Smoking (cough, cough) Cessation Counseling

Here are some answers to some commonly asked questions.

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Welcome to Codingline Particulars, a regular feature in Podiatry Management focusing on foot and ankle coding, billing, and practice management issues.

Q: *"We have always billed CPT 99406 (smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes) to Medicare for patients who have been counseled on smoking with a diagnosis of ICD-9 305.1 (tobacco dependence) and V15.82 (history of tobacco use).*

Recently, we had a patient for whom we billed CPT 99406 to Medicare with the ICD-10 diagnosis of Z87.891 (personal history of nicotine dependence), and Medicare denied the claim.

We then converted our procedure code to G0436 (smoking and tobacco cessation counseling visit for the asymptomatic patient) with a diagnosis of F17.210 (nicotine dependence, cigarettes, uncomplicated), and Medicare is still denying the claim stating that the provider is not certified for this procedure.

All the other insurance companies are paying on the CPT 99406. What has changed with Medicare with smoking cessation billing? If nothing, how should we have billed this?"

A: First, back in the ICD-9 day, it would be inappropriate to code both ICD-9 305.1 and V15.82. Why? A qualified smoking cessation behavioral counselor would have recognized that the first code is an ongoing smoking use disorder while the second code is a history of smoking (gave it up; not smoking anymore; not dependent anymore). There is an ICD-9 "Excludes" telling you to pick one or the other, but don't bill them together (kind of like billing an initial encounter and an established encounter for the same encounter).

Second, the denial you are getting from your Medicare contractor is based on the fact that podiatrists typically are not licensed to provide primary behavioral counseling to modify smoking dependence. It should be noted that telling your patients to stop smoking or that smoking is bad for them and their extremities is not smoking and tobacco use cessation counseling anymore than telling patients to avoid bridges and tall buildings is suicide prevention counseling (that will be $125, please).

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So, who is a recognized Medicare practitioner for the smoking cessation counseling? According to Medicare, it is "physicians and other qualified health practitioners." That was clear as mud. Checking with another source, a white paper Reimbursement for Smoking Cessation Therapy (developed by Professional Assisted Cessation Therapy, an independent consortium of leaders in the treatment of tobacco dependence), "...providers cannot expect reimbursement for treating [smoking dependence] unless they have a solid understanding of the services for which they can seek reimbursement....Smoking cessation specialists are not defined by their professional affiliation nor by the field in which they are trained. Rather, the specialist views smoking cessation as a critical professional role, has the requisite smoking cessation skills, and is often affiliated with programs offering intensive cessation interventions or services."

If you are determined to bill CPT 99406 or CPT 99407 or G0436 or G0437:

1) Ultimately, if challenged, you need to evidence that you have training, including continuing medical ed-

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ucation specific to tobacco dependence and cessation counseling;

2) You document the medical necessity and details of your counseling of tobacco-use cessation; and

3) The records include that payer coverage conditions were met, including verification of the counseling intervention. Optum (UnitedHealth) recommends your "documentation demonstrates that the patient was:

a) Asked about tobacco use
b) Advised to quit
c) Assessed for the willingness to attempt to quit
d) Assisted with the attempt to quit
e) Follow-up with the patient was arranged."

By the way, CPT 99406 reimburses (when approved) $14.32 (average national Medicare fee schedule allowance); other payers vary. You essentially ran up against your Medicare contractor's edit for the specialty of podiatry, and would need to appeal and request that podiatrists be allowed reimbursement for these smoking cessation counseling codes. That will probably require a letter from your state licensing board affirming a podiatrist's training and experience includes tobacco cessation behavioral counseling as well as evidence you professionally have current training. Other payers may have different requirements or guidelines. It should be noted that just because you were paid by "the other insurance companies" doesn't mean they won't come back and take a closer look to see if you are personally qualified and you performed what you billed.

Did I tell you CPT 99406 only pays $14.32? Surely, there must be things on the foot or ankle that need your more immediate attention.

Foot Orthotics

Q: *"Any opinions on whether we need to contact each private insurance carrier that we are contracted with to ask if we have to have patients fail over-the-counter or pre-fab foot orthotics/inserts prior to prescribing custom foot orthotics?*

We received notification from one of our major commercial payers stating this was necessary and didn't know if this might be true for other private plans as well."

What is wrong with initially dispensing or ordering a pre-fab foot orthotics to the patient who has a foot type that does not absolutely require a custom device?

A: Depending on the payer, depending on the plan, custom foot orthotics may or may not be a covered benefit. Presuming these devices are covered, each plan in turn may have its own guidelines and requirements for reimbursement. You might be restricted to specific custom foot orthotic HCPCS codes, limited in the number of pairs that can be reimbursed over x period of time (1-2 years), or imposed conditions such as you mentioned—use of over-the-counter foot orthotics for a period of time with the ultimate result being failure to stabilize, to reduce excess motion, to mechanically support, and/or to eliminate pain—specifically because they were over-the-counter, off-the-shelf, or prefab, and that there is a reasonable expectation that a custom foot orthotic could do what the OTC devices couldn't.

Actually, if you think about it, what is wrong with initially dispensing or ordering a pre-fab foot orthotics to the patient who has a foot type that does not absolutely require a custom device? Plantar fasciitis? "Here, Ms. Jones, is a size 7.5 medium width set of pre-fab foot orthotics I recommend for you. They should feel comfortable, but I want you to follow this wear schedule. You should notice some improvement of your symptoms within two to three days.

If this works out, great. You can always return for additional pairs. If you feel that there just isn't enough sup-

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port or control, we will probably move onto custom foot orthotics, but that won't be for a while. Any questions? That will be $65; see the front office staff."

So, what's the big deal in trying out doctor-recommended foot orthotics prior to dispensing custom foot orthotics? I emphasize doctor-recommended because just letting your patients fend for themselves at the foot orthotic or arch support or flat insert rack in a drug store or sporting goods store is really a waste of their time and money. Shouldn't you be directing them to the best prefab devices out there? And why not be the one dispensing the best off-the-shelf foot orthotics to your patient? After all, OTC foot orthotics are not covered services and cash is good.

The arguments I usually get are that 1) OTC arch supports are not as good as custom foot orthotics or 2) these policies only shift the costs from the payer to the patient. As far as the quality of the non-custom foot orthotics out there, there seems to be a lot of orthotic laboratories that have a wide variety of prefab foot orthotics for sale at very reasonable (compared to custom devices) prices.

The argument regarding quality and efficacy is a little cloudy these days when it comes to foot orthotics—custom and non-custom that are chosen, fitted, and dispensed by foot and ankle specialists for many patients. Regarding the second point, non-custom foot orthotics are not covered by insurance, and they are significantly less costly than custom orthotics, and, hey, if the prefab foot orthotics are good, then cash is good.

Q: *"Does anyone have experience billing L2275 (addition to lower extremity, valgus or varus correction) when the orthotic needs forefoot posting at the time of billing L3000?*

Our local orthotic lab does this and suggested that we do so as well."

A: Are you kidding me? First, let me say that when you dispense a custom foot orthotic, like a car, there are basic features that are included in the device and cost: the plastic, the posts—rearfoot and/or forefoot—and the standard covering (if one is desired). You do not a la carte custom foot orthotics (basic features) just like you don't have to buy the doors separate on your car. Having said that, like a car, you can upgrade your custom foot orthotic—switch out Naugahyde for a kangaroo leather; change the color of the plastic; substitute a thinner carbon fiber for the stock plastic, but that is between you and the patient's wallet.

L2275 (addition to lower extremity, valgus or varus correction; plastic modification, padded/lined) is found in the "Additions to Lower Extremity Orthosis—Shoe-Ankle-Shin-Knee" HCPCS section. Do you see "foot" anywhere in the shoe-ankle-shin-knee (and don't tell me the foot is in the shoe, you just have to look harder)? No, foot orthotics and their "additions" are not part of, associated with, or eligible for items in HCPCS L2200 to L2397.

If you want to code foot orthotics or modifications to foot orthotics, you would be advised to go to the HCPCS section, "Foot (Orthopedic Shoes)—Insert, Removable, Molded to Patient Model." Those device options begin with L3000 (which include the plastic, the posts, and the standard cover).

It would be inappropriate to choose a code for an AFO "addition" item and bill it as an addition to a foot orthosis device code. **PM**

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Dr. Goldsmith of Cerritos, CA is editor of Codingline.com and recipient of the *Podiatry Management* Lifetime Achievement Award.