
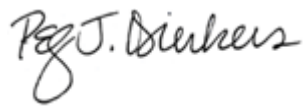


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|  | MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE | |
| | SUBJECT Coverage of Tobacco Cessation Drug Products and Counseling Services | BY  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs |
| NUMBER: | 99-02-02 | |
| ISSUE DATE: | January 16, 2002 | |
| EFFECTIVE DATE: | January 1, 2002 | |

PURPOSE:

The purpose of this bulletin is to notify all providers that the Medical Assistance (MA) Program is expanding its scope of covered services for eligible MA recipients to include tobacco cessation drug products and tobacco cessation counseling services.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program and all physical health managed care organizations (PH MCOs), both mandatory and voluntary, under contract with the Department of Public Welfare (Department).

BACKGROUND:

Current MA regulations described in Chapter 1121, Pharmaceutical Services, preclude the payment of any drug or product used for tobacco cessation. Since use of tobacco products has been cited as the chief avoidable cause of illness and death in today's society, the Department has decided to make available those products and services to assist eligible MA recipients who wish to quit using tobacco products. This Fiscal Year, the Governor's Budget appropriated funds to provide tobacco cessation products for those MA recipients eligible for pharmacy services and to provide tobacco cessation counseling services for all MA recipients.

DISCUSSION:

Beginning January 1, 2002, the Department will provide coverage for all FDA approved drug products, both legend and nonlegend, used for tobacco cessation and for tobacco cessation counseling services. Any healthcare professionals or healthcare related entities with an expertise in tobacco cessation may provide tobacco cessation counseling services. In order to provide counseling services to MA eligible recipients, the professional or entity must enroll or already be enrolled in the MA Program and must be pre-approved by the Department of Health (DOH) as a Tobacco Cessation Program.

All MA recipients are eligible for tobacco cessation counseling services, but only those MA recipients that are eligible for prescription services may receive FDA approved drug products. Since PH MCOs, under contract with the Department, may opt to provide more services than the MA Fee-for-Service Program covers, some recipients, enrolled in managed care, could receive prescription services regardless of their MA eligibility category. Likewise, MCOs may obtain approval from the Department to prior authorize services. Consequently, providers should consult with the Provider Services Departments of the PH-MCO they participate with regarding the provision of tobacco cessation services.

Although it is recommended that drug therapy should be used concurrently with a tobacco cessation counseling program, the MA Program will cover either the drug products or the counseling services for those MA recipients who do not want both or will cover both in combination for those who do and are eligible for pharmacy services. Drug therapy and counseling services each will be limited to one regimen per recipient per calendar year. A regimen of drug therapy is defined as single or combination of drug products prescribed by a physician to include the original prescription and up to 5 refills within a 6-month period, per calendar year. (For example, if the recipient does not finish up a regimen by December, the recipient becomes eligible for a new regimen in January.) A regimen of counseling services is defined as 10 units of tobacco cessation treatment sessions per calendar year to include either individual or group sessions. One unit is defined as a 15-minute face-to-face session.

PROCEDURES:

Provider Enrollment:

Providers with an expertise in tobacco cessation currently enrolled in the MA Program may provide tobacco cessation counseling services if they are pre-approved with the DOH as a Tobacco Cessation Program. Providers can receive this pre-approval, as long as they meet the DOH criteria, by contacting the DOH at (717) 783-6600.

If the provider meets the criteria of the DOH, the DOH will issue a pre-approval letter to the provider who must then, in turn, submit a copy to MA Provider Enrollment. The copy of the pre-approved letter may be faxed to (717) 772-6179 or sent to:

Bureau of Fee-for-Service Programs
Provider Enrollment Section
P.O. Box 8045
Harrisburg, Pennsylvania 17105

When MA receives the DOH pre-approval letter, it will generate a provider notification information form which will indicate the provider can bill for tobacco cessation counseling.

Limitations:

Healthcare professionals or healthcare related entities with an expertise in tobacco cessation, pre-approved by the DOH as a Tobacco Cessation Program, must enroll in the MA program as either an existing provider type, if appropriate, or as a provider type 52, tobacco cessation.

Pharmacists and physicians may qualify as providers of tobacco cessation counseling services. However, a pharmacist may not bill for a tobacco cessation counseling session for counseling normally given when dispensing a prescription.

In accordance with 55 Pa Code 1150.56(b)(3), physicians may not bill the MA Program for a medical or an office visit and a tobacco cessation counseling session on the same day to the same recipient.

In accordance with 55 Pa Code 1221.59, payment will not be made to clinics for a clinic visit and a tobacco cessation counseling session on the same day to the same recipient.

In accordance with 55 Pa Code 1129.52(b), payment for a rural health clinic/federally qualified health center service is made on the basis of an all-inclusive visit fee. The rural health clinic may not bill the MA program for a visit and a tobacco cessation counseling session on the same day to the same recipient.

In addition, recipients who are receiving tobacco cessation counseling services through the Healthy Beginnings Plus (HBP) program cannot receive counseling services from MA.

Fee-for-Service Claims:

Pharmacies and dispensing physicians enrolled in the MA Program may provide, bill and receive payment for FDA approved tobacco cessation drug products. As with any other drug product, these providers should follow their current billing procedures when submitting claims for tobacco cessation drug products.

Providers enrolled in the Department's HBP Program may continue to provide, bill and receive payment for smoking cessation counseling to their prenatal care recipients in accordance with HBP requirements. HBP providers may not bill the Department for tobacco cessation counseling in lieu of, or in conjunction with, HBP smoking cessation counseling.

All claims for tobacco cessation counseling sessions may be billed on a MA 319, MA 300D, HCFA 1500 or ADA-Version 2000 invoice.

The Department is adding a new procedure code to the MA Program Fee Schedule for those providers who are billing for tobacco cessation counseling sessions.

These provider types could include: 01 (physician), 03 (dentist), 10 (independent medical/surgical clinic), 11 (general hospital), 12 (rehabilitation hospital), 19 (pharmacy), 23 (home health agency), 26 (rural health clinic/FQHC), 28 (outpatient drug & alcohol), 29 (outpatient psychiatric clinic), 30 (family planning clinic), 41 (psychologist), 49 (CRNP), and 52 (tobacco cessation). The Department will allow these providers to offer tobacco cessation counseling services in the following places of service: 01 (office), 02 (patient's home), 05 (outpatient hospital), 08 (nursing facility), 09 (independent clinic) or 11 (community). The applicable place of service is governed by the provider's specific regulatory limitations.

| Types of Service | Procedure Code | Terminology | Fee |
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| 60, PS, AK, AL, AF, 70, & AR | S9075 | Tobacco Cessation Treatment Face-To-Face Encounters Includes both individual and group sessions 1 unit = 15 minute session Limit of 10 units per calendar year | \$15.00/unit |
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The Department defines one unit of a tobacco cessation counseling session as a 15 minute face-to-face encounter, for a maximum of 10 units per individual, per calendar year. Providers must provide a full **15-minute counseling session** in order to submit a claim for one unit of service. Providers are not permitted to round the unit of service to the next higher unit when providing a partial unit of time. Providers are not permitted to combine partial time units to equal a full unit of service.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.