Counseling and/or Risk Factor Reduction Intervention Services Payment Policy

Policy
The Plan will reimburse for covered individual counseling and/or risk factor reduction intervention services provided by credentialed and contracted providers.

Definitions
This policy applies to payment for professional counseling and/or risk factor reduction intervention services rendered by contracted providers. Counseling and/or risk factor reduction intervention services are provided to individuals at a separate encounter for the purpose of promoting health and preventing illness or injury.

Reimbursement
The Plan will find counseling and/or risk factor reduction intervention services mutually exclusive to evaluation and management, consultation, and preventive medicine services and will not separately reimburse these services. Telephone consultations or telephone counseling does not qualify for payment under this policy.

Smoking Cessation:
The Plan reimburses the below Smoking Cessation codes when billed as a stand-alone service. If the smoking cessation is done in conjunction with an Evaluation and Management Service the following medical necessity and documentation requirements below must be met:

- The member has a history of tobacco use and is symptomatic or asymptomatic of any tobacco related diseases.
- Services were furnished by a provider who is qualified to discuss smoking cessation and the consequences of continued use.

In addition to having coverage conditions were met, the medical record must include verification of the counseling intervention. Documentation must support the member was:

- Asked about tobacco use/frequency
- Advised to cease usage
- Assessed for the willingness to attempt to quit
- Assisted with the attempt to quit
- A follow-up plan of care is established

The Plan reserves the right to audit to ensure the proper documentation and necessity of the services.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>99406</td>
<td>Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.</td>
</tr>
<tr>
<td>99407</td>
<td>Smoking and tobacco use cessation counseling visit; intensive, greater</td>
</tr>
</tbody>
</table>
Referral/notification/prior authorization requirements
Fallon Health Weinberg, and Navicare® models of care are based on patient care coordination; therefore, we encourage referring providers to contact the member’s designated navigator if there are questions or concerns prior to prescribing tests, supplying equipment, or any other additional appointments or services that may not routinely be authorized or require prior authorization.

Summit ElderCare® is based on member care coordination; therefore, the referring Summit ElderCare PACE site must be contacted for approval, prior to coordinating and/or rendering services. Billing/coding guidelines

Please use the following CPT codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>99401</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.</td>
</tr>
<tr>
<td>99402</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.</td>
</tr>
<tr>
<td>99403</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.</td>
</tr>
<tr>
<td>99404</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.</td>
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</tbody>
</table>

Place of service
This policy applies to services rendered in all settings.

Policy history
Origination date: 2/27/2002
Previous revision date(s):
03/17/2004, 04/15/2006, 01/17/07, 11/1/2008
09/01/2009 - Added consultations to the list of services that will be found mutually exclusive to counseling and/or risk factor reduction intervention.
09/01/2015 - Annual review and moved to new Plan template.
07/01/2016 - Annual review.

Connection date & details:
May 2017 - Added instructions to bill MassHealth directly for specific codes.
July 2018 – Annual Review, no updates.
July 2019 – Annual Review, no updates.
January 2020 – Updated coverage rules for smoking cessation.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation.
guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.