

# IHCP *banner page*

## IHCP updates billing guidance for tobacco dependence counseling, adds coverage of CPT 99406 and CDT D1320

Effective July 1, 2021, the Indiana Health Coverage Programs (IHCP) will revise policy for tobacco dependence counseling. The following updates will apply to fee-for-service (FFS) claims with dates of service (DOS) on or after July 1, 2021.

- Coverage of Current Procedural Terminology (CPT<sup>®1</sup>) code 99406 and Current Dental Terminology (CDT<sup>®2</sup>) code D1320
- Revised billing guidance for CPT code 99407 – *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes*
- Removed unit limits on tobacco dependence counseling for billing codes 99406 and 99407
- Removed restriction to a limited set of primary diagnosis codes for billing codes 99406, 99407 and D1320



### Coverage of CPT code 99406 and CDT code D1320

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

- Pricing: See Table 1
- Prior authorization (PA): None required
- Billing guidance: Standard guidance applies

*Table 1 – Added codes for tobacco dependence counseling, effective for DOS on or after July 1, 2021*

| Procedure code | Description   | Program coverage | Professional claims reimbursement           | Outpatient claims reimbursement |
|----------------|---|------------------|---|---------------------------------|
| 99406          | <i>Smoking and tobacco use intermediate counseling, greater than 3 minutes up to 10 minutes</i> | Full Medicaid    | Resource-based relative value scale (RBRVS) | Flat Rate                       |
| *D1320         | <i>Tobacco counseling for the control and prevention of oral disease</i>                        | Full Medicaid    | Maximum fee: \$64.00                        | N/A                             |

*\*The dentist renders counseling services.*

*continued*

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- [Reimbursement update for COVID-19 treatment code M0245 in the outpatient setting](#)

### Revised billing guidance for CPT code 99407

Providers should continue billing for tobacco dependence counseling sessions of more than 10 minutes using code 99407. However, effective July 1, 2021, providers should not bill this code with modifier U6. Claims for code 99407 that include modifier U6 will deny.

*Note: Providers should bill for counseling sessions of 3 minutes up to 10 minutes using the new code, 99406.*

Previously, providers submitted claims for tobacco dependence counseling using code 99407, with modifier U6 to denote *per 15 minutes*, as described in *IHCP Banner Page [BR201136](#)*. The update to omit billing with modifier U6 aligns billing guidance with the actual code description of 99407 – *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes*. Additionally, code 99407 will no longer be reimbursed at a maximum fee, but instead using the RBRVS pricing method.

### Removed unit limits on tobacco dependence counseling

Effective July 1, 2021, the IHCP will no longer limit tobacco dependence counseling to 10 units per member per calendar year, for procedure codes 99406 and 99407. There will be no limit on units.

### Removed restriction to a limited set of primary diagnosis codes for billing

Effective July 1, 2021, the IHCP will no longer require tobacco dependence counseling to be billed with a primary *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* diagnosis code in the range, F17200 – F17299. This change applies only to codes 99406, 99407 and D1320. Providers should bill for the counseling with the most appropriate diagnosis code for the services provided.

To view a complete list of new, revised, and discontinued ICD-10-CM codes, see the [2021 ICD-10-CM](#) web page at [cms.gov](#).

### Providers prescribing or rendering tobacco dependence counseling services

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

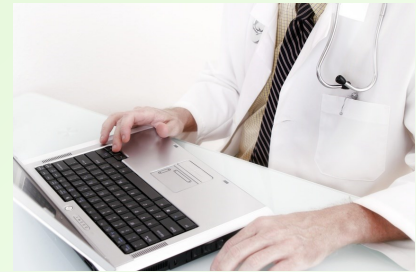
- Certified nurse midwife
- Clinical nurse specialist
- Dentist
- Licensed clinical addiction counselor (LCAC)
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist (LMFT)
- Licensed mental health counselor (LMHC)
- Nurse practitioner
- Optometrist

*continued*



The IHCP reimburses for tobacco dependence counseling rendered by the following licensed practitioners (continued):

- Pharmacist
- Physician
- Physician assistant
- Psychologist
- Registered nurse (RN)



*Note: A service performed by one of the practitioners (above) who is not enrolled in the IHCP is eligible for reimbursement if the claim is billed under the supervising physician's National Provider Identifier (NPI).*

*Note: When providers furnish a service to the general public at no charge, including smoking cessation counseling services, they cannot receive IHCP reimbursement for that service. The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) Program Integrity staff closely monitors adherence to this program limitation.*

These updates for tobacco dependence counseling will be reflected in the next regular update to the *Professional Fee Schedule* and the *Outpatient Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Additionally, these updates will be included in the following code table documents, available from the [Code Sets](#) page on the website:

- *Mental Health and Addiction Services Codes*
- *Telemedicine Services Codes*
- *Vision Services Codes*

Reimbursement, PA and billing information apply to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care claims should be directed to the MCE with which the member is enrolled.

<sup>1</sup>*CPT copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

<sup>2</sup>*CDT copyright 2021 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.*

## Reimbursement update for COVID-19 treatment code Mo245 in the outpatient setting

The Indiana Health Coverage Programs (IHCP) has identified revised pricing information from the Centers for Medicare & Medicaid Services (CMS) and is making an update accordingly. This update affects reimbursement for the administration of coronavirus disease 2019 (COVID-19) monoclonal antibody infusion billed on outpatient claims (UB-04 claim form or electronic equivalent). This change in pricing differs from the reimbursement rate published in *IHCP Bulletin* [BT202126](#). All other billing guidance in the bulletin remains unchanged.

*continued*

Effective immediately, the IHCP is revising the pricing of Healthcare Common Procedure Coding System (HCPCS) code M0245 – *Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring* to \$310.75 (maximum fee). This pricing applies retroactively to outpatient claims with dates of service (DOS) on or after **February 9, 2021**.



This information will be reflected in the next regular update to the *Outpatient Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Reimbursement, prior authorization (PA), and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

Beginning immediately, providers may resubmit FFS claims for code M0245 during the indicated time frame that paid incorrectly. For claims that were underpaid, the net difference will be paid and reflected on Remittance Advices (RAs). Claims resubmitted beyond the original filing limit must include a copy of this banner page as an attachment and must be submitted within 180 days of the banner page's publication date.

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