

# Payment For Treatment of Smoking Cessation During Outpatient Psychiatric Visits



## PURPOSE

As a way to treat whole person health, psychiatrists should incorporate evidence-based tobacco cessation treatment in outpatient psychiatric care. While overall smoking in the United States has decreased, the proportion of smokers with psychiatric diagnoses has increased. Seventy-five percent of individuals with either addictions or mental illness smoke cigarettes, compared with 22 percent of the general population. Nearly half of all cigarettes consumed in the United States are by individuals with a psychiatric disorder. Smoking is the single most preventable cause of premature death and disability in our country. In the U.S., 440,000 people die each year from tobacco-related causes. More than 8.6 million people are disabled from smoking-related diseases, such as chronic obstructive pulmonary disease and lung cancer.<sup>1</sup> As psychiatrists committed to supporting health, wellness, and recovery, and entrusted with the care and treatment of patients in our care, we must provide evidence-based treatment for tobacco cessation for current tobacco users in our practice. Smoking cessation counseling and treatment can easily be incorporated into regular outpatient psychiatric care. It involves risk identification, counseling and education to prevent tobacco usage, and counseling and medication support to current users.<sup>2, 3</sup>

Here is a guide for billing options using add-on codes and additional CPT codes for varying amounts of time and methods used in providing treatment for smoking cessation.

Use of E/M codes by psychiatrists brought needed relief in the ability to code based on the complexity of the work and in the ability to “add on” necessary and targeted services, such as psychotherapy. Recent changes to the outpatient E/M codes allow for even greater flexibility in grading and billing for necessary clinical inputs. Psychiatrists have been so accustomed to deeply discounted payments that it may be a surprise that validated work for clinical complexities, care coordination, therapy, a la carte treatments, and other inputs will be reimbursed. The following help should create a high-level picture of billing possibilities in smoking cessation.

## BILLING CODES

In most cases, smoking cessation counseling will be done in conjunction with an E/M service. Please note that (for example) the independent interpretation of outside reports, collaborative conversations with outside physicians/clinicians, and patient-physician dialogue regarding outside reports is common in Psychiatry. While most psychiatric encounters will be based on the diagnosis and risk, factoring in additional

<sup>1</sup> Smoking Policy and Treatment in State Operated Psychiatric Facilities (2006). NASMHPD Medical Directors Council. Retrieved from: <https://www.nasmhpd.org/sites/default/files/Oct2006%20Final%20Report%20on%20Smoking%20Policy%20and%20Treatment%20atState%20Operated%20Psychiatric%20Facilities.pdf>

<sup>2</sup> The American Psychiatric Association practice guidelines for the psychiatric evaluation of adults / APA Work Group on Psychiatric Evaluation, Joel J. Silverman, chair, [and eleven others]. — Third edition

<sup>3</sup> American Lung Association. A Toolkit to Address Tobacco Use in Behavioral Health Settings. Retrieved from: <https://www.lung.org/getmedia/cbdc7578-cd24-4ab0-9ef3-bcc4ae2e981c/a-toolkit-to-address-tobacco-behavioral-health.pdf.pdf>

data/information in the code choice may be appropriate. (For more information on E/M code selection see the [Quick Reference Guide](#)). Our management of medically complex patients in which we assess the potential risks of our prescribed medications, in the context of the whole person supports significant clinical decision-making. This is especially true in those patients who are either at risk for, or using tobacco, most commonly with smoking. The sequelae of smoking are numerous and contribute to significantly increased incidence of disease as well as increasing the severity of pre-existing disease. High-level description of E/M visit codes:

- **99213:** Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.
- **99214:** Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
- **99215:** Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision

The E/M codes above often include the prescribing of medication assisted support such as nicotine replacement, bupropion, and varenicline which are all FDA approved for smoking cessation.

Psychotherapy “add-on” codes can and should be used when delivering interventions that meet the requirements below. Cognitive-Behavioral interventions that include work on methods to address the maladaptive behavior of smoking (amongst others) can be reimbursed via this “add-on.” These codes may be appropriate and the best route for the cognitive interventions required for recovery. An abbreviated definition for a specific therapy coding type, 90833, is next.

- **90833 Psychotherapy:** 30 minutes with patients when performed with an evaluation and management service (List separately in addition to the code for primary procedure). In practice, an acceptable range of service delivery for this code is 16-37 minutes. Psychotherapy is considered in this definition to be the treatment of mental illness and behavioral disturbances in which the physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

Specific smoking cessation (Behavior Change) codes can be used if the standard coding methods above don't appear to be the best path. Smoking cessation codes have session limits on paid services. In Medicare, for example, two “Quit Attempts” per year with up to four individual smoking cessation sessions per Quit Attempt are allowed. Although there are session limits, the only “penalty” for billing over the allowable session limit is non-payment of services. Specific codes follow.

## BEHAVIOR CHANGE INTERVENTIONS, INDIVIDUAL

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

*For greater definition and clarity, please refer to the American Medical Association. CPT 2021 Professional Edition (CPT / Current Procedural Terminology (Professional Edition)) (p. 151). American Medical Association. Kindle Edition.*

## Payments: 2021 Medicare Rates

Code	Descriptor	RVU	Medicare**
99213	Outpatient E/M—low level	2.65	\$92.47
99214	Outpatient E/M—moderate level	3.76	\$131.20
99215	Outpatient E/M—high level	5.25	\$183.19
+90833	Psychotherapy, 30 min (16-37min)	2.04	\$71.18
99406	Behav change smoking 3-10min	0.45	\$15.70
99407	Behav change smoking >10min	0.83	\$28.96

Using add-on codes (+) and additional codes will combine the two payments.

Modifier 25 should be used on the claim when billing an E/M service along with the 99406 or 99407. This indicates that you are providing a significant, separately identifiable E/M service on the same day as another procedure or service.

E/M codes used with add-on codes (i.e., psychotherapy), must be billed by complexity, not time, since the add-on codes are based on time.

When reporting time, the APA recommends reporting total time however others (payers, compliance departments) may ask you to document start and stop times.

Another option is billing the entire service with an E/M code on the basis of time spent providing clinical care which also captures time after the face-to-face session. This would not allow the use of any add-on codes.

**Approved Smoking Cessation Medications:** Nicotine replacement therapy, bupropion, varenicline

### Psychotherapy and Counseling Techniques:

5 A's: ASKING individuals about tobacco use, ADVISING users to quit, ASSESSING their readiness to make a quit attempt, ASSISTING with that attempt, and ARRANGING follow-up care

Use motivational interviewing according to each stage of change, and set a quit date if patients are in the action phase. Provide support for patients undergoing this change.

For education on the treatment of smoking cessation: [APA Smoking Cessation Toolbox](#)

### Clinical testing to assess for tobacco use

Tobacco use may be assessed either by use of CO-oximetry (carbon monoxide breathalyzer) or by measurement of urine cotinine. Levels are proportional to tobacco use and can be used to provide patient feedback or to validate patient reports of successful reduction or cessation of smoking. Urine cotinine test is broadly available from all major national labs. CO-oximeters cost approximately \$700 and are easy to use in the office. Ordering and considering lab tests increases the complexity of medical-decision making in a patient encounter potentially resulting in the encounter coding at a higher E/M level.

## CASE EXAMPLES OF PATIENT CARE AND BILLING USING ADD-ON CODES:

The scenarios are follow-up visits for psychiatric outpatient visits in a traditional fee-for-service model. We will go through several common scenarios where you could use these codes and provide documentation examples.

### Example 1: 99213 + 99406

54 yo F with a history of depression, currently in remission, who presents to the clinic for a follow-up visit. Her mood is well managed, and she has no major concerns for today's visit so she agrees to continue her fluoxetine 40mg daily. She smokes 0.5 PPD. You spend 5 minutes asking her about her reasons to quit smoking and provide education about the harmful effects of tobacco. She states she may consider quitting but is not interested in any smoking cessation products today.

**Billing documentation:** Motivational interviewing for smoking cessation. The patient is contemplative about change. Smoking cessation counseling total time 5 min.

**Billing:** 99213 + 99406 Level 3 office visit and smoking cessation counseling code 3-10 minutes and modifier 25.

### Example 2: 99213 + 90833

15 yo M with ADHD who presents for routine follow-up. He is doing well on methylphenidate and denies any problems with focus and concentration at school. When you screen for substance use, he shares that he has started vaping with friends after school. You spend the next 20 minutes helping him to identify discrepancies between his goals in school and sports and his current behavior of vaping. There is no change to his prescriptions at this visit.

**Billing documentation:** Motivational interviewing and supportive psychotherapy techniques were utilized to address smoking cessation. The patient is in the contemplative stage of change and able to identify reasons for change. Psychotherapy total time 20 min.

**Billing:** 99213 + 90833 Level 3 office visit and psychotherapy >16 min and <37 min.

### Example 3: 99214 + 99407

54 yo M with schizophrenia and nicotine use disorder is seen for a follow-up visit. He continues to have ongoing auditory hallucinations but hallucinations have gradually become less bothersome as clozapine was started a month ago. You review his most recent CBC results and screen for side effects, which he denies. He is agreeable to your recommendation of increasing the dose further to control his symptoms. He continues to smoke 2 ppd. You spend 12 minutes reviewing the health risks of smoking and explain that smoking will affect his clozapine level. He is interested in cutting down and starting a nicotine patch, which you prescribe.

**Billing documentation:** Motivational interviewing for smoking cessation. The patient is taking action to change, and a nicotine patch will be prescribed. Smoking cessation counseling total time 12 min.

**Billing:** 99214 + 99407 Level 4 office visit and smoking cessation counseling code >10 minutes and modifier 25.

#### Example 4: 99214 + 90833

27 yo F with PTSD presents for a follow-up appointment for medication management. She is in her first trimester and has been continued on sertraline during pregnancy. Her mood is well-controlled, but she is having difficulty sleeping, despite good sleep hygiene. You discuss the risks and benefits of doxylamine, and she is agreeable to trying, however, she is concerned about the effects these medications may have on her baby. After discussing the safety profile for both medications in pregnancy, you screen for substance use and learn that she is smoking 1 ppd. You spend the next 18 minutes assessing her reasons for smoking and educate her that smoking during pregnancy increases the risk of several health problems for developing babies, including preterm birth, low birth weight, birth defects of the mouth and lip, and the risk of sudden infant death syndrome. You provide her with emotional support for quitting, help her develop a quit plan, and answer her questions.

**Billing documentation:** Motivational interviewing and supportive psychotherapy techniques were utilized to address smoking cessation. The patient is preparing for change. Psychotherapy total time 18 min.

**Billing:** 99214 + 90833 Level 4 office visit and psychotherapy >16 min and <37 min.

#### Example 5: 99214 + 90833 + 99406

*3 codes can be used but each service must be distinguished in documentation*

34 yo M with major depressive disorder and nicotine use disorder who presents for follow up. He describes worsening depressive symptoms due to stressors at work. He is having difficulty with concentration, sleep initiation, and describes anhedonia. He states he lays in bed each night worried about the next day at work. You discuss a plan to increase his fluoxetine to 80mg/day as well as add hydroxyzine 25mg qHS PRN insomnia. He has also started smoking more to cope with this stress. CO oximetry done in the office: CoHb level of 5%. You spend the next 20 minutes using cognitive behavioral therapy to discuss behavior change in his stressful work environment and relaxation techniques he can utilize. He feels capable of putting these techniques to use. Lastly, he feels he is able to cut down on his smoking. He is agreeable to trying nicotine gum to decrease tobacco use so you provide him information for the smoking quit line and free smoking cessation products.

**Billing documentation:** Cognitive behavioral therapy techniques were used to address his negative thought structure surrounding stressors at work. Psychotherapy total time 18 min. Smoking cessation counseling conducted following the CBT session. Patient is preparing for change. Smoking cessation counseling total time 5 min.

**Billing:** 99214 + 90833 + 99406 Level 4 office visit, psychotherapy >16 min and <37 min, and smoking cessation counseling add-on code 3-10 minutes and modifier 25.