



# Reporting Tobacco Cessation, Alcohol and Substance Use Counseling, Screening, and Intervention

**CPT® Assistant.**

**September 2024; Volume 34: Issue 9**

Although tobacco use rates in the United States (US) have declined, it remains the leading cause of preventable death. In 2021, an estimated 18.7% of adults in the US reported using a tobacco product (eg, cigarettes, cigars, smokeless tobacco, pipes, and electronic cigarettes [e-cigarettes]).<sup>1</sup>

Excessive alcohol use also contributes to premature mortality. It is associated with not only acute issues such as injuries from accidents but also with chronic conditions (eg, liver disease, heart disease, and cancer) and poor pregnancy outcomes.<sup>2</sup>

In addition, drug use (both illegal drugs and nonmedical use of prescription medication) contributes to preventable morbidity and mortality in the US. Data from the 2022 National Survey on Drug Use and Health<sup>3</sup> show that 48.7 million people in the US have a substance use disorder with 29.5 million people with an alcohol use disorder (AUD), 27.2 million people with drug use disorder (DUD), and 8 million people with both an AUD and DUD.

The US Preventive Services Task Force (USPSTF) is an independent panel of national experts that provides evidence-based recommendations for preventive services in the US. Evidence shows that screening for tobacco, alcohol, and substance use and providing counseling and/or brief intervention services can have a positive effect on patients quitting and/or being more amenable to treatment.

Although codes 99406-99409 have not changed since their creation in 2008, this article provides background information, updated USPSTF information, and CPT coding guidance regarding the appropriate reporting of tobacco-use cessation counseling codes (99406, 99407) and alcohol and/or drug-related screening and brief intervention codes (99408, 99409) in conjunction with other evaluation and management (E/M) codes and telehealth modifiers (93 and 95).

### **Counseling Risk Factor Reduction and Behavior Change Intervention**

★◀ **99406** Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

★◀ **99407** intensive, greater than 10 minutes

(Do not report 99407 in conjunction with 99406)

★◀ **99408** Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes

(Do not report services of less than 15 minutes with 99408)

★◀ **99409** greater than 30 minutes

(Do not report 99409 in conjunction with 99408)

(Do not report 99408, 99409 in conjunction with 96160, 96161)

(Use 99408, 99409 only for initial screening and brief intervention)

### **Smoking and Tobacco Cessation Counseling**

The USPSTF most recently updated their recommendation for tobacco screening and cessation intervention in 2021 to the following:

The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to nonpregnant adults who use tobacco. (Grade A



Recommendation)<sup>4</sup>

A grade A recommendation means that based on the clinical evidence reviewed, there is a high certainty that the net benefit is substantial and that the service should be provided.<sup>5</sup> Evidence shows that, even if they are of short duration, many types of counseling (physician or nurse advice, individual counseling with a cessation specialist, group behavioral interventions, telephone counseling, and mobile phone-based interventions) can have a positive effect on smoking cessation. More intensive interventions of longer duration may also have a greater effect on smoking cessation for those with a chronic smoking-related disease.

The USPSTF offers a wealth of online resources to assist physicians and other qualified health professionals (QHPs) in providing cessation counseling intervention, including additional resources from other organizations, such as the Centers for Disease Control and Prevention, the US Department of Health and Human Services, and the Million Hearts<sup>®</sup> campaign.

### **Smoking and Tobacco Cessation Counseling: CPT Coding Guidance**

If smoking and tobacco cessation counseling services are provided to patients, physicians or other QHPs may report codes 99406 and 99407, which do not require the use of a specific screening tool. Note that the types of tobacco included are cigarettes, cigars, pipes, smokeless tobacco (chew), and e-cigarettes (vaping).

For more information regarding the appropriate use of codes 99406 and 99407, refer to the Questions and Answers in the April 2024, September 2020, and October 2009 issues of CPT<sup>®</sup> Assistant.

### **Alcohol and/or Substance Use Screening and Brief Intervention**

The USPSTF is currently reviewing its recommendations for unhealthy alcohol use; however, its existing recommendation remains valid until the updated recommendation becomes available. Its current recommendations for unhealthy alcohol use and unhealthy drug use are as follows:



The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. (Grade B Recommendation)<sup>6</sup>

The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) (Grade B Recommendation)<sup>7</sup>

Preventive services with a grade B recommendation from the USPSTF indicates that there is high certainty that the net benefit is moderate or that there is moderate certainty that the net benefit is moderate to substantial.<sup>5</sup> The service should therefore be offered.

Note that alcohol and/or substance abuse screening codes require the use of a structured screening tool. There are many validated screening tools that may be used for screening for unhealthy alcohol use; however, evidence shows that brief screening tools with three questions (eg, the Alcohol Use Disorders Identification Test [AUDIT-C]) and one question (Single Alcohol Screening Question [SASQ]) provide the most effective results.<sup>6</sup> If a patient screens positive after using a brief screening tool, a follow-up screening using a more in-depth tool is recommended. Providing brief intervention to adult patients identified as having unhealthy alcohol use has been shown to reduce this behavior in adults.<sup>6</sup>

Screening for drug use in the context of the USPSTF's recommendation includes screening for drugs that are illegally obtained (eg, heroin, cocaine), prescription drugs that are used for nonmedical purposes, or substances that may be inhaled (eg, whippets, glue). Note that it does not include tobacco or alcohol. In addition, screening for drug use does **not** include biological testing, such as laboratory testing that uses urine or blood. As with tobacco and alcohol use screening, there are several validated tools available.

For additional information about tobacco, alcohol, and/or substance use, interventions, and counseling and the available tools, refer to the Substance Abuse and Mental Health Services Administration and the National Institutes of Health.

### **Alcohol and/or Substance Use Screening and Brief Intervention: CPT Coding Guidance**



It would be appropriate to report codes 99408 and 99409 for alcohol and/or substance use screening and brief intervention services. Note that codes 99408 and 99409 may be reported only for the initial screening and brief intervention. Physicians or other QHPs may use any validated screening tool to meet the intent of codes 99408 and 99409.

### **Use of Modifiers**

The services represented by the tobacco-use cessation counseling codes and the alcohol and/or substance use screening codes may be performed on the same date as an E/M service. In this instance, modifier 25, Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service, may be appended to the appropriate E/M code when reporting codes 99406-99409. Note that the time spent providing tobacco use cessation counseling and/or alcohol and/or substance use screening and brief intervention services may not be counted or used to select an E/M code (either reporting based on time or medical decision making).

Because tobacco cessation counseling and alcohol and/or substance use screening and brief intervention services are evidence-based preventive services recommended by the USPSTF, modifier 33, Preventive Services, may be appended to codes 99406-99409 to identify those rendered services as preventive services that are required to be covered without cost-sharing by health plans.

Because these services may be provided during a telemedicine visit (either audio-visual or audio-only), it would be appropriate to report codes 99406 and 99407 with modifier 93, Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System, or 95, Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System, appended.

### **Conclusion**

Physicians and other QHPs are encouraged to report codes 99406-99409 when tobacco-use cessation counseling and alcohol and/or drug-related screening and brief intervention services are performed. Tobacco use, unhealthy alcohol use, and drug use are all modifiable factors that contribute to the leading causes of morbidity and mortality for numerous health conditions. The provision of these services is important from both an individual patient health



perspective and a population health perspective.

Note that CPT coding guidelines may differ from third-party payer guidelines. Payment eligibility and policy coverage are determined by each third-party payer. Contact the appropriate local third-party payer for guidelines, coverage, or payment issues.

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which these codes would be appropriately reported.

#### **Clinical Example (99406)**

A 48-year-old smoker with hypertension and obesity receives a tobacco cessation behavioral intervention.

#### **Description of Procedure (99406)**

Meet with patient to discuss specific methods to address barriers to behavior change and ways to avoid relapse. Prescribe pharmacologic interventions and refer patient to community support groups for relapse avoidance. Document patient visit (intermediate, greater than 3 minutes up to 10 minutes).

#### **Clinical Example (99407)**

A 48-year-old smoker with hypertension and obesity receives a tobacco cessation behavioral intervention.

#### **Description of Procedure (99407)**

Utilize motivational interviewing techniques to address relevance, risks, rewards, and roadblocks to tobacco use cessation. Discuss barriers to change and



methods to overcome these barriers, including pharmacologic adjuncts, behavioral techniques, nicotine replacement, and/or combining methods. Prescribe pharmacologic aids to tobacco cessation. Refer patient to community support group. Document patient visit (intensive, greater than 10 minutes).

### **Clinical Example (99408)**

A 21-year-old college student reports to the school infirmary after injuring his leg after falling down several steps.

### **Description of Procedure (99408)**

The qualified healthcare professional performs an intervention which provides the patient with a specific set of tools and a plan to increase their likelihood of successfully decreasing their alcohol consumption and/or drug use. The components of the intervention include feedback concerning results found with the screening instrument and within the medical record about the quantity and frequency of alcohol (or drugs) consumed by the patient in comparison to national norms; a discussion of negative physical, emotional, occupational consequences that have occurred; and the overall severity of the problem. Feedback is accompanied by advice that is customized to the patient's own unique medical and social situation about clinically appropriate behavioral change goals. The qualified healthcare professional engages the patient in a joint decision-making process regarding alcohol and/or drug use. Plans for follow-up are discussed and agreed to. These interventions have the objective of providing the patient with tools to change their attitude towards alcohol and/or drug use and to manage high-risk use situations. This intervention requires specific training and/or experience in techniques eliciting accurate information, developing a specific treatment plan to which the patient is committed, and motivating the patient toward behavioral change.

### **Clinical Example (99409)**

A 21-year-old college student reports to the school infirmary after injuring his leg after falling down several steps.

## Description of Procedure (99409)

The qualified healthcare professional performs an intervention which provides the patient with a specific set of tools and a plan to increase their likelihood of successfully decreasing their alcohol consumption and/or drug use. The components of the intervention include feedback concerning results found with the screening instrument and within the medical record about the quantity and frequency of alcohol (or drugs) consumed by the patient in comparison to national norms; a discussion of negative physical, emotional, occupational consequences that have occurred; and the overall severity of the problem. Feedback is accompanied by advice that is customized to the patient's own unique medical and social situation about clinically appropriate behavioral change goals. The qualified healthcare professional engages the patient in a joint decision-making process regarding alcohol and/or drug use. Plans for follow-up are discussed and agreed to. These interventions have the objective of providing the patient with tools to change their attitude towards alcohol and/or drug use and to manage high-risk use situations. This intervention requires specific training and/or experience in techniques eliciting accurate information, developing a specific treatment plan to which the patient is committed, and motivating the patient toward behavioral change.

## References

1. Cornelius ME, Loretan CG, Jamal A, et al. Tobacco product use among adults – United States, 2021. MMWR Morb Mortal Wkly Rep. 2023;72(18):475-483. doi:10.15585/mmwr.mm7218a1.
2. Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion; Centers for Disease Control and Prevention. Data on excessive drinking. Accessed June 27, 2024. [https://www.cdc.gov/alcohol/excessive-drinking-data/?CDC\\_AAref\\_Val=https://www.cdc.gov/alcohol/data-stats.htm](https://www.cdc.gov/alcohol/excessive-drinking-data/?CDC_AAref_Val=https://www.cdc.gov/alcohol/data-stats.htm).
3. Substance Abuse and Mental Health Services Administration. 2022 National survey on drug use and health (NSDUH) releases. Accessed June 27, 2024. <https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases>.
4. United States Preventive Services Task Force. Final recommendation: tobacco smoking cessation in adults, including pregnant persons: interventions. January 19, 2021. Accessed June 27, 2024. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>.
5. United States Preventive Services Task Force. Grade Definitions. Accessed June 27, 2024. <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/grade-definitions>.

6. United States Preventive Services Task Force. Unhealthy alcohol use in adolescents and adults: screening and behavioral counseling interventions. November 13, 2018. Accessed June 27, 2024. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening>.
7. United States Preventive Services Task Force. Unhealthy drug use: screening. June 9, 2020. Accessed June 27, 2024. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening>.