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........................................................................................................ 5  
Coding and Diagnosis Information........................................................................ 5  
Billing Requirements................................................................................................ 6  
Payment Information.............................................................................................. 8  
Reasons for Claim Denial....................................................................................... 9  
Resources.................................................................................................................. 9
The Centers for Medicare & Medicaid Services (CMS) recognizes the crucial role that health care providers play in educating Medicare beneficiaries about potentially life-saving preventive services and screenings, and in providing these services. While Medicare pays for a variety of preventive benefits, many Medicare beneficiaries do not fully realize that using preventive services and screenings can help them live longer, healthier lives. As a health care professional, you can help your Medicare patients understand the importance of disease prevention, early detection, and lifestyle modifications that support a healthier life. This booklet can help you 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.

Overview

Alcohol misuse includes risky/hazardous and harmful drinking, which places individuals at risk for future problems.

The United States Preventive Services Task Force (USPSTF) Recommendation Statement (2004) defines risky or hazardous drinking as:

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

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.

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 (e.g., driving), or who have a medical condition exacerbated by alcohol (e.g., gastritis).

**Coverage Information**

Effective with dates of service on or after October 14, 2011, Medicare covers annual alcohol misuse screening, and for those who screen positive, up to four brief face-to-face behavioral counseling interventions in a 12-month period (i.e., 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;
  - Sustains social, occupational, or recreational disability; or
  - Use continues despite adverse consequences; and
- 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.

**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 who are 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 as primary care settings under this definition:

- Ambulatory surgical centers,
- Emergency departments,
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

► Hospices,
► Independent diagnostic testing facilities,
► Inpatient hospital settings,
► Inpatient rehabilitation facilities, and
► Skilled nursing facilities.

Medicare covers screening and behavioral counseling interventions in primary care to reduce alcohol misuse provided in:

► 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 screening tools are available for screening for alcohol misuse.

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 that has been 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.

Who Are Primary Care Physicians and Practitioners?

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

**Primary Care Physician**
A physician who has a primary specialty designation of:

► Family practice,
► General practice,
► Geriatric medicine,
► Internal medicine,
► Obstetrics/gynecology, or
► Pediatric medicine.

**Primary Care Practitioner**
A qualified non-physician practitioner is a:

► Certified clinical nurse specialist,
► Certified nurse-midwife,
► Nurse practitioner, or
► Physician assistant.
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 2012. The count starts February 2012. The beneficiary may get another alcohol misuse screening in January 2013.

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, listed in Table 1, to report screening to reduce alcohol misuse.

**Table 1. HCPCS Code for Alcohol Misuse Screening**

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Code Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0442</td>
<td>Annual alcohol misuse screening, 15 minutes</td>
</tr>
</tbody>
</table>

Use the following HCPCS code, listed in Table 2, to report counseling to reduce alcohol misuse.

**Table 2. HCPCS Code for Behavioral Counseling Intervention to Reduce Alcohol Misuse**

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Code Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0443</td>
<td>Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</td>
</tr>
</tbody>
</table>
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

**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 Medicare Contractor for further guidance.

**Coming Soon!**

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

For more information, visit [http://www.cms.gov/Medicare/Coding/ICD10](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 carriers or A/B Medicare Administrative Contractors (MACs), 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](http://www.cms.gov/Medicare/Coding/place-of-service-codes) 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](http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500.html) on the CMS website.

**Electronic Claims Requirements**


**Billing and Coding Requirements When Submitting Institutional Claims**

When you submit institutional claims to Fiscal Intermediaries (FIs) or A/B MACs, 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](http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450.html) on the CMS website.
Types of Bill (TOBs) for Institutional Claims

The FI or A/B MAC pays for screening and behavioral counseling interventions in primary care to reduce alcohol misuse when submitted on the following TOBs, listed in Table 3. For further guidance on the appropriate revenue code, contact your local Medicare Contractor.

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

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>TOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Outpatient</td>
<td>13X</td>
</tr>
<tr>
<td>Rural Health Clinic (RHC)</td>
<td>71X</td>
</tr>
<tr>
<td>Federally Qualified Health Center (FQHC)</td>
<td>77X</td>
</tr>
<tr>
<td>Critical Access Hospital (CAH)</td>
<td>85X</td>
</tr>
</tbody>
</table>

Additional Billing Instructions for FQHCs and RHCs

The professional component of preventive services is within the scope of covered FQHC or RHC services. The professional component is a physician’s interpretation of the results of an examination. For instructions on billing the professional component, visit [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf) on the CMS website.

The technical component is services rendered outside the scope of the physician’s interpretation of the results of an examination. If you perform technical components of services, not within the scope of covered FQHC or RHC services, in association with professional components, how you bill depends on whether the FQHC or RHC is independent or provider-based:

► **For Provider-Based FQHCs or RHCs:** Bill the technical component of the service on the TOB for the base provider and submit to the FI or A/B MAC in the 837-I format. For more information on billing instructions for provider-based FQHCs or RHCs, visit [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html) on the CMS website and choose the appropriate chapter based on your facility type.


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Payment Information

Professional Claims

When you bill your carrier or A/B 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 FI or A/B 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.

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

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Basis of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Outpatient*</td>
<td>Outpatient Prospective Payment System (OPPS)</td>
</tr>
<tr>
<td>RHC</td>
<td>All-Inclusive Payment Rate</td>
</tr>
<tr>
<td>FQHC</td>
<td>All-Inclusive Payment Rate</td>
</tr>
</tbody>
</table>
| 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.

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](http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html) on the CMS website.
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 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 outside of the primary care setting.
► The beneficiary got screening and behavioral counseling interventions to reduce alcohol misuse furnished by someone who is not a qualified primary care physician or other primary care practitioner.

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.

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 Medicare Fee-For-Service health care professionals 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 to the right with your mobile device.
### Table 5. Provider Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Beneficiary Notices Initiative (BNI)</td>
<td><a href="http://www.cms.gov/Medicare/Medicare-General-Information/BNI">http://www.cms.gov/Medicare/Medicare-General-Information/BNI</a></td>
</tr>
</tbody>
</table>

**Medicare Learning Network® (MLN) Guided Pathways to Medicare Resources**


| Medicare Physician Fee Schedule (MPFS)                                                                 | http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/PhysicianFeeSched |
### Table 5. Provider Resources (cont.)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Preventive Services General Information</td>
<td><a href="http://www.cms.gov/Medicare/Prevention/PreventionGenInfo">http://www.cms.gov/Medicare/Prevention/PreventionGenInfo</a></td>
</tr>
<tr>
<td>Outpatient Prospective Payment System (OPPS)</td>
<td><a href="http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientPPS">http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/HospitalOutpatientPPS</a></td>
</tr>
<tr>
<td>USPSTF Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse Recommendations</td>
<td>For a summary of the USPSTF written recommendations on screening and behavioral counseling for alcohol misuse, visit <a href="http://www.uspreventiveservicestaskforce.org/uspstf/uspsdrin.htm">http://www.uspreventiveservicestaskforce.org/uspstf/uspsdrin.htm</a> on the Internet.</td>
</tr>
</tbody>
</table>
### Table 6. Beneficiary Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Medicare &amp; You: Stay Healthy with Medicare’s Preventive Benefits” Video</td>
<td><a href="http://www.youtube.com/watch?v=mBCF0V4R4A0&amp;feature=relmfu">http://www.youtube.com/watch?v=mBCF0V4R4A0&amp;feature=relmfu</a></td>
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