

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2022100 NOVEMBER 15, 2022

IHCP updates guidance for tobacco dependence individual and group counseling sessions

Effective Dec. 15, 2022, the Indiana Health Coverage Programs (IHCP) will revise the policy for tobacco dependence treatment to include specific criteria for rendering tobacco dependence individual and group counseling sessions. The IHCP does not require prior authorization for the reimbursement for tobacco dependence treatment products or counseling.

The updated policy will apply to services delivered through the fee-for-service (FFS) and managed care delivery systems.

As a reminder, tobacco dependence counseling services must be prescribed by a licensed practitioner within the scope of their license under Indiana law. The IHCP reimburses for tobacco dependence counseling rendered by the following licensed practitioners:

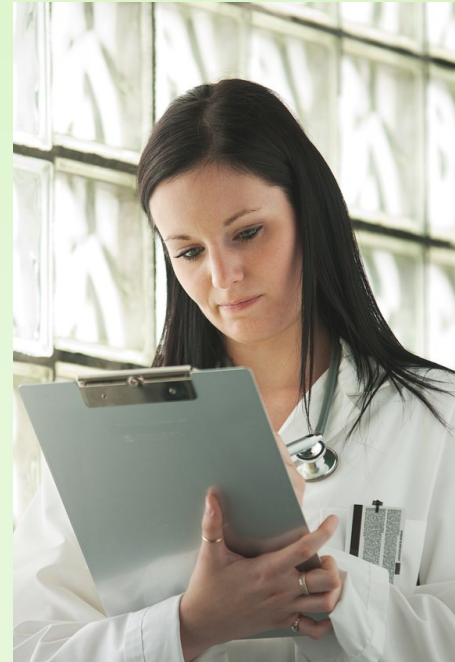
- Certified nurse midwife
- Clinical nurse specialist
- Dentist
- Health service provider in psychology (HSPP)
- Licensed psychologist
- Licensed independent practice school psychologist
- Licensed clinical addiction counselor (LCAC)
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist (LMFT)
- Licensed mental health counselor (LMHC)
- Nurse practitioner
- Optometrist
- Pharmacist
- Physician
- Physician assistant
- Registered nurse (RN)
- Respiratory therapist (RT)



Tobacco dependence treatment may include prescription of any combination of tobacco dependence treatment products and counseling. Practitioners can prescribe one or more modalities of treatment. Practitioners must include counseling in any combination of treatment. The prescribing practitioner may request that the patient sign a commitment to establish a “quit date” and to participate in counseling as the first step in tobacco dependence treatment.

The following components are required to implement tobacco dependence treatment under the IHCP:

- **Assessment:** The practitioner assesses a patient's readiness to quit and applies the 5 A's approach for quitting: Ask, Advise, Assess, Assist and Arrange, as described in the [Clinical Practice Guideline: Treating Tobacco Use and Dependence](#), or a similar strategy based on current evidence.
- **Health Screening:** The practitioner performs and documents a health screening on the patient based on clinical guidelines, as outlined in the protocol to identify appropriate candidates for treatment by the practitioner. The health screenings should be reviewed and revised as necessary to reflect current practice.
- **Referral of high-risk patients:** If a patient is determined to be high-risk based on the health screening, the practitioner refers the patient to a primary care provider or to another provider as appropriate.
- **Prescribing eligible products:** The practitioner, in consultation with the patient, may prescribe any eligible products. Combination therapy (such as the nicotine patch plus the nicotine gum, lozenge, inhaler or nasal spray; or bupropion SR plus the nicotine patch) may be used, per the current clinical guideline recommendations, and is appropriate based on patient needs and preferences.
- **Counseling:** The rendering practitioner provides the following:
 - Necessary information about the tobacco cessation product and individual and group counseling sessions.
 - Counseling to the patient on the administration, possible side effects, contraindications, and warnings associated with the therapy. The practitioner shall provide educational material on any therapies dispensed and encourage patients to ask questions.
 - Appropriate behavioral counseling and/or refer the patient to other resources for assistance, such as (but not limited to) the Indiana Tobacco Quitline 1-800-QUITNOW (784-8669).
- **Follow-up and Notification:** Practitioner follow-up and notification are important:
 - Practitioners are encouraged to follow up with patients and receive updates on the patient's progress with the treatment plan.
 - The practitioner must provide the patient with a record of the tobacco cessation drugs and devices that are included in the treatment plan.
- **Documentation:** The practitioner maintains documentation of the patient's health screening and prescription record for all drugs and devices. A copy shall be made available to the patient and/or the patient's provider upon request.



Billing information

Tobacco dependence counseling must be submitted with Current Procedural Terminology (CPT^{®1}) codes 99406 and 99407 or Current Dental Terminology (CDT^{®2}) code D1320 (see Table 1). Procedure codes 99406 and 99407 may be billed in any combination by the same or a different provider, whether individual or group counseling. Additional services require documentation of medical necessity to exceed the established limit. Tobacco dependence counseling services delivered in a group setting will be limited to a maximum of eight participants per group and must be submitted with modifier HQ. CDT code D1320 can only be billed by a dentist rendering counseling services.

The following reimbursement information applies to CPT codes 99406 and 99407 and CDT code D1320:

- Pricing: No changes
- Prior authorization (PA): None required
- Billing guidance: Standard guidance applies

Table 1 – Procedure codes and billing information for tobacco dependence counseling

Procedure code	Description	Billing notes
99406	Smoking and tobacco use intermediate counseling, greater than three minutes, up to 10 minutes	Billable as an individual or group session; using the HQ modifier
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Billable as an individual or group session; using the HQ modifier
D1320	Tobacco counseling for the control and prevention of oral disease	Billable only by dentists who render counseling services Billable only as an individual session, greater than three minutes

For IHCP members enrolled through the FFS delivery system, direct questions about coverage to Gainwell Technologies at 800-457-4584. For members enrolled in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise, direct questions about coverage to the managed care entity (MCE) with which the member is enrolled.

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QUESTIONS?

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