

# Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (NCD 210.8)

Guideline Number: MPG273.06

Approval Date: July 8, 2020

[↪ Terms and Conditions](#)

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**Related Medicare Advantage Reimbursement Policy**

- [Telehealth and Telemedicine Policy, Professional](#)

**Related Medicare Advantage Coverage Summaries**

- [Preventive Health Services and Procedures](#)
- [Telemedicine/Telehealth Services](#)

## Policy Summary

[↪ See Purpose](#)

### Overview

Annual screening and behavioral counseling for alcohol misuse in adults is recommended with a grade of B by the U.S. Preventive Services Task Force (USPSTF) and is appropriate for individuals entitled to benefits under Part A and Part B.

CMS will cover annual alcohol screening and up to four, brief face-to-face behavioral counseling in primary care settings to reduce alcohol misuse. CMS does not identify specific alcohol misuse screening tools. Instead, 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.

### Guidelines

#### Nationally Covered Indications

CMS will cover annual alcohol screening, and for those that screen positive, up to four brief, face-to-face, behavioral counseling interventions per year for Medicare beneficiaries, including pregnant women:

- Who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence (defined as at least three of the following: tolerance, withdrawal symptoms, impaired control, preoccupation with acquisition and/or use, persistent desire or unsuccessful efforts to quit, sustains social, occupational, or recreational disability, use continues despite adverse consequences); and
- Whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting; and,
- Who are competent and alert at the time that counseling is provided.

Each of the behavioral counseling interventions should be consistent with the 5A's approach that has been adopted by the USPSTF to describe such services. They are:

- 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 the patient’s interest in and willingness to change the behavior.
- 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.
- 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.

For the purposes of this policy, a primary care setting is defined as one in which there is 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. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities and hospices are not considered primary care settings under this definition.

### ***Nationally Non-Covered Indications***

- Alcohol screening is non-covered when performed more than one time in a 12-month period.
- Brief face-to-face behavioral counseling interventions are non-covered when performed more than once a day; that is, two counseling interventions on the same day are non-covered.
- Brief face-to-face behavioral counseling interventions are non-covered when performed more than four times in a 12-month period.

### ***Other***

Medicare coinsurance and Part B deductible are waived for this preventive service.

## **Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

Modifier	Description
<b>For Telehealth Services</b>	
GQ	Via asynchronous telecommunications system

Place of Service Code	Description
02	Telehealth
11	Physician’s office
19	Off Campus-Outpatient Hospital
22	Outpatient hospital
49	Independent clinic
71	State or local public health clinic

Provider Specialty Code: Primary Care Providers	Description
01	General Practice
08	Family Practice
11	Internal Medicine
16	Obstetrics/Gynecology
37	Pediatric Medicine
38	Geriatric Medicine
42	Certified Nurse-Midwife
50	Nurse Practitioner
89	Certified Clinical Nurse Specialist
97	Physician Assistant

## References

### CMS National Coverage Determinations (NCDs)

[NCD 210.8 Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)

### CMS Claims Processing Manual

[Chapter 12: § 190 Medicare Payment for Telehealth Services](#)

[Chapter 18 § 180 - Alcohol Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)

[Chapter 32: § 180.4 Claim Adjustment Reason Codes, Remittance Advice Remark Codes, Group Codes, and Medicare Summary Notice Messages, § 180.5 Additional CWF and Contractor Requirements](#)

### CMS Transmittal(s)

[Transmittal 138, Change Request 7633, Dated 11/23/2011 \(Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse\)](#)

[Transmittal 2358, Change Request 7633, Dated 11/23/2011 \(Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse\)](#)

[Transmittal 2433, Change Request 7633, Dated 03/26/2012 \(Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse\)](#)

[Transmittal 2488, Change Request 7791, Dated June 21, 2012 \(Contractor and Common Working File \(CWF\) Additional Instructions Related to Change Request \(CR\) 7633 - Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse\)](#)

[Transmittal 2544, Change Request 7791, Dated 09/13/2012 \(Contractor and Common Working File \(CWF\) Additional Instructions Related to Change Request \(CR\) 7633 - Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse\)](#)

### MLN Matters

[Article MM7633, Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)

[Article MM7791, Contractor and Common Working File \(CWF\) Additional Instructions Related to Change Request \(CR\) 7633 - Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)

[Article MM9428, Telehealth Services](#)

[Article MM10152, Elimination of the GT Modifier for Telehealth Services](#)

### UnitedHealthcare Commercial Policy

[Preventive Care Services](#)

## Other(s)

[CMS List of Telehealth Services, CMS Website](#)

[CMS Prevention Information - Screening and Counseling to Reduce Alcohol Misuse](#)

[CMS Preventive Services Quick Reference Chart](#)

[Medicare Learning Network Telehealth Services](#)

[U.S. Preventive Services Task Force, Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions, Dated 11/13/2018](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
07/08/2020	<b>Related Policies</b> <ul style="list-style-type: none"><li>Added reference link to the Medicare Advantage Reimbursement Policy titled <i>Telehealth and Telemedicine Policy, Professional</i></li></ul> <b>Applicable Codes</b> <ul style="list-style-type: none"><li>Added Modifier code GQ</li><li>Added Place of Service (POS) code 02</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG273.05</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered,

which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).