

Preventive Services: Smoking Cessation and Screening/Interventions to Reduce Alcohol Misuse

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Today's Presenters

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Objectives

- After this session, attendees will be able to
 - Discuss the coverage guidelines for these preventive services
 - Properly bill Medicare for these services
 - Avoid common claim denials
 - Know where to go for more information

Agenda

- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse
- Counseling to prevent tobacco use for asymptomatic beneficiaries

Coverage

- Each of the behavioral counseling interventions must be consistent with the 5 “A” approach
 - Assess
 - Advise
 - Agree
 - Assist
 - Arrange

5 “A” Framework/Approach

■ Assess

- Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods

■ Advise

- Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits

5 “A” Framework/Approach

- Agree

- Collaboratively select appropriate treatment goals and methods based on patient’s interest in and willingness to change the behavior

5 “A” Framework/Approach

■ Assist

- Using behavior change techniques (self-help and/or counseling), aid patient in achieving agreed-upon goals by acquiring skills, confidence, and social/environmental supports for behavior change
- Supplement with adjunctive medical treatments when appropriate

5 “A” Framework/Approach

■ Arrange

- Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support
- Adjust treatment plan as needed, including referral to more intensive or specialized treatment

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

Coverage

- Medicare benefit to reduce alcohol misuse
 - Two parts to benefit
 - Annual screening (all beneficiaries)
 - Behavioral counseling intervention (when criteria met)
 - Must be rendered by qualified primary care physician or practitioner in primary care setting
 - No specific alcohol misuse screening tool required
 - Discretion of practitioner

Commonly Used Alcohol Misuse Screening Questionnaires

■ For adults

- AUDIT (Alcohol Use Disorders Identification Test)
- CAGE (Cut down, Annoyed, Guilt, Eye-opener)
- MAST (Michigan Alcohol Screening Test)
- AUDIT-C (AUDIT-Consumption)

■ For pregnant women

- T-ACE (Tolerance – Annoyed, Cut down, Eye-opener)
- TWEAK (Tolerance, Worried, Eye-opener, Amnesia, K/Cut down)

USPSTF Recommendation Statement Definitions

- Alcohol misuse covers full spectrum of unhealthy drinking behaviors (risky through dependence)
 - Risky or hazardous drinking, defined for general adult population as
 - > Seven drinks per week or > three drinks per occasion for women,
 - > 14 drinks per week or > four drinks per occasion for men
 - Harmful drinking
 - Physical, social or psychological harm from alcohol use, but does not meet criteria for dependence

Alcohol Dependence

- 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
 - Continuous use despite adverse consequences

Applicable Part B Specialty Types

- General practice
- Family practice
- Internal medicine
- Obstetrics/gynecology
- Pediatric medicine
- Geriatric medicine
- Certified nurse midwife
- Nurse practitioner
- Certified clinical nurse specialist
- Physician assistant

Primary Care Settings

- Physician's office
- Outpatient hospital
- Independent clinic
- State or local public health clinic
- FQHC
- RHC

Nonprimary Care Settings

- Ambulatory surgical center
- Emergency department
- Hospice
- Independent diagnostic testing facility
- Inpatient hospital
- Inpatient rehabilitation facility
- Skilled nursing facility

Coverage - Behavioral Counseling Interventions

- Covered when patient screened positive for alcohol misuse but not alcohol dependence
- Up to four, brief, face-to-face behavioral counseling interventions covered per year
- Patient must be competent and alert during counseling
- Counseling furnished by qualified primary care physician or other primary care practitioner in primary care setting

Billing

- HCPCS codes

- G0442: Annual Alcohol Misuse Screening, 15 minutes
- G0443: Brief face-to-face behavioral counseling for Alcohol Misuse, 15 minutes

- Diagnosis code

- Medicare Coverage – General Information ICD-10
 - for individual CRs and coding translations for ICD-10

Billing

- Both screening and counseling can be covered on same DOS
 - Except in RHCs and FQHCs
- No more than one G0443 service can be paid for per DOS
- No payment for additional time spent in screening or counseling

Cost-Sharing and Reimbursement

■ Cost-sharing

- Deductible waived
- Coinsurance waived

■ Reimbursement

- MPFS
 - [Our website](#) > Fee Schedule Lookup
- Nonparticipating providers
 - Nonparticipating reduction applies
 - Limiting charge provision applies

Common Claim Denial Reasons

- Covered alcohol misuse screening in last 12 months
- Received behavioral counseling interventions to reduce alcohol misuse but no claims history in previous 12 months of alcohol misuse screening
- More than four covered behavioral counseling interventions to reduce alcohol misuse visits in last 12 months

Common Claim Denial Reasons

- More than one behavioral counseling intervention to reduce alcohol misuse visit on same date of service
- Received screening and behavioral counseling interventions to reduce alcohol misuse from someone who is not a qualified primary care physician or other primary care practitioner

Common Claim Denial Reasons

- Received screening and behavioral counseling interventions to reduce alcohol misuse outside of primary care setting

Counseling to Prevent Tobacco Use for Asymptomatic Beneficiaries

Coverage

- Medicare will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries
 - Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease
 - Who are competent and alert at the time that counseling is provided and
 - Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner

Frequency

- Counseling to prevent tobacco use
 - Two individual tobacco cessation counseling attempts per year
 - Each attempt may include a maximum of four intermediate or intensive sessions, with a total benefit covering up to eight sessions per year
 - Intermediate: greater than 3 minutes up to 10 minutes
 - Intensive: greater than 10 minutes
- Coinsurance and deductible are waived

Applicable Part B Specialty Types

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Clinical psychologist
- LCSW

Billing

■ Codes

- 99406: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407: Smoking and tobacco cessation counseling visit; intensive, greater than ten minutes
- [Medicare Coverage – General Information ICD-10](#)
 - for individual CRs and coding translations for ICD-10

Common Claim Denial Reasons

- These services cannot be paid because your benefits are exhausted at this time
- Benefit maximum for this time period or occurrence has been reached
- The number of days or units of service exceeds our acceptable maximum

Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography

- Covered once per year for patients that meet all criteria
 - Age 55-77
 - Asymptomatic
 - Either a current smoker or has quite smoking within the last 15 years
 - Tobacco smoking history of at least 30 “pack years”
 - Written order from doctor or qualified practitioner
- Copay/coinsurance/deductible waived

Frequency: LDCT - Initial

- Initial LDCT lung cancer screening service
- Beneficiary must receive a written order during a lung cancer screening counseling and shared decision making visit
 - Determination of beneficiary eligibility
 - Shared decision making
 - Counseling on the importance of adherence to annual screenings
 - Counseling on maintaining cigarette smoking abstinence/cessation

Frequency: LDCT - Subsequent

- Subsequent LDCT lung cancer screenings
- Beneficiary must receive a written order which may be furnished during any appropriate visit with a physician or qualified nonphysician practitioner
 - Written orders for both initial and subsequent screenings must contain the following: date of birth; actual pack year smoking history (number); current smoking status or number of years since quitting smoking; statement the beneficiary is asymptomatic; NPI of ordering practitioner

Billing

- HCPCS codes

- G0296: Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)
- G0297: Low dose CT scan (LDCT) for lung cancer screening
- Medicare Coverage – General Information ICD-10
 - for individual CRs and coding translations for ICD-10

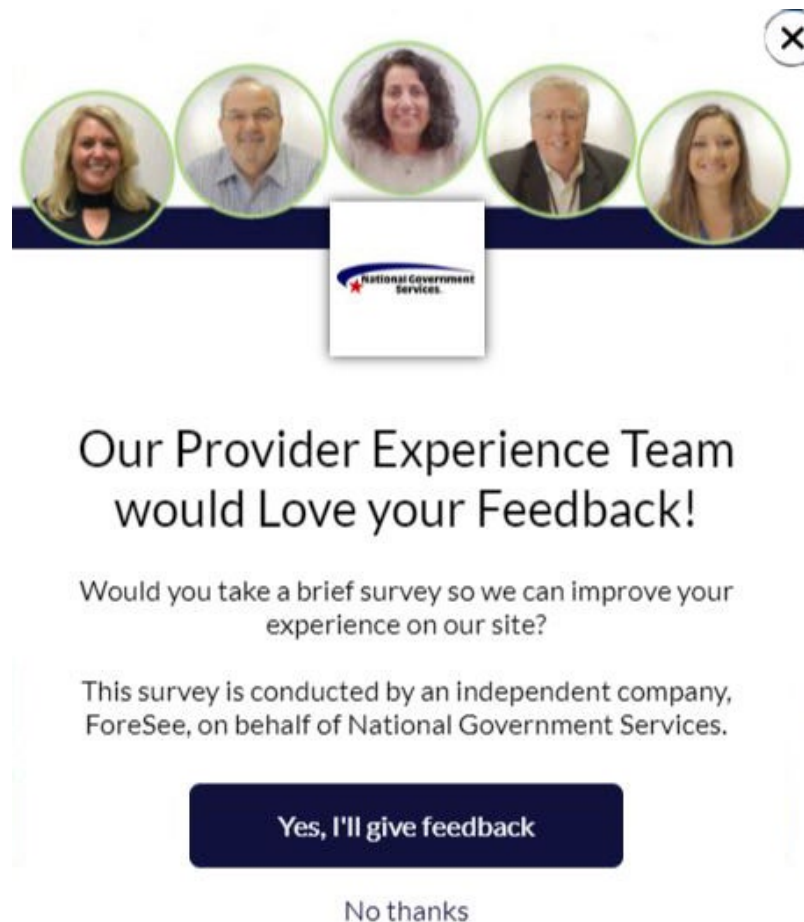
References

- [CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 18, Section 180](#)
- [MLN Matters Article MM7633 Revised: Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)
- CMS Medicare Learning Network®
 - [Preventive Services Quick Reference Chart](#)

References

- [Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography \(LDCT\) \(CAG-00439N\)](#)
- [National Coverage Determination \(NCD\) for Counseling to Prevent Tobacco Use \(210.4.1\)](#)

Website and Portal Satisfaction – We Value Your Feedback



A survey interface for National Government Services. At the top, there are five circular headshots of team members and a close button (X). Below them is the National Government Services logo. The main text asks for feedback on the provider experience. A question is posed: 'Would you take a brief survey so we can improve your experience on our site?'. A note states the survey is conducted by ForeSee on behalf of National Government Services. Two buttons are provided: 'Yes, I'll give feedback' (highlighted in dark blue) and 'No thanks' (in light gray).

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Would you take a brief survey so we can improve your
experience on our site?

This survey is conducted by an independent company,
ForeSee, on behalf of National Government Services.

Yes, I'll give feedback

No thanks

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

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