

# Alcohol Misuse, Counseling to Prevent Tobacco Use and Lung Cancer Screening

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# Objective

After this session, attendees will be able to discuss the preventive services coverage guidelines, properly bill Medicare to avoid common claim denials, and know where to go for more information.



# Today's Presenters

- Provider Outreach and Education Consultants
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# Agenda

- [Alcohol Misuse Screening and Counseling](#)
- [Counseling to Prevent Tobacco Use](#)
- [Lung Cancer Screening](#)

# Alcohol Misuse Screening and Counseling

# Coverage

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





# Five “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.



## Agree

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





# Five “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.

## 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.

# 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

- Telehealth (2 or 10)
- Physician's office (11)
- Off campus outpatient hospital (19)
- Outpatient hospital (22)
- Independent clinic (49)
- State or local public health clinic (71)
- FQHC (50)
- RHC (72)

# 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, 5-15 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
- More than one behavioral counseling intervention to reduce alcohol misuse visit on the same date of service



# Common Claim Denial Reasons

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

# FAQs

- An AWW (G0438), subsequent AWW (G0439) or IPPE (G0402) can be performed on the same day as an alcohol misuse screening (G0442)
- A separately identifiable E/M visit (with modifier 25) can be billed on the same day
  - Must be documented that the reason for the visit was unrelated to the alcohol misuse screening
- Can be performed via telehealth

# Counseling to Prevent Tobacco Use

# 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 three minutes up to ten minutes
      - Intensive: greater than ten minutes
- Coinsurance, copayment and deductible are waived

# Billing

- Codes
  - 99406: Smoking and tobacco-use cessation counseling visit; intermediate, greater than three minutes up to ten minutes
  - 99407: Smoking and tobacco cessation counseling visit; intensive, greater than ten minutes
- ICD-10 Diagnosis Coding
  - F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A and Z87.891
  - [Medicare Coverage – General Information ICD-10](#)
    - for individual CRs and coding translations for ICD-10

# Documentation Tips

- Type or method of tobacco use (cigarettes, pipe, vaping, etc.)
- Amount of use (i.e., asking if the use qualifies as dependence)
- Impact (personal considering comorbidities; family, financial)
- Methods and skills for cessation
- Resources available
- Willingness to attempt to quit
- If willing to attempt to quit, agreement on plan of approach
- Implementation date/method of follow-up
- Documentation of exact time spent counseling the patient

# 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



# Coverage

- Covered once per year for patients that meet all criteria
  - Age 50–77
  - Asymptomatic
  - Either a current smoker or has quite smoking within the last 15 years
  - Tobacco smoking history of at least 20 “pack years”
  - Receive an order for lung cancer screening with LDCT

# Frequency: LDCT – Initial

- Initial LDCT lung cancer screening service
- Beneficiary must receive an order during a lung cancer screening counseling and shared decision-making visit which may be furnished by auxiliary personnel incident-to a physician's professional service
  - Determination of beneficiary eligibility
  - Shared decision-making including use of one or more decision aids
  - 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 an order which may be furnished during any appropriate visit with a physician or qualified nonphysician practitioner
- Shared decision-making visit may also be furnished by auxiliary personnel incident-to a physician's professional service

# Order

- Must contain the following
  - Patient's date of birth
  - Number of pack-year smoking history (number)
  - Current smoking status
    - If former smoker, how many years since quitting
  - Statement indicating asymptomatic
  - NPI number of ordering provider
- Must be documented in the medical record

# 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)
  - 71271: Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
  - Copayment, coinsurance and deductible are waived
  - ICD-10: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891
  - [Medicare Coverage – General Information ICD-10](#)
    - For individual CRs and coding translations for ICD-10



# Common Claim Denial Reason

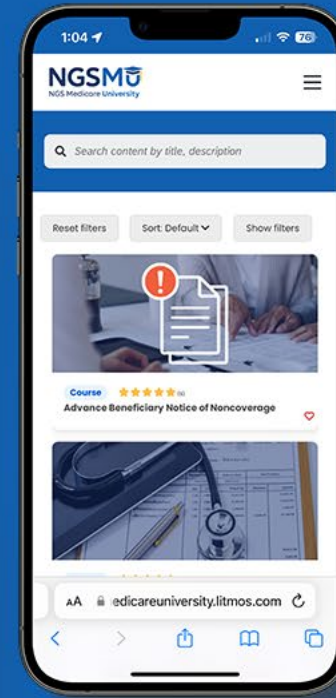
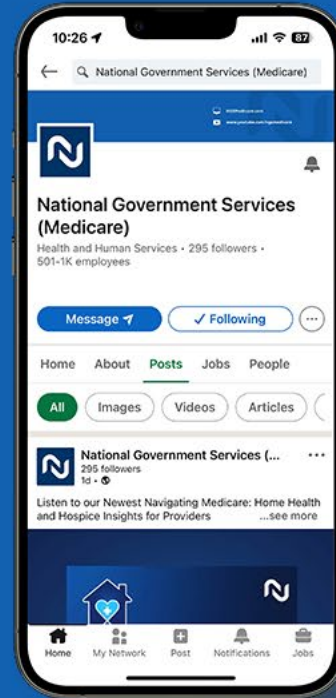
- The procedure/revenue code is inconsistent with the patient's age

# References

- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 180](#)
- MLN® Educational Tool [Preventive Services Quick Reference Chart](#)
- [National Coverage Determination \(NCD\) for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse \(210.8\)](#)

# References

- [National Coverage Determination \(NCD\) for Lung Cancer Screening with Low Dose Computed Tomography \(LDCT\) \(210.14\)](#)
- [National Coverage Determination \(NCD\) for Counseling to Prevent Tobacco Use \(210.4.1\)](#)



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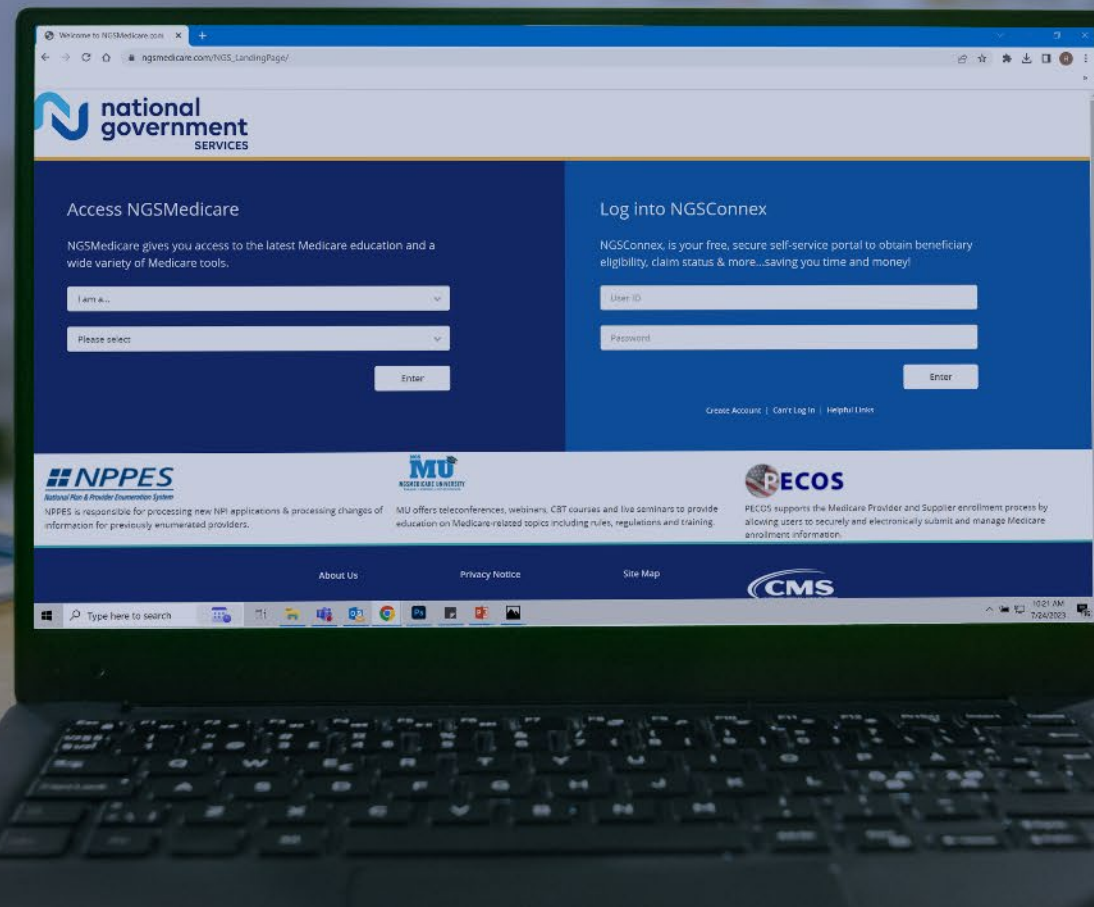


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The background is a solid blue color with a complex, abstract pattern of overlapping geometric shapes. These shapes include various polygons, triangles, and rounded rectangles in different shades of blue, creating a layered, three-dimensional effect. The shapes are arranged in a way that suggests movement and depth, with some shapes appearing to be in the foreground and others receding into the background.

# Questions?

Thank you!