

Preventive Services: Alcohol Misuse Screening/Counseling and Lung Cancer Screening

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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
- Lung Cancer Screening

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

Five "A" Framework/Approach

- 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

Five "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

FAQs

- An AWW (G0438), subsequent AWW (G0439) or IPPE (G0402) can be performed on the same day as a 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

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

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
- Copay/coinsurance/deductible waived

Written 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

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 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 a written order which may be furnished during any appropriate visit with a physician or qualified nonphysician 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)
 - 71271: Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
 - 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 for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse \(210.8\)](#)

References

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

Thank You!

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

