

Asking patients about their drinking habits is a straightforward way to boost health and revenue.

# Using Alcohol Screening and Brief Intervention to Address Patients' Risky Drinking



Roger J. Zoorob, MD, MPH, FAAFP, R. John Grubb II, JD, MBA,  
Sandra J. Gonzalez, MSSW, LCSW, and Alicia A. Kowalchuk, DO

**E**xcessive alcohol use is far from an isolated problem. Only four percent of the U.S. population meets the diagnostic criteria of having an alcohol use disorder, but almost one in three U.S. adults falls into the “risky” drinking category, and 38 million U.S. adults “binge drink” each year (defined as drinking more than four drinks for women and five drinks for men within a two-hour period).<sup>1,2</sup>

Most of these drinkers are unaware of the dangers, and many probably consider themselves merely “social” drinkers. However, risky alcohol use can lead to motor vehicle crashes, arrest, intimate partner violence, and medical problems including hypertension, gastritis, liver disease, and cancer.<sup>3</sup> Moreover, if a woman drinks while pregnant, the child may be born with a fetal alcohol spectrum disorder, causing lifelong developmental and intellectual disabilities.

As a family physician, you can efficiently and productively address risky drinking with the many patients in your practice who are affected by it. Alcohol screening and brief intervention (aSBI) has been shown to reduce risky drinking and is similar to the blood pressure or tobacco screening you likely already perform in your

available for payment. This article describes three steps to seamlessly implement aSBI into your practice:

- 1) Establish a practice workflow,
- 2) Incorporate aSBI prompts into your electronic health record (EHR) system,
- 3) Ensure appropriate coding to receive payment.

### **Adding aSBI to the practice workflow**

Every practice is unique, so implementing aSBI can be handled in multiple ways. Nevertheless, there are several guiding principles.

First, it is important to identify a practice champion that will promote the use of aSBI within the practice. This person plays a crucial role both as a content resource related to aSBI techniques and as a role model and advocate for maintaining enthusiasm and sustainability within the office. The practice champion will also help identify and overcome any barriers that might get in the way of implementing or sustaining aSBI.

Next, evaluate the current patient flow in the practice. Successful implementations naturally integrate aSBI into

## **Almost one in three U.S. adults falls into the “risky” drinking category, and 38 million U.S. adults “binge drink” each year.**

practice.<sup>1</sup> Moreover, aSBI is considered a grade B recommended service by the American Academy of Family Physicians and the U.S. Preventive Services Task Force and is currently a proposed measure for the 2018 Healthcare Effectiveness Data and Information Set (HEDIS).<sup>4,5,6</sup>

Using a validated screening instrument such as the National Institute on Alcohol Abuse and Alcoholism Single-Question Test or the U.S. Alcohol Use Disorders Identification Test Consumption (USAUDIT-C) takes only a few minutes for most patients but can help them make healthier choices regarding alcohol use.<sup>7,8,9</sup> If a brief intervention is necessary, reimbursement codes are

the established workflow, involving multiple professionals in the office rather than depending on the physician alone to incorporate. For example, your office could include a prescreening instrument in the patient intake forms the front desk personnel asks patients to fill out or embed these questions in an existing form that asks about nutrition, exercise, depression, and other health-related behaviors. (See “Alcohol prescreening questionnaire,” page 14.) The medical assistant or nurse who rooms the patient could score the questionnaire and determine the need for a full screening instrument, such as the USAUDIT full questionnaire, and administer it when appropriate. That informa-

---

### **About the Authors**

Dr. Zoorob is chairman and a professor at the Baylor College of Medicine’s Department of Family and Community Medicine in Houston. R. John Grubb is a senior project manager at Baylor’s Department of Family and Community Medicine. Sandra Gonzalez is an instructor at Baylor’s Department of Family and Community Medicine. Dr. Kowalchuk is an assistant professor at Baylor’s Department of Family and Community Medicine. The authors wish to acknowledge Joan Newell for her graphics contributions. Author disclosures: The authors’ work was supported by Centers for Disease Control and Prevention cooperative agreement CDC-RFA-DD14-1402, Fetal Alcohol Spectrum Disorders Practice and Implementation Centers. The contents of the article are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the U.S. Department of Health & Human Services. No other relevant financial affiliations disclosed.

## ALCOHOL PRESCREENING QUESTIONNAIRE

Family Practice Management®

1) Do you sometimes drink beer, wine, or other alcoholic beverages?

Yes     No

If you answered "Yes," look at this card showing the size of standard drinks:



2) **Women:** How many times in the past 12 months have you had four (4) or more standard drinks in a day?

Zero     One or more times

**Men:** How many times in the past 12 months have you had five (5) or more standard drinks in a day?

None     One or more times



**FPM Toolbox** To find more practice resources, visit <http://www.aafp.org/fpm/toolbox>.

Developed by Roger Zoorob, MD, and Sandra Gonzalez. Copyright © 2017 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: <http://www.aafp.org/fpm/2017/0500/p12.html>. Last updated: 4/13/17.

tion would be documented in the patient's record for the physician to review. Depending on the result, the physician could engage in a brief intervention to support the patient either cutting back or quitting alcohol use. In practices with integrated behavioral health services, a behaviorist could meet with the patient for a more in-depth discussion or refer the patient to more formal alcohol treatment resources.

Note that most payers require a brief intervention to last at least 15 minutes. The physician must consider his or her rapport with the patient, the patient's clinical needs, and the significance of the patient's alcohol risk to determine whether to devote the full 15 minutes or less time to the intervention.

### Incorporating aSBI prompts into the EHR

The EHR should support aSBI as part of the workflow. Although EHR templates are beyond the scope of this article, the goals should be to capture three key pieces of information: 1) prescreening results, 2) screening scores,

and 3) intervention or treatment referral information.<sup>10</sup> The EHR needs to be efficient, using searchable data fields and requiring minimal clicks, as that will contribute to long-term sustainability.

Research shows that including alcohol screening reminders in the EHR reinforces the need for screening and prevents the loss of screening documentation.<sup>11</sup> Properly designed EHR prompts should guide each professional in the practice through the portion of the screening process relevant for their role. For example, the EHR should prompt the appropriate personnel when an annual prescreening is due and when the results entered warrant a full screen. Embedded prompts can guide the physician through the brief intervention process. Finally, if close follow-up is warranted, the EHR can flag the patient for an appointment in the near future.

Integrating aSBI into the EHR allows the practice to calculate its screening and intervention rates across its patient population for quality reporting purposes and greatly benefits billing and reimbursement for aSBI services.

## Getting paid for aSBI

Family physicians will be more enthusiastic about aSBI if they know they will be compensated for their time. Alcohol screening is among the clinical preventive services that the Patient Protection and Affordable Care Act began requiring most insurance plans to cover in 2014, and it is generally covered without patient cost-sharing.<sup>12,13</sup> Similarly, annual alcohol screening is covered under Medicare Part B without coinsurance or a deductible.<sup>14,15</sup> Furthermore, many states offer some payment for alcohol screening as a preventive service for Medicaid patients, with 16 states doing so without any patient cost-sharing.<sup>16</sup>

To be paid, the physician or other provider must properly code and bill for the service. A number of CPT codes have been developed for aSBI. Consider the five As model (Ask, Assess, Advise, Assist, and Arrange) when coding and billing. If a patient's initial screening does not warrant a brief intervention, then use Medicare HCPCS code G0442, "Annual alcohol misuse screening, 15 minutes" (ask-

ing or assessing under the five As model) or, for commercial insurance, CPT code 96160, "Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument." However, if a brief intervention is warranted (advising, assisting, or arranging), see the "Alcohol screening and intervention codes" below.

Keep these points in mind to ensure proper coding and payment:

- Use a validated screening instrument as recommended earlier in this article. Not doing so may jeopardize payment.
- Document both the screening and any necessary intervention.
- Document the duration of the intervention. Brief interventions generally must last at least 15 minutes to be reimbursed.
- Report CPT codes 99408, 99409, and H0049 with other evaluation and management (E/M) codes by using modifier 25, "Significant, separately identifiable E/M service by the same physician or other qualified health care

Alcohol screening and brief intervention can help patients recognize and deal with risky drinking behavior.

Practices should involve multiple professionals in implementing aSBI and not depend solely on the physician.

Screening tools can be included in patient intake forms or other health-related behavior forms.

### ALCOHOL SCREENING AND INTERVENTION CODES

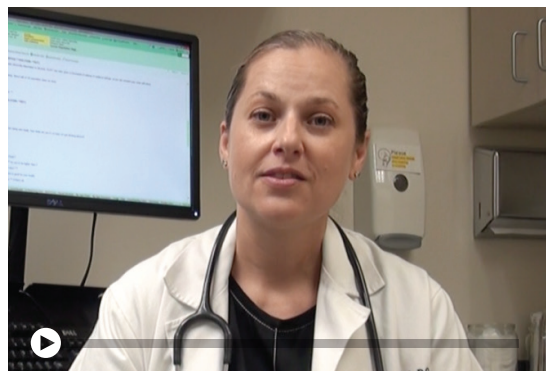
Payer	Code	Description	Fee schedule
Commercial insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services, 15-30 minutes.	\$33.41
Commercial insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services, greater than 30 minutes.	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services, 15-30 minutes.	\$36.25*
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services, greater than 30 minutes.	\$71.42*
Medicare	G0442	Screening for alcohol misuse in adults, 15 minutes. No coinsurance; no deductible for patient.	\$18.30*
Medicare	G0443	Brief face-to-face behavioral counseling for alcohol abuse, 15 minutes. Up to four per year for individuals who screen positive for alcohol misuse. No coinsurance; no deductible for patient.	\$26.20*
Medicaid	H0049	Alcohol and/or drug screening (code not widely used).	\$24
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes (code not widely used).	\$48

Source: Reimbursement for SBIRT. SAMHSA-HRSA Center for Integrated Health Solutions website. <http://bit.ly/2k8YYEd>. Published November 30, 2012. Accessed January 26, 2017.

\* CMS National Payment Amount

## VIDEO: BRIEF ALCOHOL INTERVENTION

Alicia Kowalchuk, DO, discusses incorporating alcohol screening into patient visits and demonstrates a brief intervention in a video available with the online version of this article: <http://www.aafp.org/fpm/2017/0500/p12.html>.



Most payers require a brief intervention to last at least 15 minutes.

Including alcohol screening prompts in the EHR reinforces the need for screening and improves documentation.

If brief intervention is required, several codes are available for private payers, Medicare, and Medicaid.

professional on the same day of the procedure or other service,” or modifier 59, “Distinct procedural service” for non-E/M services.<sup>17</sup>

- Confirm the proper coding and billing approaches with your payers.

## Conclusion

Alcohol screening and brief intervention offers an evidence-based approach to helping your patients make healthier choices regarding their alcohol use. Moreover, this service is relatively easy to perform and readily billable for most payers. Why not start by prescreening a few of your patients today? For additional information, the Centers for Disease Control and Prevention has published guidelines for implementing alcohol screening in primary care at <http://bit.ly/2k6ZEt6>, and the USAUDIT guide is available for primary care physicians at <http://bit.ly/2nrGz7B>. **FPM**

1. CDC’s alcohol screening and brief intervention efforts. Centers for Disease Control and Prevention website. <https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html>. Updated March 22, 2017. Accessed January 27, 2017.
2. Drinking levels defined. National Institute on Alcohol Abuse and Alcoholism website. <http://bit.ly/1X0hFXT>. Accessed March 16, 2017.

Send comments to [fpmedit@aafp.org](mailto:fpmedit@aafp.org), or add your comments to the article at <http://www.aafp.org/fpm/2017/0500/p12.html>.

3. Fact sheets – alcohol use and your health. Centers for Disease Control and Prevention website. <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>. Updated July 25, 2016. Accessed January 27, 2017.

4. Clinical preventive service recommendation: alcohol misuse. American Academy of Family Physicians website. <http://bit.ly/2nbwrA4>. Published 2013. Accessed January 27, 2017.

5. Alcohol misuse: screening and behavioral counseling interventions in primary care. U.S. Preventive Services Task Force website. <http://bit.ly/2jGdAqX>. Published May 2013. Accessed January 27, 2017.

6. Proposed new measure for HEDIS 2018: unhealthy alcohol use screening and follow-up (ASF). National Committee for Quality Assurance website. <http://bit.ly/2oaBHmC>. Published 2017. Accessed March 16, 2017.

7. Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. Primary care validation of a single-question alcohol screening test [published correction appears in *J Gen Intern Med*. 2010;25(4):375]. *J Gen Intern Med*. 2009;24(7):783-788.

8. Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. 2nd ed. Geneva, Switzerland: World Health Organization; 2001.

9. Centers for Disease Control and Prevention. *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*. Atlanta, GA: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities; 2014.

10. EHR modification. IndianaSBIRT website. <http://www.indianasbirt.org/ehr-modification>. Accessed January 27, 2017.

11. Tindol GA, Gonzales K, Sedarati K, Smith C. Incorporating validated alcohol and drug screening instruments in the electronic health record. *Addict Sci Clin Pract*. 2015;10(Suppl 2):O47.

12. Preventive services covered under the Affordable Care Act. U.S. Department of Health & Human Services website. <https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html>. Updated February 1, 2017. Accessed April 5, 2017.

13. Cohrs J. Understanding coding & reimbursement for SBI. Wisconsin Medical Society. Madison, Wis. 2013.

14. Your Medicare coverage: alcohol misuse screening & counseling. Medicare.gov website. <https://www.medicare.gov/coverage/alcohol-counseling.html>. Accessed January 27, 2017.

15. Screening and counseling to reduce alcohol misuse. Centers for Medicare & Medicaid Services website. <http://go.cms.gov/2k1CWAp>. Published April 2, 2015. Accessed Jan. 27, 2107.

16. Gates A, Ranji U, Snyder L. *Coverage of Preventive Services for Adults in Medicaid*. Menlo Park, CA: Kaiser Family Foundation; 2014. <http://kaiserf.am/2nYIGhF>. Accessed January 27, 2017.

17. Reimbursement for SBIRT. SAMHSA-HRSA Center for Integrated Health Solutions website. [http://www.integration.samhsa.gov/sbirt/reimbursement\\_for\\_sbirt.pdf](http://www.integration.samhsa.gov/sbirt/reimbursement_for_sbirt.pdf). Published November 30, 2012. Accessed January 27, 2017.