

New York State Tobacco Counseling Information and Billing Codes

Health Insurance	New York State (NYS) Medicaid Fee-for-Service (FFS) and Managed Care (HMO)	Medicare or Medicare Advantage	TRICARE	Private
ICD-10 Diagnostic Code	F17.200 (nicotine dependence, unspecified, uncomplicated)	F17.200 (nicotine dependence, unspecified, uncomplicated) or Z87.891 (personal history of nicotine dependence)	F17.200 (nicotine dependence, unspecified, uncomplicated)	F17.200 (nicotine dependence, unspecified, uncomplicated)
ICD-9 Diagnostic Code (Only for services rendered prior to October 1, 2015)	305.1 (tobacco use disorder)	305.1 (tobacco use disorder) or V15.82 (history of tobacco use)	305.1 (tobacco use disorder)	305.1 (tobacco use disorder)
Maximum Number of Billable Quit Attempts and Counseling Sessions	No maximum. All medically necessary cessation counseling sessions are covered.	<ul style="list-style-type: none"> Two quit attempts per year Four face-to-face counseling sessions per quit attempt 	<ul style="list-style-type: none"> Two quit attempts per year 18 face-to-face sessions per quit attempt (up to four can be individual sessions) 	Benefits vary. Check with individual plan for codes and additional details.
Minimal Counseling (Less Than Three Minutes) CPT, CDT or G Code	Counseling may be conducted and documented with the use of evaluation and management (E/M) codes: <ul style="list-style-type: none"> 99201-99205 (new patients) 99211-99215 (established patients) Increased level of service may be applied.		Payer guidelines apply.	Payer guidelines apply.
Intermediate Counseling (Three to 10 Minutes) CPT, CDT or G Code (Estimated reimbursement range)	Individual session: 99406 (\$14 to \$18) Individual session (dentists only): D1320 (\$14 to \$18)*	Individual session (asymptomatic): G0436 (\$16.33) Individual session (symptomatic): 99406 [†] (\$15.37 to \$17.95)	Individual session: <ul style="list-style-type: none"> 99406 96152 96153 Payer guidelines apply.	Individual session: 99406 (\$12 to \$29)
Intensive Counseling (11 or More Minutes) CPT, CDT or G Code (Estimated reimbursement range)	Individual or group session (use the HQ modifier to indicate the group session): 99407 (\$22 to \$25) Individual session (dentists only): D1320 (\$22 to \$25)*	Individual session (asymptomatic): G0437 (\$29.78) Individual session (symptomatic): 99407 [†] (\$29.96)	Group session: 99407 Payer guidelines apply.	Individual session: 99407 (\$15 to \$32)
Billable Health Care Providers	Article 28,[‡] diagnostic and treatment centers, and federally qualified health centers (that bill ambulatory patient groups [APGs]): MD, DO, PA, NP, LMW/CNM, DMD, DDS, dental hygienists, CP, LCSW, LMSW, RN and LPN providers NYS Office of Addiction Services and Supports (OASAS): Same providers as above, plus RNs or other clinical staff with appropriate training [§] Article 31 (NYS Office of Mental Health [OMH])[¶]	Physician or other Medicare-qualified health care professionals	Physician or other TRICARE-qualified health care professionals (with prior approval) [#]	Physician or other qualified health care professionals
Clinical Setting	Outpatient	Outpatient, emergency department, inpatient, skilled nursing facility, home health agency or Indian Health Service	Outpatient	Payer guidelines apply.

Billing Reminders

- ✓ If different E/M services are conducted by the same health care provider on the same day, such as treatment in addition to counseling, the appropriate modifier (for example, Modifier 25) must be added to the code for payment.
- ✓ Counseling conducted and documented with use of Level 1 E/M code 99211 can be done by an approved health care professional (such as an MD, a DO, a PA, an NP or an LMW/CNM) and does not require the practitioner.
- ✓ For some capitation plans, payment may be included with the capitation payment.

Billing Considerations

*Dental professionals: See the May 2014 Medicaid Update for required documentation.

†Medicare and Medicaid allow other E/M services on the same day. Medicare requires that any other services be reported with Modifier 25 to indicate they are separately identifiable from the tobacco use service.

‡In Article 28 facilities, tobacco counseling should only take place during a dental visit as an adjunct when providing a dental service and not be billed as a stand-alone service.

§See Page 28 of the NYS OASAS APGs Clinical and Medical Billing Guidance for details.

¶If tobacco counseling is part of a psychotherapy session (group or individual), time spent can be counted toward the psychotherapy session, which may be reimbursed at a higher rate. If not part of a psychotherapy session, tobacco counseling is billable using the same codes and approved providers as Article 28 clinics.

#TRICARE beneficiaries can also access the U.S. Department of Defense's tobacco education resource YouCanQuit2 at ycq2.org.

Sources

Medicaid: NYS Department of Health April 2021 Medicaid Update (bit.ly/nys-medicaid-update-2021), NYS OMH 2023 Mental Health Outpatient Treatment and Rehabilitative Service Guidance (bit.ly/nys-omh-outpatient-treatment) and NYS OASAS APGs Clinical and Medicaid Billing Guidance (bit.ly/apg-billing-guidance)

Medicare: Counseling To Prevent Tobacco Use (bit.ly/ncd-tobacco-counseling)

TRICARE: Smoking cessation resources (ycq2.org)

Services available for uninsured patients:

New York City tobacco treatment programs provide supportive counseling and medication at low or no cost. Visit nyc.gov/nycquits for more information.

The NYS Smokers' Quitline provides no-cost, individualized coaching and a free starter kit of medications: Visit nysmokefree.com or call 866-NY-QUITS (866-697-8487). Patients whose preferred language is Chinese (800-838-8917), Korean (800-556-5564) or Vietnamese (800-778-8440) can call the Asian Smokers' Quitline or visit asiansmokersquitline.org.

For more information, visit nyc.gov/health and search for **tobacco treatment**.