

Dental Clinical Policy: Tobacco Counseling

Reference Number: ENVD.UM.CP.0014

Last Review Date: 11/21

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Because of the oral health implications of tobacco use, dental practices provide a uniquely effective setting for tobacco use recognition, prevention, and cessation. Dentists can help smokers and tobacco chewers quit by consistently identifying patients using tobacco products, advising them to quit, and offering information about cessation treatment. Tobacco counseling services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.[®] that tobacco counseling (D1320) is **medically necessary** when all of the following conditions are met:
 - A. When the patient has self-identified and documented tobacco use or the dentist has identified signs of tobacco use;
 - B. When the patient is 10 years of age or older;
 - C. When the parent or guardian of a minor child has executed written consent for tobacco counseling; and,
 - D. When the tobacco counseling is provided by a dentist;
 - E. When none of the following contraindications apply:
 1. When the member is under the age of 10 years;
 2. When the parent or guardian of a minor child has not executed written consent to provide tobacco counseling;
 3. When the parent or guardian is the intended target for tobacco counseling;
 4. When exposure to second-hand smoke is the reason for tobacco counseling;
 - F. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of tobacco counseling;
 2. Clinical chart and treatment notes documenting delivery of the following five major steps to intervention, as outlined by the U.S. Department of Health and Human Services' Agency for Health Research and Quality:
 - a. Ask – Identify and document tobacco use status for every visit;
 - b. Advise – In a clear, strong, and personalized manner, urge the tobacco user to quit;
 - c. Assess – Is the tobacco user willing to make a quit attempt at this time;
 - d. Assist – For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help the patient quit;
 - e. Arrange – Schedule follow-up contact, in person or by telephone, preferably with the first week after the quit date;
 - G. American Dental Association recommendations for encouraging patients use the following steps for successful cessation of tobacco use:

DENTAL CLINICAL POLICY

Tobacco Counseling

1. Have a plan: Once you've made up your mind to quit tobacco use and set the date, develop a plan. There are free tools online at smokefree.gov and toll-free number, 1-800-QUIT-NOW, to help you succeed. Download an app to track your progress;
2. Don't go it alone: It will be easier to quit smoking or chewing if you have support from family and friends. Let them know you've decided to quit, ask for their support, and tell them specifically what they can do to help. Spend time with people who want you to succeed. Talk to friends who have quit and ask for their advice;
3. Stay busy: Replace your smoking and/or chewing habit with a health habit like exercise. Make plans for dinner or a movie with non-smoking or non-chewing friends. Instead of smoking or chewing, chew sugarless gum – it keeps your mouth busy and helps prevent cavities, too;
4. Avoid smoking or chewing triggers: Stay away from people, places, and things that tempt you to smoke or use tobacco products. Some common triggers include stress, alcohol, coffee, and hanging out with people who smoke or use tobacco products. Throw out tobacco products, lighters, and ashtrays, and go to places where smoking or use of tobacco products are not allowed;
5. Reward your accomplishments: Quitting is hard. And, every hour or day you go without using a tobacco product is an achievement. Take it hour by hour, and reward yourself for small successes.

Coverage Limitation/Exclusions

1. One D1320 per visit;
2. Must be submitted in conjunction with a valid D0120 or D0150 CDT code;
3. Must be accompanied by an applicable ICD-10 diagnosis code in addition to Z71.6;
4. Limited to patients 10 years of age or older,
5. Subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2021, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT® Codes	Description
D1320	Tobacco counseling for the control and prevention of oral disease

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
Z71.6	Tobacco use and counseling
F17.200	Nicotine dependence, unspecified, uncomplicated

DENTAL CLINICAL POLICY
Tobacco Counseling

ICD-10-CM Code	Description
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.200	Nicotine dependence, other tobacco products, uncomplicated

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	10/20	10/20
Policy revision	6/21	6/21
ICD-10 diagnosis codes added	7/21	7/21
Annual Review	11/21	11/21

References

1. American Dental Association. CDT 2021: Dental Procedure Codes. American Dental Association, 2021.
2. Tobacco Use. Content last reviewed December, 2018. American Dental Association. <https://www.ada.org/en/advocacy/current-policies/tobacco-use>. Accessed 7 Oct 2019.
3. Five Major Steps to Intervention (The "5 A's"). Content last reviewed December 2012. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/prevention/guidelines/tobacco/5steps.html>.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

DENTAL CLINICAL POLICY

Tobacco Counseling

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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