



RB.027.A Tobacco Cessation Program

Original Implementation Date : 07/01/2022
Version [A] Date: 07/01/2022
Last Reviewed Date: July 2024

PRODUCT VARIATIONS

This policy applies to **all** Jefferson Health Plans product lines **excluding** the ACA Exchange PA product.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

HHP will reimburse for Tobacco Cessation Program (TCP) services up to 70 visits per calendar year when the following criteria are met:

- Providers must be approved by the Department of Health (DOH) as a Tobacco Cessation Program {TCP} to provide Tobacco Cessation Counseling (TCC) services.
- Providers must apply for an individual PROMISE* number as a TCP.

**Please note that JHP will receive the PROMISE Number identifying an individual or entity as a TCP directly from DHS once all steps are complete.*

POLICY GUIDELINES

Please follow the steps listed below to enroll:

1. Complete the DOH “Every Smoker, Every Time” online training and “Pre-Approved Tobacco Cessation Registry Application” and be subsequently approved by DOH as a Tobacco Cessation Provider (TCP).
2. DOH’s training, application and contact information are located at:
<https://www.health.pa.gov/topics/programs/tobacco/Pages/Registry.aspx>
3. DOH will send a fax to confirm that your application has been approved. They will also send a



link to the DHSMA application for the PROMISE number. You must then apply for a PROMISE number as a TCP.

4. The DHSMA PROMISE number application is located at:
<https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>

5. Smoking and tobacco cessation counseling visit should be reported with a diagnosis of nicotine dependence, toxic effect of tobacco and nicotine, or personal history of tobacco use.

6. Providers must provide more than 10 minutes of face-to-face counseling in order to submit a claim for a tobacco cessation counseling visit.

NOTE: FQHCs and RHCs are paid an all-inclusive, per encounter payment rate. FQHCs and RHCs are to submit claims for Tobacco Cessation Counseling services when provided at the time of a face-to-face visit, using procedure code T1015, defined as “clinic visit/encounter, all-inclusive”. FQHCs and RHCs should submit claims reflecting procedure codes 99407 for Tobacco Cessation Counseling services.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
99407	Smoking and tobacco use cessation counseling visit; greater than 10 minutes.

HCPCS Code	Description
N/A	

ICD-10 Codes	Description
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F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.213	Nicotine dependence, cigarettes; with withdrawal
F17.218	Nicotine dependence, cigarettes; with other nicotine-induced disorders
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.223	Nicotine dependence, chewing tobacco, with withdrawal
F17.228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F17.293	Nicotine dependence, other tobacco product, with withdrawal
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional), initial encounter
T65.212A	Toxic effect of chewing tobacco, intentional self-harm, initial encounter
T65.213A	Toxic effect of chewing tobacco, assault, initial encounter
T65.214A	Toxic effect of chewing tobacco, undetermined, initial encounter
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter



T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter
Z87.891	Personal history of nicotine dependence

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

N/A.

DEFINITIONS

N/A.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed by Jefferson Health Plans to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2024 review. No changes to current language.	A	7/1/2022

New policy.	A	7/1/2022
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REFERENCES

1. PA Department of Human Services. Medical Assistance Bulletin. 99-18-10. Effective June 18,2018. **Enrollment of Tobacco Cessation Providers.** [Enrollment of Tobacco Cessation Providers \(pa.gov\)](#)
2. PA Department of Human Services. Medical Assistance Bulletin 99-17-07
3. PA Department of Human Services. Medical Assistance Bulletin. 99-17-07. Effective date August 7,2017. Procedure Code Change for Tobacco Cessation Counseling Services (number 99-17-07). https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/c_264242.pdf