

This is Appendix 4 of the ADA publication titled *CDT 2024 Companion* that is published to describe the type of services that would be reported with CDT code **D1320 tobacco counseling for the control and prevention of oral disease**, and the applicable ICD-10-CM diagnosis codes. Both code sets are HIPAA national standards applicable to dental claims.

Appendix 4: CDT and ICD-10-CM Coding Recommendations for Smoking Cessation

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Tobacco use is the leading cause of preventable disease, disability, and death in the United States. An estimated 34 million adults in the United States smoke,¹ and 16 million individuals in the U.S. live with a tobacco-related disease.²

Providers are encouraged to submit claims for tobacco cessation counseling services. Reimbursement, however, is subject to specific dental benefit plan provisions and policies. Patients and providers should always check with individual Medicaid, managed care organizations, and private dental benefit plans to determine what treatments are included and the extent to which this treatment is reimbursed. For example, some Medicaid payers will only reimburse smoking cessation counseling when another service is being provided, often limited to twice yearly counseling.

Additionally, payers may mandate specific documentation requirements for smoking cessation treatment. It is important to follow payer-specific guidance for this service. The general information contained here should meet or exceed various payer requirements.

Counseling and the Patient Record

Successful intervention begins with identifying users and appropriate interventions based on the patient's willingness to quit. According to the Agency for Healthcare Research and Quality (AHRQ), there are five major steps to intervention (the "5 A's"): Ask, Advise, Assess, Assist, and Arrange.

1. **Ask.** Identify and document tobacco use status for every patient at every visit.
2. **Advise.** In a clear, strong, and personalized manner, urge every tobacco user to quit.
3. **Assess.** Is the tobacco user willing to make a quit attempt at this time?
4. **Assist.** For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
5. **Arrange.** Schedule follow-up contact, preferably within the first week after the quit date.

¹ Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020 [accessed 2020 July 13]. https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html.

² "Fast Facts," Atlanta, GA: Centers for Disease Control and Prevention. 2020 [Accessed 2020 July 13] https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm.

If the patient needs additional motivation to attempt to quit, the AHRQ provides another support tool, the “5 R’s”.

1. **Relevance.** Encourage the patient to indicate why quitting is personally relevant.
2. **Risks.** Ask the patient to identify potential negative consequences of tobacco use.
3. **Rewards.** Ask the patient to identify potential benefits of stopping tobacco use.
4. **Roadblocks.** Ask the patient to identify barriers or impediments to quitting.
5. **Repetition.** The motivational intervention should be repeated every time an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.

The following items should be documented for each counseling session:

- The patient’s willingness to attempt to quit
- A detailed description of the discussion during counseling session
- The exact amount of time spent counseling
- The amount of tobacco use
- The provider’s advice to quit and impact of smoking discussed with the patient
- The methods and skills suggested to support tobacco cessation
- Details of medication management, when provided
- Proposing a quit date with the patient
- Scheduling an appointment for follow-up counseling
- Note any resources that are made available to the patient

Additional Documentation Hints and Coding Tips

- F17 Nicotine Dependence category codes are assigned when the record reflects the patient is currently dependent upon tobacco.
- Z72.0 Tobacco use (Tobacco use NOS, not otherwise specified) is to be assigned when the patient is not dependent upon tobacco.
- The Z and F17 codes cannot be combined.
- When the record states a patient has a “personal history of,” it is interpreted to indicate the condition is part of the past history and it no longer exists, therefore, tobacco counseling would not be provided. (ICD-10 code Z87.891 Personal history of nicotine dependence.)
- Be sure to document “counseling” activities (advising about specific changes to routines, arranging for services or follow up) and not just “Evaluation.”

Clinical Coding Scenario

A 32-year-old female patient is currently nicotine dependent, smoking one pack of cigarettes per day. She has had multiple failed attempts at quitting using nicotine gum. Approximately 10 minutes were spent counseling the patient in cessation techniques. She understands continuing to smoke could lead to oral disease. The benefits of stopping were discussed. The patient has verbalized her desire to “give it another try.” She will try a nicotine patch this time and has set her own goal of 30 days to be smoke-free. We will follow up in two weeks to check progress.

ICD-10-CM diagnosis code:

F17.210 Nicotine dependence, cigarettes, uncomplicated

CDT code:

D1320 tobacco counseling for the control and prevention of oral disease

Tobacco prevention and cessation service reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.

Online Resources

- [Five Major Steps to Intervention \(The "5 A's"\) | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/patients-not-ready-to-make-a-quit-attempt-now-the-5-rs/)
- [Patients Not Ready To Make A Quit Attempt Now \(The "5 R's"\) | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/patients-not-ready-to-make-a-quit-attempt-now-the-5-rs/)
- [Smoking Cessation: Fast Facts | Smoking & Tobacco Use | CDC](https://www.cdc.gov/tobacco/quitnow/docs/smoking-cessation-fast-facts-smoking-tobacco-use-cdc.pdf)
- [Documenting-Coding-Billing-For-Tobacco-Dependence-Treatment.pdf \(tobaccofree.ny.gov\)](https://www.tobaccofree.ny.gov/document/documenting-coding-billing-for-tobacco-dependence-treatment)
- [Fact+sheet-tobacco-dental+062518.pdf \(ohio.gov\)](https://www.ohio.gov/files/default.aspx?path=health/ohio-department-of-health/ohio-department-of-health-fact-sheet-tobacco-dental-062518.pdf)

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

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