

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-03 Medicare National Coverage Determinations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 138</b>	<b>Date: November 23, 2011</b>
	<b>Change Request 7633</b>

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

**I. SUMMARY OF CHANGES:** Effective with dates of service on and after October 14, 2011, CMS will cover annual alcohol screening, and for those that screen positive, up to 4, brief, face-to-face behavioral counseling interventions annually for Medicare beneficiaries, including pregnant women.

This revision [to the Medicare National Coverage Determinations Manual] is a national coverage determination (NCD). NCDs are binding on all carriers, fiscal intermediaries, [contractors with the Federal government that review and/or adjudicate claims, determinations, and/or decisions], quality improvement organizations, qualified independent contractors, the Medicare appeals council, and administrative law judges (ALJs) (see 42 CFR section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See section 1869(f)(1)(A)(i) of the Social Security Act.)

**EFFECTIVE DATE: October 14, 2011**

**IMPLEMENTATION DATE: December 27, for non-systems changes**

**April 2, 2012 for shared system changes, July 2, 2012, for CWF provider screens, HICR changes, and MCS MCSDT changes**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N	Table Of Contents
N	1/4/210.8/Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is

not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Business Requirements

Pub. 100-03	Transmittal: 138	Date: November 23, 2011	Change Request: 7633
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**SUBJECT: Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse**

**Effective Date:** October 14, 2011

**Implementation Date:** December 27, 2011 for non-systems changes  
April 2, 2012 for shared system changes  
July 2, 2012, for CWF provider screens, HICR changes, and MCS  
MCSDT changes

## I. GENERAL INFORMATION

**A. Background:** Pursuant to §1861(ddd) of the Social Security Act, the Centers for Medicare & Medicaid Services (CMS) may add coverage of "additional preventive services" through the National Coverage Determination process if all of the following criteria are met. They must be: (1) reasonable and necessary for the prevention or early detection of illness or disability, (2) recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF), and, (3) appropriate for individuals entitled to benefits under Part A or enrolled under Part B of the Medicare Program. CMS reviewed the USPSTF's "B" recommendation and supporting evidence for "Screening and Behavioral Counseling Intervention in Primary Care to Reduce Alcohol Misuse" preventive services and determined that all three criteria were met.

According to the USPSTF (2004), alcohol misuse includes risky/hazardous and harmful drinking which place individuals at risk for future problems; and in the general adult population, risky or hazardous drinking is defined as >7 drinks per week or >3 drinks per occasion for women, and >14 drinks per week or >4 drinks per occasion for men. Harmful drinking describes those persons currently experiencing physical, social or psychological harm from alcohol use, but who do not meet criteria for dependence.

In the Medicare population, Saitz (2005) defined risky use as >7 standard drinks per week or >3 drinks per occasion *for women and persons >65 years of age*, and >14 standard drinks per week or >4 drinks per occasion *for men ≤65 years of age*. Importantly, Saitz included the caveat that such thresholds do not apply to pregnant women for whom the healthiest choice is generally abstinence. The 2005 [Clinician's Guide](#) from the National Institutes of Health National Institute on Alcohol Abuse and Alcoholism also stated that clinicians recommend lower limits or abstinence for patients taking medication that interacts with alcohol, or who engage in activities that require attention, skill, or coordination (e.g., driving), or who have a medical conditions exacerbated by alcohol (e.g., gastritis).

**B. Policy:** Effective for claims with dates of service October 14, 2011, and later, CMS covers 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,
- who are competent and alert at the time that counseling is provided; and,
- whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.

Each of the four behavioral counseling interventions must be consistent with the 5A’s approach that has been adopted by the USPSTF to describe such services:

1. **Assess:** Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
3. **Agree:** Collaboratively select appropriate treatment goals and methods based on the patient’s interest in and willingness to change the behavior.
4. **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.
5. **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.

In outpatient hospital settings, as in any other setting, services covered under this NCD must be provided by a primary care provider. For the purposes of this NCD, a “primary care physician” and “primary care practitioner” will be defined consistent with existing sections of the Social Security Act (§1833(u)(6), §1833(x)(2)(A)(i)(I) and §1833(x)(2)(A)(i)(II)).

§1833(u)

(6) Physician Defined.—For purposes of this paragraph, the term “physician” means a physician described in section [1861\(r\)\(1\)](#) and the term “primary care physician” means a physician who is identified in the available data as a general practitioner, family practice practitioner, general internist, or obstetrician or gynecologist.

§1833(x)(2)(A)(i)

(I) is a physician (as described in section [1861\(r\)\(1\)](#)) who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine; or

(II) is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section [1861\(aa\)\(5\)](#));

NOTE: Two new G codes, G0442 (Annual Alcohol Misuse Screening, 15 minutes), and G0443 (Brief face-to-face behavioral counseling for Alcohol Misuse, 15 minutes), are effective October 14, 2011, and will appear in the January quarterly update of the Medicare Physician Fee Schedule Database (MPFSDB) and Integrated Outpatient Code Editor (IOCE).

**II. BUSINESS REQUIREMENTS TABLE**

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B  M A C	D M E  M A C	F I  I E R	C A R  I E R	R H H I  S S	Shared-System Maintainers					OTHER
							F I S	M C S	V M S	C W F		
7633-03.1	Effective for claims with dates of service on and after October 14, 2011, contractors shall allow coverage of annual alcohol misuse screening, 15 minutes, G0442,	X		X	X							January 2012 MPFSD

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				I S S	M C S	V M S	C W F	
	and brief face-to-face behavioral counseling for alcohol misuse, 15 minutes, G0443. Coverage is subject to criteria in Pub. 100-03, NCD Manual, section 210.8. Refer to Pub 100-04, Claims Processing Manual for claims processing instructions.										B & IOCE

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				I S S	M C S	V M S	C W F	
7633-03.2	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X						

### IV. SUPPORTING INFORMATION

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers: N/A**

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For all other recommendations and supporting information, use this space: N/A**

## **V. CONTACTS**

### **Pre-Implementation Contact(s):**

Coverage Policy: Maria Ciccanti, 410-786-3107, [maria.ciccanti@cms.hhs.gov](mailto:maria.ciccanti@cms.hhs.gov), Wanda Bell, 410-786-7491, [wanda.belle@cms.hhs.gov](mailto:wanda.belle@cms.hhs.gov), Pat Brocato-Simons, 410-786-0261, [patricia.brocato-simons@cms.hhs.gov](mailto:patricia.brocato-simons@cms.hhs.gov),

Part B Claims Processing: Yvette Cousar, 410-786-2160, [Yvette.cousar@cms.hhs.gov](mailto:Yvette.cousar@cms.hhs.gov), Chanelle Jones, 410-786-9668, [chanelle.jones@cms.hhs.gov](mailto:chanelle.jones@cms.hhs.gov),

Part A Claims Processing: Sarah Shirey-Losso, 410-786-0187, [sarah.shirey-losso@cms.hhs.gov](mailto:sarah.shirey-losso@cms.hhs.gov), Shauntari Cheely, 410-786-1818, [Shauntari.cheely1@cms.hhs.gov](mailto:Shauntari.cheely1@cms.hhs.gov);

Beneficiary Eligibility Inquiry/Response Transactions: Ada Sanchez, 410-786-9466, [ada.sanchez@cms.hhs.gov](mailto:ada.sanchez@cms.hhs.gov), Delena Marine, 410-786-2127, [delena.marine2@cms.hhs.gov](mailto:delena.marine2@cms.hhs.gov).

### **Post-Implementation Contact(s):**

Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

## **VI. FUNDING**

### **Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### **Section B: For *Medicare Administrative Contractors (MACs)*:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

## ***210.8 – Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (Effective October 14, 2011)***

***(Rev.138, Issued: 11-23-11, Effective: 10-14-11, Implementation: 12-27-11 non-system changes, 04-02-12 shared system changes, 07-02-12 CWF/HICR/MCS MCSDT )***

### ***A. General***

*Based upon authority to cover “additional preventive services” for Medicare beneficiaries if certain statutory requirements are met, the Centers for Medicare & Medicaid Services (CMS) initiated a new national coverage analysis on annual screening and brief behavioral counseling in primary care to reduce alcohol misuse in adults, including pregnant women. 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. Rather, 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.*

### ***B. Nationally Covered Indications***

*Effective for claims with dates of service on or after October 14, 2011, 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*
- Who are competent and alert at the time that counseling is provided; and,*
- Whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.*

*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:*

- 1. Assess: Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.*
- 2. Advise: Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.*
- 3. Agree: Collaboratively select appropriate treatment goals and methods based on the patient’s interest in and willingness to change the behavior.*

4. *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.*
5. *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.*

*For the purposes of this policy a “primary care physician” and “primary care practitioner” are to be defined based on two existing sections of the Social Security Act, §1833(u)(6), §1833(x)(2)(A)(i)(I) and §1833(x)(2)(A)(i)(II):*

§1833(u)

*(6)Physician Defined.—For purposes of this paragraph, the term “physician” means a physician described in section 1861(r)(1) and the term “primary care physician” means a physician who is identified in the available data as a general practitioner, family practice practitioner, general internist, or obstetrician or gynecologist.*

§1833(x)(2)(A)(i)

*(I) is a physician (as described in section 1861(r)(1)) who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine; or  
(II) is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861(aa)(5)).*

**C. *Nationally Non-Covered Indications***

1. *Alcohol screening is non-covered when performed more than one time in a 12-month period.*
2. *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.*
3. *Brief face-to-face behavioral counseling interventions are non-covered when performed more than four times in a 12-month period*

**D. *Other***

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

*(This NCD last reviewed October 2011.)*