CPT® Code 99407 Details

Code Symbols

MIPS : Merit Based Incentive Payment System

Code Descriptor

Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
Notes:
(Do not report 99407 in conjunction with 99406)

CPT® Advice

No data Available

Illustration

No data Available.

Fee Schedule

Medicare Physician Fee Schedules (MPFS)	
Sources:	2020 National Physician Fee Schedule Relative Value File, GPCI20, NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE CALENDAR YEAR 2020, MCR-MUE-PractitionerServices
Publisher:	CMS
Effective:	April 01, 2020
Medicare Carrier/Locality:	National
Conversion Factor:	36.0896

Note 1: A value in "Medicare Fees" does not necessarily indicate payment. Scroll down to see Medicare's status on the code for coverage specifics. Medicare has assigned relative value units (RVUs) to codes the agency does not cover to allow payers that follow the resource based relative value system to have an agreed upon valuation rate.

Code Status A
A = Active Code. These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

Medicare Fees					
	National	**Adjusted**	**26**	**TC**	**53**

Facility	$26.71	$26.71	$0.00	$0.00	$0.00
Non Facility	$29.59	$29.59	$0.00	$0.00	$0.00

RVU - Nonfacility					
	National	**Adjusted**	**26**	**TC**	**53**
Work RVU:	0.50	0.50	0.00	0.00	0.00
PE RVU:	0.27	0.27	0.00	0.00	0.00
Malpractice RVU:	0.05	0.05	0.00	0.00	0.00
Total RVU:	0.82	0.82	0.00	0.00	0.00

RVU - Facility					
	National	**Adjusted**	**26**	**TC**	**53**
Work RVU:	0.50	0.50	0.00	0.00	0.00
PE RVU:	0.19	0.19	0.00	0.00	0.00
Malpractice RVU:	0.05	0.05	0.00	0.00	0.00
Total RVU:	0.74	0.74	0.00	0.00	0.00

Global & Other Info		
	Global Split	
Preoperative %:	0	
Intraoperative %:	0	
Postoperative %:	0	
Total RVU:	0	
Global Period (days):	XXX	

XXX = The global concept does not apply to the code.

Radiology Diagnostic Tests : 99

99 = Concept does not apply

PC/TC Indicator : 0

0 = Physician Service Codes--Identifies codes that describe physician services. Examples include visits, consultations, and surgical procedures. The concept of PC/TC does not apply since physician services cannot be split into professional and technical components. Modifiers 26 and TC cannot be used with these codes. The RVUS include values for physician work, practice expense and malpractice expense. There are some codes with no work RVUs.

Endoscopic Base Code : None

Modifier Guidelines		
	Modifier	**Rules(Click on rules for Details)**

MULT PROC	51	No multiple procedure payment adjustment

51 = Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes

0 = No payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure, base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount for the procedure.

BILAT SURG	50	No 150% bilateral payment boost

50 = Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.

0 = 150% payment adjustment for bilateral procedures does not apply. If procedure is reported with modifier -50 or with modifiers RT and LT, base the payment for the two sides on the lower of: (a) the total actual charge for both sides or (b) 100% of the fee schedule amount for a single code.

ASST SURG	80	Assistant payment allowed when supported

80 = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.

CO-SURG	62	Co-surgeons not permitted

62 = Two Surgeons: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

0 = Co-surgeons not permitted for this procedure.

TEAM SURG	66	Team surgeons not permitted

66 = Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.

0 = Team surgeons not permitted for this procedure.

MINIMUM ASST SURG	81	Assistant payment allowed when supported.

81 = Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.		
0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.		
ASST SURG (QUALIFIED RESI. NA)	82	Assistant payment allowed when supported.
82 = Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s)		
0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.		
PHYSICIAN SUPERVISION	*PS	Concept does not apply.
PS = This field is for use in post payment review.		
9 = Concept does not apply		

Medically Unlikely Edits

Source: 2020 Medically Unlikely Edits (MUE)

Publisher: CMS

Date: April 01, 2020

Services	MUE	MAI	MUE Rationale
Practitioner Services	1	2	Code Descriptor / CPT Instruction
DME Supplier Services	NA	NA	NA
Facility Outpatient Services	1	2	Code Descriptor / CPT Instruction

MAI 1: Line Edit
MUE MAI "1" indicates a claim line edit. When it's appropriate to report units that exceed the MUE, use one or more additional claim lines with an appropriate modifier appended to the code. Payers who apply the MUE will process each claim line separately for payment.

MAI 2: Date of Service Edit: Policy
MUE MAI "2" indicates an absolute date of service (DOS) edit based on policy. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. CMS has not identified any instances in which exceeding an MAI 2 MUE is correct.

MAI 3: Date of Service Edit: Clinical
MUE MAI "3" indicates a date of service (DOS) edit based on clinical benchmarks. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. MACs may pay excess units upon appeal or may bypass the MUE based on documentation of medical necessity.

ICD-10 Crossref

F06.31 : Mood disorder due to known physiological condition with depressive features
F06.32 : Mood disorder due to known physiological condition with major depressive-like episode
F17.200 : Nicotine dependence, unspecified, uncomplicated
F17.201 : Nicotine dependence, unspecified, in remission
F17.210 : Nicotine dependence, cigarettes, uncomplicated
F17.211 : Nicotine dependence, cigarettes, in remission
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
F17.299 : Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
F25.1 : Schizoaffective disorder, depressive type
F32.0 : Major depressive disorder, single episode, mild
F32.1 : Major depressive disorder, single episode, moderate
F32.2 : Major depressive disorder, single episode, severe without psychotic features
F32.3 : Major depressive disorder, single episode, severe with psychotic features
F32.4 : Major depressive disorder, single episode, in partial remission
F32.5 : Major depressive disorder, single episode, in full remission
F32.9 : Major depressive disorder, single episode, unspecified
F33.0 : Major depressive disorder, recurrent, mild
F33.1 : Major depressive disorder, recurrent, moderate
F33.2 : Major depressive disorder, recurrent severe without psychotic features
F33.3 : Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40 : Major depressive disorder, recurrent, in remission, unspecified
F33.41 : Major depressive disorder, recurrent, in partial remission
F33.42 : Major depressive disorder, recurrent, in full remission
F33.8 : Other recurrent depressive disorders
F33.9 : Major depressive disorder, recurrent, unspecified
I10 : Essential (primary) hypertension
I11.0 : Hypertensive heart disease with heart failure
I11.9 : Hypertensive heart disease without heart failure
I12.0 : Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9 : Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0 : Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10 : Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11 : Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2 : Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I15.0 : Renovascular hypertension
I15.1 : Hypertension secondary to other renal disorders
I15.2 : Hypertension secondary to endocrine disorders

I15.8 : Other secondary hypertension
I15.9 : Secondary hypertension, unspecified
I20.0 : Unstable angina
I20.1 : Angina pectoris with documented spasm
I20.8 : Other forms of angina pectoris
I20.9 : Angina pectoris, unspecified
I24.8 : Other forms of acute ischemic heart disease
I24.9 : Acute ischemic heart disease, unspecified
I25.10 : Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110 : Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111 : Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118 : Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119 : Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.2 : Old myocardial infarction
I44.30 : Unspecified atrioventricular block
I44.39 : Other atrioventricular block
I44.4 : Left anterior fascicular block
I44.5 : Left posterior fascicular block
I44.60 : Unspecified fascicular block
I44.69 : Other fascicular block
I44.7 : Left bundle-branch block, unspecified
I45.0 : Right fascicular block
I45.10 : Unspecified right bundle-branch block
I45.19 : Other right bundle-branch block
O99.330 : Smoking (tobacco) complicating pregnancy, unspecified trimester
O99.331 : Smoking (tobacco) complicating pregnancy, first trimester
O99.332 : Smoking (tobacco) complicating pregnancy, second trimester
O99.333 : Smoking (tobacco) complicating pregnancy, third trimester
O99.334 : Smoking (tobacco) complicating childbirth
O99.335 : Smoking (tobacco) complicating the puerperium
P04.2 : Newborn affected by maternal use of tobacco
P96.81 : Exposure to (parental) (environmental) tobacco smoke in the perinatal period
R00.0 : Tachycardia, unspecified
R00.1 : Bradycardia, unspecified
R00.2 : Palpitations
R00.8 : Other abnormalities of heart beat
R00.9 : Unspecified abnormalities of heart beat
R01.0 : Benign and innocent cardiac murmurs
R01.1 : Cardiac murmur, unspecified
R01.2 : Other cardiac sounds
R03.0 : Elevated blood-pressure reading, without diagnosis of hypertension
R03.1 : Nonspecific low blood-pressure reading
R04.0 : Epistaxis
R04.1 : Hemorrhage from throat
R04.2 : Hemoptysis
R04.81 : Acute idiopathic pulmonary hemorrhage in infants
R04.89 : Hemorrhage from other sites in respiratory passages
R04.9 : Hemorrhage from respiratory passages, unspecified
R05 : Cough
R06.00 : Dyspnea, unspecified
R06.01 : Orthopnea
R06.02 : Shortness of breath

R06.09 : Other forms of dyspnea
R06.1 : Stridor
R06.2 : Wheezing
R06.3 : Periodic breathing
R06.4 : Hyperventilation
R06.5 : Mouth breathing
R06.6 : Hiccough
R06.7 : Sneezing
R06.81 : Apnea, not elsewhere classified
R06.82 : Tachypnea, not elsewhere classified
R06.83 : Snoring
R06.89 : Other abnormalities of breathing
R06.9 : Unspecified abnormalities of breathing
R07.0 : Pain in throat
R07.1 : Chest pain on breathing
R07.2 : Precordial pain
R07.81 : Pleurodynia
R07.82 : Intercostal pain
R07.89 : Other chest pain
R07.9 : Chest pain, unspecified
R09.01 : Asphyxia
R09.02 : Hypoxemia
R09.1 : Pleurisy
R09.2 : Respiratory arrest
R09.3 : Abnormal sputum
R09.81 : Nasal congestion
R09.82 : Postnasal drip
R12 : Heartburn
R13.0 : Aphagia
R13.10 : Dysphagia, unspecified
R13.11 : Dysphagia, oral phase
R13.12 : Dysphagia, oropharyngeal phase
R13.13 : Dysphagia, pharyngeal phase
R13.14 : Dysphagia, pharyngoesophageal phase
R13.19 : Other dysphagia
T65.211A : Toxic effect of chewing tobacco, accidental (unintentional), initial encounter
T65.211D : Toxic effect of chewing tobacco, accidental (unintentional), subsequent encounter
T65.211S : Toxic effect of chewing tobacco, accidental (unintentional), sequela
T65.212A : Toxic effect of chewing tobacco, intentional self-harm, initial encounter
T65.212D : Toxic effect of chewing tobacco, intentional self-harm, subsequent encounter
T65.212S : Toxic effect of chewing tobacco, intentional self-harm, sequela
T65.213A : Toxic effect of chewing tobacco, assault, initial encounter
T65.213D : Toxic effect of chewing tobacco, assault, subsequent encounter
T65.213S : Toxic effect of chewing tobacco, assault, sequela
T65.214A : Toxic effect of chewing tobacco, undetermined, initial encounter
T65.214D : Toxic effect of chewing tobacco, undetermined, subsequent encounter
T65.214S : Toxic effect of chewing tobacco, undetermined, sequela
T65.221A : Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter
T65.221D : Toxic effect of tobacco cigarettes, accidental (unintentional), subsequent encounter
T65.221S : Toxic effect of tobacco cigarettes, accidental (unintentional), sequela
T65.222A : Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter
T65.222D : Toxic effect of tobacco cigarettes, intentional self-harm, subsequent encounter

T65.222S : Toxic effect of tobacco cigarettes, intentional self-harm, sequela
T65.223A : Toxic effect of tobacco cigarettes, assault, initial encounter
T65.223D : Toxic effect of tobacco cigarettes, assault, subsequent encounter
T65.223S : Toxic effect of tobacco cigarettes, assault, sequela
T65.224A : Toxic effect of tobacco cigarettes, undetermined, initial encounter
T65.224D : Toxic effect of tobacco cigarettes, undetermined, subsequent encounter
T65.224S : Toxic effect of tobacco cigarettes, undetermined, sequela
T65.291A : Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter
T65.291D : Toxic effect of other tobacco and nicotine, accidental (unintentional), subsequent encounter
T65.291S : Toxic effect of other tobacco and nicotine, accidental (unintentional), sequela
T65.292A : Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter
T65.292D : Toxic effect of other tobacco and nicotine, intentional self-harm, subsequent encounter
T65.292S : Toxic effect of other tobacco and nicotine, intentional self-harm, sequela
T65.293A : Toxic effect of other tobacco and nicotine, assault, initial encounter
T65.293D : Toxic effect of other tobacco and nicotine, assault, subsequent encounter
T65.293S : Toxic effect of other tobacco and nicotine, assault, sequela
T65.294A : Toxic effect of other tobacco and nicotine, undetermined, initial encounter
T65.294D : Toxic effect of other tobacco and nicotine, undetermined, subsequent encounter
T65.294S : Toxic effect of other tobacco and nicotine, undetermined, sequela
U07.0 : Vaping-related disorder
Z57.31 : Occupational exposure to environmental tobacco smoke
Z71.6 : Tobacco abuse counseling
Z72.0 : Tobacco use
Z77.22 : Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)
Z81.2 : Family history of tobacco abuse and dependence

CPT® Lay Terms

The provider counsels the patient on how to stop tobacco use. The counseling lasts more than 10 minutes.

Clinical Responsibility

The provider counsels the patient on steps to stop use of tobacco products. The provider uses the discussion to discover the specific barriers to cessation the patient faces and possible relapse triggers. The provider and patient then discuss practical methods for coping with those issues. The provider discusses the risks to the patient from tobacco use, as well as the benefits of stopping, based on his specific health status. The provider may write a prescription for a pharmacologic intervention. The provider also may refer the patient to a support group that will match the patient's needs. The provider documents the discussion as well as the amount of time. Use this code when the provider documents more than 10 minutes of smoking and tobacco use cessation counseling.

Tips

See 99406 for counseling lasting 3 to 10 minutes.

CPT® Guidelines

Section Specific Guideline

The following codes are used to report the preventive medicine evaluation and management of infants, children, adolescents, and adults.

The extent and focus of the services will largely depend on the age of the patient.

If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.

An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work and the performance of the key components of a problem-oriented E/M service should not be reported.

The "comprehensive" nature of the Preventive Medicine Services codes 99381-99397 reflects an age and gender appropriate history/exam and is not synonymous with the "comprehensive" examination required in Evaluation and Management codes 99201-99350.

Codes 99381-99397 include counseling/anticipatory guidance/risk factor reduction interventions which are provided at the time of the initial or periodic comprehensive preventive medicine examination. (Refer to 99401, 99402, 99403, 99404, 99411, and 99412 for reporting those counseling/anticipatory guidance/risk factor reduction interventions that are provided at an encounter separate from the preventive medicine examination.)

(For behavior change intervention, see 99406, 99407, 99408, 99409)

Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT® code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474. For vaccine/toxoid products, see 90476-90749.

These codes are used to report services provided face-to-face by a physician or other qualified health care professional for the purpose of promoting health and preventing illness or injury. They are distinct from evaluation and management (E/M) services that may be reported separately with modifier 25 when performed. Risk factor reduction services are used for persons without a specific illness for which the counseling might otherwise be used as part of treatment.

Preventive medicine counseling and risk factor reduction interventions will vary with age and should address such issues as family problems, diet and exercise, substance use, sexual practices, injury prevention, dental health, and diagnostic and laboratory test results available at the time of the encounter.

Behavior change interventions are for persons who have a behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse/misuse, or obesity. Behavior change services may be reported when performed as part of the treatment of condition(s) related to or potentially exacerbated by the behavior or when performed to change the harmful behavior that has not yet resulted in illness. Any E/M services reported on the same day must be distinct and reported with modifier 25, and time spent providing these services may not be used as a basis for the E/M code selection. Behavior change services involve specific validated interventions of assessing readiness for change and barriers to change, advising a change in behavior, assisting by providing specific suggested actions and motivational counseling, and arranging for services and follow-up.

For counseling groups of patients with symptoms or established illness, use 99078.

Health behavior assessment and intervention services (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171) should not be reported on the same day as codes 99401-99412.

Upcoming and Historical Information

01-01-2008	Code Added