Code Update to Medicare

**Note:** This article was also revised on November 23, 2010, to add a link to MM7133 (<http://www.cms.gov/MLNMattersArticles/downloads/MM7133.pdf>), which provides additional settings where Counseling to Prevent Tobacco Use is payable. All other information is unchanged.

### Provider Types Affected

Physicians and providers who bill Medicare contractors (fiscal intermediaries (FI), carriers, or Medicare Administrative contractors (A/BMAC)) for smoking and tobacco use cessation counseling

### Provider Action Needed



#### STOP – Impact to You

Effective for services on or after January 1, 2008, you must bill for smoking and tobacco use cessation counseling services with new CPT codes (99406 or 99407). If you bill using the former HCPCS codes (G0375 and G0376) for services provided after December 31, 2007, your claims will not be paid.

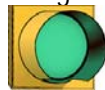
#### Disclaimer

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**CAUTION – What You Need to Know**

CR 5878, from which this article is taken, announces that the 2008 Medicare Physician Fee Database (MPFSDB) includes two new CPT codes for smoking and tobacco use cessation counseling services; replacing the temporary HCPCS G codes (G0375 and G0376) currently in use for billing these services. These new codes (effective on and after January 1, 2008) are:

- **99406** - Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes; and
- **99407** - Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes.

**GO – What You Need to Do**

Make sure that your billing staffs are aware of these newly required CPT codes for smoking and tobacco use cessation counseling services.

You should also review CR6163

<http://www.cms.hhs.gov/Transmittals/downloads/R1593CP.pdf>), which removes the outpatient physical therapy provider (OPT) bill type 74X and comprehensive outpatient rehabilitation facility (CORF) bill type 75X from the list of applicable bill types for smoking and tobacco cessation counseling (effective July 1, 2008). The related MLN Matters® article may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6163.pdf> on the CMS website.

## Background

CR 5878, from which this article is taken announces that the temporary HCPCS G codes G0375 and G0376, which are currently used to bill for Smoking and Tobacco Use Cessation Counseling services, are effective only through December 31, 2007.

They are being replaced by two new CPT codes (**99406** - Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes; and **99407** - Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes). These new CPT codes, which are included in the 2008 Medicare Physician Fee Database (MPFSDB), become effective for claims with dates of service January 1, 2008 and later.

FIs, carriers, and A/B MACs will pay for counseling services billed with HCPCS codes G0375 and G0376 for dates of service performed on and after March 22, 2005 through Dec. 31, 2007 and with CPT codes 99406 and 99407 for dates of service on or after January 1, 2008.

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## Additional Information

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You can find CR 5878 at

<http://www.cms.hhs.gov/Transmittals/downloads/R1433CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. You will find the updated *Medicare Claims Processing Manual*, Chapter 32 (Billing Requirements for Special Services), Sections 12.1(HCPCS and Diagnosis Coding), 12.2 (Carrier Billing Requirements), and 12.3 (FI Billing Requirements) as an attachment to that CR.

If you have any questions, please contact your FI, carrier, or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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