




**Connecticut Medical Assistance Program**  
Policy Transmittal 2015- 21

Provider Bulletin 2015- 37

  
Roderick Bremby, Commissioner

Effective Date: June 1, 2015  
Contact: William Halsey 860-424-5077

TO: Behavioral Health Clinics, Enhanced Care Clinics, State Operated Mental Health Clinics, Federally Qualified Health Centers, Medical Clinics, APRNs, Physicians, Physician Group Practices, Physician Assistants, Acute Care Hospitals, Private Psychiatric Hospitals, and State Operated Psychiatric Hospitals

RE: Tobacco Cessation Group Counseling Services

The purpose of this policy transmittal is to:

- Remove PA requirements
- Standardize the maximum group size for counseling sessions
- Clarify covered beneficiaries, facilitator credentials for medical vs behavioral health settings, and the requirements for submission of claims by specific provider types

This policy transmittal supersedes Provider Bulletins 2013-65 and 2014-74 regarding the addition of tobacco cessation group counseling as a Medicaid covered service.

Tobacco cessation group counseling is a billable service for all HUSKY A, C & D members and for pregnant HUSKY B beneficiaries.

**Tobacco Cessation Group Counseling Description**

Group counseling services provide basic knowledge about the process of quitting tobacco and present tobacco treatment from a social learning perspective. Through group dynamics, participants learn effective quitting strategies and resources from other group members and the group facilitator. Tobacco treatment strategies are presented within a framework that includes pre-cessation, cessation and relapse prevention phases. Lifestyle changes that support quitting tobacco and a generally healthy lifestyle are discussed. The group facilitator tailors the strategies of the group counseling sessions to the unique needs of the individual smoker and discusses harm reduction as a treatment strategy.

**Smoking Cessation Group Counseling Models**

The following organizations point to evidence-based smoking cessation models endorsed by the Department:

Center for Disease Control and Prevention (CDC)  
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

The National Cancer Institute (NCI)  
[www.cancer.gov](http://www.cancer.gov)

The American Cancer Society  
[www.cancer.org](http://www.cancer.org)

The American Lung Association  
<http://www.lung.org/stop-smoking/how-to-quit/getting-help/>

**Procedure Code**

The procedure code that must be used when billing for tobacco cessation group counseling provided in any setting is:

**99412:** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 60 minutes.

This code can only be used when the group meets for 45 minutes or more and the individual has attended the session for at least 45 minutes.

**Authorization**

**Effective June 1, 2015, prior authorization is no longer required for the provision of tobacco cessation group counseling.**

**Maximum Number of Units**

The maximum number of tobacco cessation group counseling units per person per episode of care is twelve (12). The maximum number of tobacco cessation group counseling units the provider may bill for per person per 365 days is twenty-four (24). One unit is equivalent to one group session.

**Group Counseling Facilitators**

Facilitators must document the appropriate training and qualifications in order to conduct tobacco cessation group counseling in the specific model used by the provider. Supervision of staff and progress notes written by the group facilitator must comply with state regulations. Services provided in a physicians’ office or medical clinic must be provided by a licensed physician, APRN, PA or allied health professional as defined in requirements for payment for physicians and medical clinics. Services provided in a behavioral health clinic do not require the facilitator to hold a professional license.

**Group Size**

The minimum number of individuals to comprise a group is three. The maximum number of individuals in any tobacco cessation group, regardless of payer, is 12 individuals, not including the individual facilitating the group regardless of provider type/specialty.

**Documentation**

All services must be documented accurately in the medical record. The plan of care must include an order for tobacco cessation services. The progress note for each group participant must include the date of the group, the duration of the group, and the group facilitator’s name and credentials.

**Claims Submission**

Regardless of provider type, providers **must** use one of the following tobacco-related diagnosis codes as the **primary** diagnosis on the claim when billing for tobacco cessation group counseling.

ICD 9 Diagnosis Codes (for use through 9/30/2015)

- 305.1 – Tobacco Use Disorder
- 292.0 – Tobacco Withdrawal

ICD 10 Diagnosis Codes (effective 10/1/2015)

F17.200	F17.210	F17.220	F17.290
F17.201	F17.211	F17.221	F17.291
F17.203	F17.213	F17.223	F17.293
F17.208	F17.218	F17.228	F17.298
F17.209	F17.219	F17.229	F17.299

**a.) Behavioral Health Clinics**

Tobacco cessation group counseling may be billed on the same day as another clinic service and may

be a component service of an Intermediate Care Program as long as all requirements are met regarding documented behavioral health clinic services. Providers must bill with the Current Procedural Terminology code (CPT) code 99412 with one of the aforementioned tobacco diagnoses as the primary diagnosis in the *detail* section. Tobacco cessation group counseling is not interchangeable with group psychotherapy.

**b.) Federally Qualified Health Centers**

FQHCs should use encounter code T1015 when billing for tobacco cessation group counseling. The procedure code 99412 must be included on the claim as well as a tobacco diagnosis as a primary diagnosis in the *detail*.

**c.) Hospital outpatient settings**

Hospitals must use Revenue Center Code 953 and CPT code 99412 on their claims for tobacco cessation group counseling with a tobacco diagnosis as a primary diagnosis in the *header*.

**d.) Medical Clinic**

Providers must use the CPT code 99412 with one of the aforementioned tobacco diagnoses as the primary diagnosis in the *detail* section.

**e.) Physicians and Physician Groups**

Providers must use CPT code 99412 with a tobacco diagnosis as the primary diagnosis in the *detail*.

**Reimbursement**

Please see the applicable provider fee schedule for reimbursement rates and instructions at [www.ctdssmap.com](http://www.ctdssmap.com).

For billing questions, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Provider Transmittals can be downloaded from the HP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP.

**Responsible Unit:** DSS, Division of Health Services, William Halsey, (860) 424-5077.

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