Screening and Counseling for Alcohol Misuse: Making the Most of Medicare’s Coverage Options

Providers in the primary care setting are in a prime position to identify issues of alcohol misuse in their patients. However, studies suggest that only ten percent of alcohol-dependent patients seen in the primary care setting receive quality care. This disconnect persists even though studies suggest that patients do not object to being screened for alcohol use and are open to hearing advice afterward. To improve recognition of alcohol misuse and create referral relationships for more intensive follow-up care, community behavioral health organizations (CBHOs) should consider establishing or strengthening affiliations with primary care providers to encourage them to conduct screening and counseling services.

Understanding the services covered by this benefit

**Alcohol Misuse**

Alcohol misuse includes the full spectrum of unhealthy drinking behaviors, from risky/hazardous drinking to harmful drinking.

<table>
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<th>Risky/Hazardous</th>
<th>Harmful</th>
<th>Alcohol Dependence</th>
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<td>More than 7 drinks per week or more than 3 drinks a day for women and men older than 65, or More than 14 drinks per week or more than 4 drinks per day for women and men younger than 65</td>
<td>Persons currently experiencing physical, social, or psychological harm form alcohol use but don’t meet the criteria for alcohol dependence.</td>
<td>The presence of three of the following in a person:</td>
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<td>• Tolerance</td>
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<td>• withdrawal symptoms</td>
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<td>• impaired control</td>
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<td>• preoccupations with acquisition and/or use persistent desire or unsuccessful efforts to quit</td>
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<td>• sustained, social occupational or recreational disability</td>
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<td>• continuous use despite adverse consequences</td>
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In order for Medicare to cover the care provided, alcohol misuse must not rise to the level of alcohol dependence. However, for those with alcohol dependence, Medicare covers inpatient

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and outpatient treatment for alcoholism and other substance abuse. Treatment of alcohol dependency and abuse are not considered preventive care and may require beneficiaries to pay coinsurance or a deductible.

**Primary Care Provider and Setting**

Medicare requires that the screening and behavioral counseling be furnished by a qualified primary care physician or primary care provider in a primary care setting. Qualified primary care physicians include those who specialize in: family practice, general practice, geriatric medicine, internal medicine, obstetrics/gynecology, or pediatric medicine. Qualified non-physician practitioners include: certified clinical nurse specialists, certified nurse-midwives, nurse practitioners, and physician assistants. Medicare pays for screening and behavioral counseling interventions in primary care to reduce alcohol misuse under the Medicare Physician Fee Schedule.

**Behavioral Counseling Requirements**

For brief behavioral counseling sessions to be covered in any setting, they must occur at least 11 months after the most recent alcohol misuse screening and meet the following additional requirements:

1. Beneficiaries must be competent and alert at the time that counseling is provided.
2. The behavioral counseling interventions must be consistent with the 5As approach to brief behavioral counseling.

**Coding Information**

Medicare has distinct codes for alcohol misuse screening and behavioral counseling which are:

- G0442 for annual alcohol misuse screening, 15 minutes; and
- G0443 for brief face-to-face behavioral counseling for alcohol misuse, 15 minutes.

Medicare will not pay for additional time spent on screening or brief behavioral counseling. However, claims do not need to include start and stop times. Additionally, Medicare will only pay for this service once per date of service.

Since providers are in a prime position to identify issues of alcohol misuse in their patients, they need to ensure that they are communicating with their patients about Medicare-covered screening and behavioral counseling interventions to reduce alcohol misuse and to make sure that they are correctly billing for these services.

**Steps to the 5A Approach**

- **Assess**: 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 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.