

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 605

Department of Health &
Human Services

Center for Medicare and
&
Medicaid Services

Date: JULY 15, 2005

Change Request 3929

SUBJECT: Frequency Instructions for Smoking and Tobacco-Use Cessation Counseling Services

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services issued new instructions under CR 3834 dated May 20, 2005, to cover two new levels of counseling for smoking cessation counseling services (intermediate and intensive) effective March 22, 2005. The new coverage is published in section 210.4 of Pub. 100-03, National Coverage Determinations Manual. This CR provides instructions for the implementation of frequency editing for smoking and tobacco-use cessation counseling services. Such services are limited to 8 counseling sessions in a 12-month period.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : October 1, 2005

IMPLEMENTATION DATE : October 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	32/12.4/Remittance Advice (RA) Notices
R	32/12.5/Medicare Summary Notices (MSNs)

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-04	Transmittal:605	Date: July 15, 2005	Change Request 3929
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SUBJECT: Frequency Instructions for Smoking and Tobacco-Use Cessation Counseling Services

I. GENERAL INFORMATION: The Centers for Medicare & Medicaid Services (CMS) issued CR 3834 dated May 20, 2005, which included initial claims processing instructions, business requirements, and a national coverage determination (NCD) for smoking and tobacco-use cessation counseling. CR 3834 did not include related frequency editing. This CR provides for frequency editing for such services.

A. Background: Tobacco use continues to be the leading cause of preventable death in the United States. In 1964, the Surgeon General of the U.S. Public Health Service (PHS) issued the report of his Advisory Committee on Smoking and Health, officially recognizing that cigarette smoking is a cause of cancer and other serious diseases. Though smoking rates have significantly declined, 9.3% of the population age 65 and older smokes cigarettes. Approximately 440,000 people die annually from smoking related disease, with 68% (300,000) age 65 or older. Many more people of all ages suffer from serious illness caused from smoking, leading to disability and decreased quality of life. Reduction in smoking prevalence is a national objective in Healthy People 2010.

B. Policy: Effective March 22, 2005, the CMS determined that the evidence is adequate to conclude that smoking and tobacco use cessation counseling, based on current PHS guidelines, is reasonable and necessary for certain individuals who use tobacco and have a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use, or who are taking a therapeutic agent whose metabolism or dosing is affected by tobacco use as based on Food and Drug Administration-approved information. These individuals will be covered under Medicare Part B when certain conditions of coverage are met, subject to certain frequency and other limitations.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)					
		F I	R H U	C a r	D M E	Shared System Maintainers	Other

						F I S S	M C S	V M S	C W F	
3929.1	Beginning with dates of service on or after October 1, 2005, the Common Working File (CWF) shall edit for the frequency of service limitations for Smoking and Tobacco-Use Cessation Counseling. Medicare systems shall allow codes G0375 and G0376 for Smoking and Tobacco-Use Cessation Counseling services for a combined total of up to 8 sessions per 12-month period. Note: Start the count for the second or subsequent 12-month period for Smoking and Tobacco-Use Cessation Counseling services beginning with the month after the month in which the first Medicare covered cessation session was performed and count until 11 full months have elapsed. For example, if the first of 8 covered sessions is performed in April 2005, a second series of 8 sessions may begin in April 2006.								X	
3929.2	Upon reject from CWF, contractors shall deny claims for G0375 and G0376 when the dates of service exceed a combined total of 8 sessions in a 12-month period.	X	X	X		X			X	
3929.3	Contractors shall use an appropriate MSN message such as 16.25 in the Medicare Summary Notice “Medicare does not pay for this much equipment, or this many services or supplies” when the claim is being denied for frequency purposes.	X	X	X						
3929.4	Contractors shall use an appropriate claims adjustment reason code such as 119, “Benefit maximum for this time period or occurrence has been reached” when the claim is being denied for frequency purposes.	X	X	X						
3929.5	Contractors shall instruct providers to issue an Advanced Beneficiary Notice (ABN) to beneficiaries advising them of potential financial liability if all specified conditions for coverage of Smoking and Tobacco-Use Cessation Counseling are not met.	X	X	X						

III. PROVIDER EDUCATION:

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
3929.3	Spanish version of MSN message 16.25 “Medicare no paga por tantos servicios o suministros.”
3929.5	CR 3834, issued May 20, 2005, lists the Conditions for coverage of Smoking and Tobacco-Use Cessation Counseling.
3929.5	Chapter 30 of the Medicare Claims Processing Manual may be referenced for further information on financial liability.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 1, 2005 Implementation Date: October 3, 2005</p> <p>Pre-Implementation Contact(s): William Larson (coverage), 410-786-4639, William.Larson@cms.hhs.gov, Thomas Dorsey, 410-786-7434, Thomas.Dorsey@cms.hhs.gov, (carrier billing) Yvonne Young, 410-786-1886, Yvonne.Young@cms.hhs.gov (FI billing)</p> <p>Post-Implementation Contact(s): Regional office</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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12.4 - Remittance Advice (RA) Notices

(Rev.605, Issued: 07-15-05, Effective: 10-01-05, Implementation: 10-03-05)

Contractors shall use the appropriate claim RA(s) when denying payment for smoking and tobacco-use cessation counseling services.

The following messages are used where applicable:

- If the counseling services were furnished before March 22, 2005, use *an appropriate* RA claim adjustment reason code, *such as*, 26, “Expenses incurred prior to coverage.”
- *If the claim for counseling services is being denied because the coverage criteria are not met, use an appropriate reason code, such as, B5, “Payment adjusted because coverage/program guidelines were not met or were exceeded.”*
- *If the claim for counseling services is being denied because the maximum benefit has been reached, use an appropriate RA claim adjustment reason code, such as, 119, “Benefit maximum for this time period or occurrence has been reached.”*

12.5 - Medicare Summary Notices (MSNs)

(Rev.605, Issued: 07-15-05, Effective: 10-01-05, Implementation: 10-03-05)

When denying claims for counseling services that were performed prior to the effective date of coverage, contractors shall use an appropriate MSN, such as, MSN 21.11, “This service was not covered by Medicare at the time you received it.”

When denying claims for counseling services on the basis that the coverage criteria were not met, use an appropriate MSN, such as MSN 20.21, “This service was denied because Medicare only covers this service under certain circumstances.”

When denying claims for counseling services that have dates of service exceeding the maximum benefit allowed, use an appropriate MSN, such as MSN 16.25, “Medicare does not pay for this much equipment, or this many services or supplies.”