

Alcohol Misuse and Opioid Use Disorder Screening/Treatment, 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

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Agenda

- [Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)
- [Opioid Use Disorder Screening and Treatment](#)
- [Counseling to Prevent Tobacco Use for Asymptomatic Beneficiaries](#)
- [Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography](#)

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.

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

- 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

Opioid Use Disorder Screening and Treatment

CPT Coding

- Opioid Use Disorder Screening & Treatment

| Service | HCPCS Code | Things to Know |
|-----------------|------------|--|
| IPPE | G0402 | You're required to screen for OUD as part of the IPPE |
| Initial AWV | G0438 | You're required to screen for OUD as part of the AWV |
| Subsequent AWVs | G0439 | You're required to screen for OUD as part of subsequent AWVs |

CPT Coding

| Service | HCPCS Code | Things to Know |
|---------|------------|--|
| SBIRT | G2011 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 5-14 minutes |
| SBIRT | G0396 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes |
| SBIRT | G0397 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes |

If I Diagnose a Patient with OUD, What are the Treatment Options?

- Medicare pays for certain treatment services
 - Evaluation and management visits for medication management
 - Office-based substance use disorder (SUD) treatment services
 - Opioid Treatment Program (OTP) (a more comprehensive treatment)

Office-Based Substance Use Disorder Treatment Billing

- Coding and billing for a monthly bundle of services for the treatment of SUD includes
 - Overall management
 - Care coordination
 - Individual and group psychotherapy
 - Substance use counseling
 - Add-on code for additional counseling

HCPCS Code for Office-Based SUD Treatment

| HCPCS Code | Service |
|------------|--|
| G2086 | <p>In the first calendar month</p> <ul style="list-style-type: none">• Developed the treatment plan• Coordinated care• Provided at least 70 minutes of office-based treatment for SUD, which could include development of the treatment plan, care coordination, individual therapy, group therapy, and counseling |
| G2087 | <p>In a subsequent calendar month</p> <ul style="list-style-type: none">• Coordinated care• Provided at least 60 minutes of office-based treatment for SUD, which could include care coordination, individual therapy, group therapy, and counseling |
| G2088 | <p>Coordinated care</p> <ul style="list-style-type: none">• Provided more than 120 minutes of office-based treatment for SUD, which could include care coordination, individual therapy, group therapy, and counseling <p>Note: Bill each additional 30 minutes separately and include the code for primary procedure</p> |

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 three minutes up to ten minutes
 - Intensive: greater than ten minutes
- Coinsurance, copayment 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 three minutes up to ten minutes
 - 99407: Smoking and tobacco cessation counseling visit; intensive, greater than ten minutes
 - ICD-10: 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

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

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

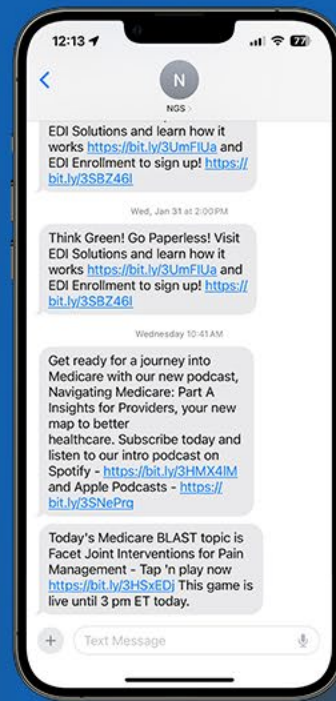
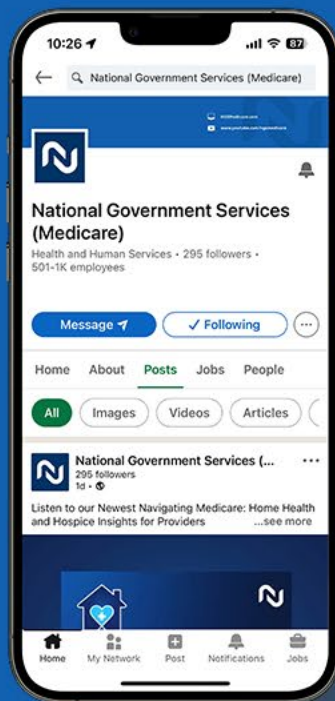
- The procedure/revenue code is inconsistent with the patient's age

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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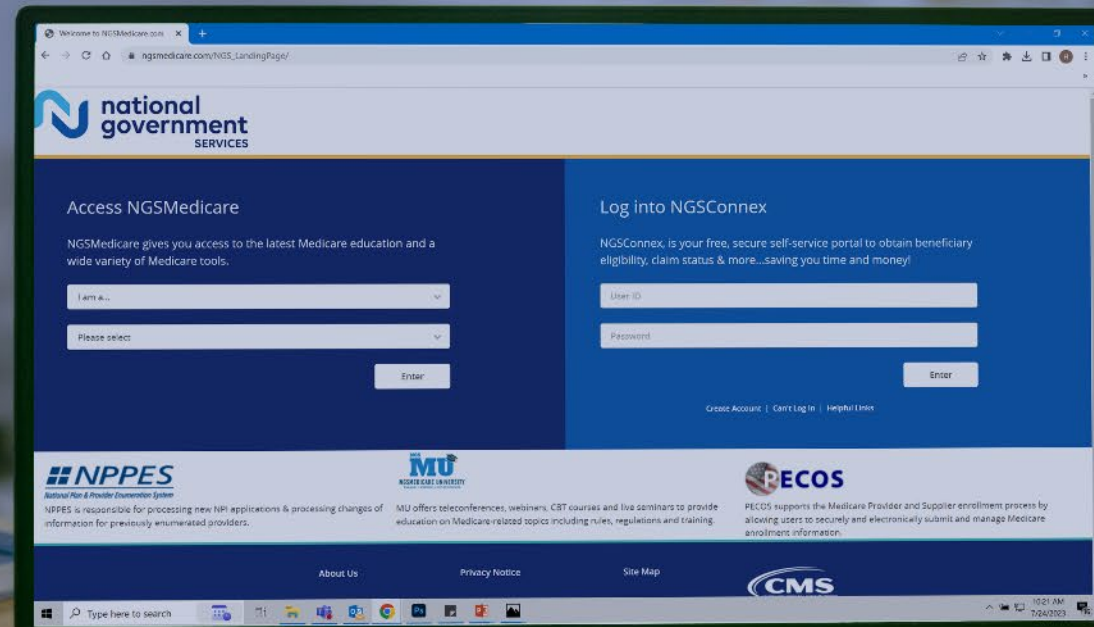
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