

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

Medicare Fee-For-Service
PREVENTIVE SERVICES



Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

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Table of Contents

Overview	2
Coverage Information	3
Documentation	6
Coding and Diagnosis Information	6
Billing Requirements	7
Payment Information.....	9
Reasons for Claim Denial.....	10
Resources	11



The Centers for Medicare & Medicaid Services (CMS) recognizes the crucial role health care providers play in both educating and providing Medicare beneficiaries with potentially life-saving preventive services and screenings. While Medicare pays for a variety of preventive benefits, many Medicare beneficiaries do not fully realize using preventive services and screenings can help them live longer and healthier lives. As a provider, you can help your Medicare patients understand the importance of disease prevention, early detection, and lifestyle modifications that support a healthier life.

This booklet will help you better communicate with your patients about Medicare-covered screening and behavioral counseling interventions in primary care to reduce alcohol misuse, as well as assist you in correctly billing for these services.

Please Note:

The information in this publication applies only to the Fee-For-Service Program (also known as Original Medicare).

Overview

Alcohol misuse encompasses the full spectrum of unhealthy drinking behaviors, from risky drinking to alcohol dependence, rather than limiting its meaning to just risky, hazardous, or harmful drinking (as screening will detect a broad range of unhealthy drinking behaviors). This includes risky/hazardous and harmful drinking, which places individuals at risk for future problems.

The United States Preventive Services Task Force (USPSTF) emphasizes that evidence regarding the effectiveness of brief behavioral counseling interventions in the primary care setting remains largely restricted to persons engaging in risky or hazardous drinking. The USPSTF Recommendation Statement (2013) defines risky or hazardous drinking as:

- ▶ For women: more than 7 drinks per week, or more than 3 drinks per day; and
- ▶ For men: more than 14 drinks per week, or more than 4 drinks per day.

In 2005, an article published in the “New England Journal of Medicine” (author: R. Saitz), referencing multiple data sources for definitions of unhealthy alcohol use, more specifically defined risk use as:

- ▶ For women and people aged 65 and older: more than 7 standard drinks per week, or more than 3 drinks per occasion; and
- ▶ For men aged 65 and younger: more than 14 standard drinks per week, or more than 4 drinks per occasion.

**Removal of Barriers to
Preventive Services**

Medicare waives the coinsurance or copayment and deductible for those Medicare-covered preventive services recommended by the United States Preventive Services Task Force (USPSTF) with a grade of A or B for any indication or population, and that are appropriate for the individual.

Importantly, Saitz (2005) included the caveat that such thresholds do not apply to pregnant women for whom the healthiest choice is generally abstinence.

The 2005 “Helping Patients Who Drink Too Much: A Clinician’s Guide” from the National Institutes of Health National Institute on Alcohol Abuse and Alcoholism also stated that clinicians recommend lower limits or abstinence for patients taking medication that interacts with alcohol, who engage in activities that require attention, skill, or coordination (for example, driving), or who have a medical condition exacerbated by alcohol (for example, gastritis).

Coverage Information

Medicare covers **annual** alcohol misuse screenings, and for those who screen positive, up to four brief face-to-face behavioral counseling interventions in a 12-month period (that is, at least 11 months after the most recent alcohol misuse screening) for Medicare beneficiaries, including pregnant women:

- ▶ Who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence. Alcohol dependence is defined as at least three of the following:
 - ▶ Tolerance;
 - ▶ Withdrawal symptoms;
 - ▶ Impaired control;
 - ▶ Preoccupations with acquisition and/or use;
 - ▶ Persistent desire or unsuccessful efforts to quit;
 - ▶ Sustained social, occupational, or recreational disability; or
 - ▶ Continuous use despite adverse consequences;
- ▶ Who are competent and alert at the time that counseling is provided; and
- ▶ Whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting.

Who Can Furnish Alcohol Misuse Screening and Counseling?

Screening and behavioral counseling interventions in primary care to reduce alcohol misuse are covered if furnished by a qualified primary care physician or other primary care practitioner in a primary care setting.

For the purpose of the screening and behavioral counseling interventions in primary care to reduce alcohol misuse benefit:

A qualified primary care physician is a physician who has a primary specialty designation of:

- ▶ Family practice;
- ▶ General practice;
- ▶ Geriatric medicine;
- ▶ Internal medicine;
- ▶ Obstetrics/gynecology; or
- ▶ Pediatric medicine.

A qualified primary care non-physician practitioner is a:

- ▶ Certified clinical nurse specialist;
- ▶ Certified nurse-midwife;
- ▶ Nurse practitioner; or
- ▶ Physician assistant.

Primary Care Setting Defined

For the purposes of this covered benefit, a “primary care setting” is defined as one in which there is the provision of integrated, accessible health care services by clinicians accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. The following are not considered primary care settings under this definition:

- ▶ Ambulatory surgical centers;
- ▶ Emergency departments;
- ▶ Hospices;
- ▶ Independent diagnostic testing facilities;
- ▶ Inpatient hospital settings;
- ▶ Inpatient rehabilitation facilities; and
- ▶ Skilled nursing facilities.

Medicare covers alcohol misuse screening and behavioral counseling interventions to reduce alcohol misuse conducted in the following primary care settings:

- ▶ An independent clinic;
- ▶ An outpatient hospital;
- ▶ A physician’s office; or
- ▶ A state or local public health clinic.

Alcohol Misuse Screening

CMS does not identify specific alcohol misuse screening tools. Rather, the decision to use a specific tool is at the discretion of the clinician in the primary care setting. Various tools are available to screen for alcohol misuse. You may find examples of some screening tools in the “Decision Memo for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse” at <http://qrs.ly/re3g6kj> on the CMS website.



Expansion of Telehealth to Include Medicare-Covered Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

Beginning January 1, 2013, telehealth services include screening and behavioral counseling interventions in primary care to reduce alcohol misuse. All eligibility criteria, conditions of payment, payment, or billing methods that apply to Medicare telehealth services also apply to screening and behavioral counseling interventions in primary care to reduce alcohol misuse provided with telehealth. For more information on telehealth services, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf> and <http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth> on the CMS website.

Behavioral Counseling Intervention to Reduce Alcohol Misuse

For those beneficiaries who screen positive, Medicare covers up to four brief face-to-face behavioral counseling interventions in the primary care setting.

Each behavioral counseling intervention should be consistent with the 5A's approach adopted by the USPSTF to describe such services. They are:

1. **Assess:** Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
3. **Agree:** Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.
4. **Assist:** Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
5. **Arrange:** Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

Frequency

When calculating frequency to determine the 11-month period, the count starts with the month after the most recent alcohol misuse screening.

EXAMPLE: A beneficiary gets an alcohol misuse screening in January 2013. The count starts February 2013. The beneficiary may get another alcohol misuse screening in January 2014.

NOTE: To determine the next eligibility date for screening and counseling, contact your Medicare Administrative Contractor (MAC) or you can use the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) Help 270/271 to verify beneficiary eligibility. For your MAC contact information, visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Provider-Compliance-Interactive-Map/Interactive-Map.html> on the CMS website. For more information on HETS Help 270/271, visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp> on the CMS website or call 1-866-324-7315.

Coinsurance or Copayment and Deductible

The beneficiary pays nothing (no coinsurance or copayment and no Medicare Part B deductible) for screening and behavioral counseling interventions in primary care to reduce alcohol misuse. Financial responsibilities may apply for the beneficiary if the provider does not accept assignment.

Documentation

Medical records must document all coverage requirements.

Coding and Diagnosis Information

Procedure Codes and Descriptors

Use the following Healthcare Common Procedure Coding System (HCPCS) code to report screening to reduce alcohol misuse.

Table 1. HCPCS Code for Alcohol Misuse Screening

HCPCS Code	Code Descriptor
G0442	Annual alcohol misuse screening, 15 minutes

NOTE: This code should be billed first for initial alcohol misuse annual screening.

Use the following HCPCS code to report counseling to reduce alcohol misuse once the annual screening (G0442) has occurred.

Table 2. HCPCS Code for Behavioral Counseling Intervention for Alcohol Misuse

HCPCS Code	Code Descriptor
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

NOTE: Medicare will cover this service only once per date of service. Medicare will not pay for additional time spent for alcohol misuse screenings or behavioral counseling interventions to reduce alcohol misuse. There are no additional codes or modifiers to use when billing, and the encounter start/stop times are not required.



Diagnosis Requirements

Although you must report a diagnosis code on the claim, Medicare does not require a specific International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis code for screening and behavioral counseling interventions in primary care to reduce alcohol misuse. Contact your local MAC for further guidance.

Coming October 1, 2014! International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS)

For dates of service on or after October 1, 2014, you will use the new ICD-10-CM/PCS. For more information, visit <http://www.cms.gov/Medicare/Coding/ICD10> on the CMS website.

Billing Requirements

Billing and Coding Requirements When Submitting Professional Claims

When you submit professional claims to your MAC, report the appropriate HCPCS code and the corresponding ICD-9-CM diagnosis code in the X12 837-P (Professional) electronic claim format. You must also include Place of Service (POS) codes on all professional claims to indicate where you provided the service. For more information on POS codes, visit <http://www.cms.gov/Medicare/Coding/place-of-service-codes> on the CMS website and review the following documents:

- ▶ “Revised and Clarified Place of Service (POS) Coding Instructions” at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7631.pdf> on the CMS website; and
- ▶ “The Importance of Correctly Coding the Place of Service by Physicians and Their Billing Agents” at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1104.pdf> on the CMS website.

NOTE: If you qualify for an exception to the Administrative Simplification Compliance Act (ASCA) requirement, you may use Form CMS-1500 to submit these claims on paper. All providers must use Form CMS-1500, version 08-05, when submitting paper claims. For more information on Form CMS-1500, visit http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500.html on the CMS website.

Electronic Claims Requirements

ASCA requires providers to submit claims to Medicare electronically, with limited exceptions. For more information about the electronic formats, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/HealthCareClaims.html> on the CMS website.

Billing and Coding Requirements When Submitting Institutional Claims

When you submit institutional claims to your MAC, report the appropriate HCPCS code, revenue code, and the corresponding ICD-9-CM diagnosis code in the X12 837-I (Institutional) electronic claim format.

NOTE: If an institution qualifies for an exception to the ASCA requirement, it may use Form CMS-1450 to submit these claims on paper. All providers must use Form CMS-1450 (UB-04) when submitting paper claims. For more information on Form CMS-1450, visit http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450.html on the CMS website.



Types of Bill (TOBs) for Institutional Claims

MACs pay for screening and behavioral counseling interventions in primary care to reduce alcohol misuse when submitted on the following TOBs. For further guidance on the appropriate revenue code, contact your MAC.

Table 3. Facility Types and TOBs for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

Facility Type	TOB
Hospital Outpatient	13X
Rural Health Clinic (RHC)	71X
Federally Qualified Health Center (FQHC)	77X
Critical Access Hospital (CAH)	85X

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Payment Information

Professional Claims

When you bill your MAC, Medicare pays for screening and behavioral counseling interventions in primary care to reduce alcohol misuse under the Medicare Physician Fee Schedule (MPFS).

As with other MPFS services, the non-participating provider reduction and limiting charge provisions apply to all screening and behavioral counseling interventions in primary care to reduce alcohol misuse.

Institutional Claims

When you bill your MAC, Medicare payment for screening and behavioral counseling interventions in primary care to reduce alcohol misuse depends on the type of facility providing the service. Table 4 lists the type of payment that facilities get.

Providers Must Use EFT

All providers enrolling in the Medicare Program for the first time, changing existing enrollment data, or revalidating enrollment must use Electronic Funds Transfer (EFT) to get payments. For more information about EFT, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html> on the CMS website.

Table 4. Facility Payment Methods for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

Facility Type	Basis of Payment
Hospital Outpatient*	Outpatient Prospective Payment System (OPPS)
RHC	All-Inclusive Payment Rate
FQHC	All-Inclusive Payment Rate
CAH	Method I: 101% of reasonable cost for technical component(s) of services Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of MPFS non-facility rate for professional component(s) of services

* Medicare pays Maryland hospitals for inpatient or outpatient services according to the Maryland State Cost Containment Plan.

Reasons for Claim Denial

Medicare may deny coverage of screening and behavioral counseling interventions in primary care to reduce alcohol misuse in several situations, including:

- ▶ The beneficiary got a covered alcohol misuse screening in the last 12 months.
- ▶ The beneficiary got behavior counseling interventions to reduce alcohol misuse when there is no claims history in the previous 12 months of an alcohol misuse screening.
- ▶ The beneficiary got more than four covered behavioral counseling interventions to reduce alcohol misuse visits in the last 12 months.
- ▶ The beneficiary got more than one behavioral counseling intervention to reduce alcohol misuse visit on the same date of service.
- ▶ The beneficiary got screening and behavioral counseling interventions to reduce alcohol misuse from someone who is not a qualified primary care physician or other primary care practitioner.
- ▶ The beneficiary got screening and behavioral counseling interventions to reduce alcohol misuse outside of the primary care setting.

Medicare Contractor Contact Information

For MAC contact information, visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Provider-Compliance-Interactive-Map/Interactive-Map.html> on the CMS website.

You may find specific payment decision information on the Remittance Advice (RA). The RA includes Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) that provide additional information on payment adjustments. For the most current listing of these codes, visit <http://www.wpc-edi.com/reference> on the Internet. You can obtain additional information about claims from your MAC.

RA Information

For more information about the RA, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html> on the CMS website.

Resources

For more information about screening and behavioral counseling interventions in primary care to reduce alcohol misuse, refer to the resources listed in Tables 5 and 6. For educational products for providers and their staff, information on coverage, coding, billing, payment, and claim filing procedures, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device.



Table 5. Provider Resources

Resource	Website
CMS Beneficiary Notices Initiative (BNI)	http://www.cms.gov/Medicare/Medicare-General-Information/BNI
“CMS Electronic Mailing Lists: Keeping Health Care Professionals Informed”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf
“Helping Patients Who Drink Too Much: A Clinician’s Guide”	http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf
“Medicare Claims Processing Manual” – Publication 100-04, Chapter 18, Section 180	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf

Table 5. Provider Resources (cont.)

Resource	Website
Medicare Learning Network® (MLN) Guided Pathways to Medicare Resources	<p>The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources helps providers gain knowledge on resources and products related to Medicare and the CMS website. For more information about preventive services, refer to the “Coverage of Preventive Services” section in the “MLN Guided Pathways to Medicare Resources – Basic Curriculum for Health Care Professionals, Suppliers, and Providers” booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf on the CMS website.</p> <p>For all other “Guided Pathways” resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.</p>
“Medicare National Coverage Determinations Manual” – Publication 100-03, Chapter 1, Part 4, Section 210.8	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf
Medicare Preventive Services General Information	http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo
MLN Matters® Article MM7633, “Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7633.pdf
MLN Matters® Article MM7791, “Contractor and Common Working File (CWF) Additional Instructions Related to Change Request (CR) 7633 – Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7791.pdf

Table 5. Provider Resources (cont.)

Resource	Website
MLN Matters® Articles Related to Medicare-covered Preventive Benefits	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf
MPFS	http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/PhysicianFeeSched
OPPS	http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientPPS
USPSTF Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse Recommendations	For a summary of the USPSTF written recommendations on screening and behavioral counseling for alcohol misuse, visit http://www.uspreventiveservicestaskforce.org/uspstf/uspdrin.htm on the Internet.

Table 6. Beneficiary Resources

Resource	Website/Contact Information
Manage Your Health – Preventive Services	http://www.medicare.gov/coverage/preventive-and-screening-services.html
“Medicare & You: Stay Healthy with Medicare’s Preventive Benefits” Video	http://www.youtube.com/watch?v=mB CF0V4R4A0&feature=relmfu
Medicare Alcohol Misuse Counseling	http://www.medicare.gov/coverage/alcohol-counseling.html
Medicare Beneficiary Help Line and Website	Telephone: Toll-Free: 1-800-MEDICARE (800-633-4227) TTY Toll-Free: 1-877-486-2048 Website: http://www.medicare.gov
“Publications for Medicare Beneficiaries”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BenePubFS-ICN905183.pdf



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