Billing and Coding

Screening adult patients for unhealthy alcohol use was recently added as a Healthcare Effectiveness Data and Information Set (HEDIS) quality measure. The service is often billable, particularly when the results lead to a brief intervention. When the service is delivered via telehealth, it can also be billed.

The following table provides the Healthcare Common Procedure Coding System (HCPCS), CPT, and ICD-10 CM codes, payers, and descriptions for alcohol use screening and interventions.

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<tr>
<th>CODE</th>
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</tr>
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<tbody>
<tr>
<td>96160</td>
<td>Commercial Insurance</td>
<td>Administration and interpretation of health risk assessment instrument</td>
</tr>
<tr>
<td>G0442*</td>
<td>Medicare</td>
<td>Screening for alcohol misuse in adults, including pregnant individuals once a year; 15 min.</td>
</tr>
<tr>
<td>99408</td>
<td>Commercial Insurance, Medicaid</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 mins.</td>
</tr>
<tr>
<td>99409</td>
<td>Commercial Insurance, Medicaid</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 mins.</td>
</tr>
<tr>
<td>G0396</td>
<td>Medicare</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 mins.</td>
</tr>
<tr>
<td>G0397</td>
<td>Medicare</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 mins.</td>
</tr>
<tr>
<td>G0443</td>
<td>Medicare</td>
<td>Up to four, 15 min. brief face-to-face behavioral counseling interventions per year for individuals, including pregnant individuals who screen positive for alcohol misuse</td>
</tr>
<tr>
<td>H0049</td>
<td>Medicaid</td>
<td>Alcohol and/or drug screening (not widely used)</td>
</tr>
<tr>
<td>H0050</td>
<td>Medicaid</td>
<td>Alcohol and/or drug services, brief intervention, per 15 min. (not widely used)</td>
</tr>
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*This service can be conducted as an in-person visit, via audio and video, or via audio only.

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Introduction

Risky alcohol use, defined as any level of alcohol consumption which increases the risk of harm to oneself or others, is both a substance use disorder and a medical issue. Recognized as one of the leading preventable causes of death, risky alcohol use leads to more than 95,000 deaths each year in the United States.

Family physicians and other primary care clinicians are in an ideal position to facilitate the prevention of morbidity and mortality associated with risky alcohol use. Many professional organizations recognize the importance of screening and behavioral counseling interventions to reduce alcohol misuse, including the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the U.S. Preventive Services Task Force (USPSTF).

The following are the USPSTF recommendations for alcohol screening and brief intervention (SBI) for adults and adolescents:

<table>
<thead>
<tr>
<th>Population</th>
<th>ADULTS, INCLUDING INDIVIDUALS WHO ARE PREGNANT</th>
<th>ADOLESCENTS</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>Screen for unhealthy alcohol use and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions. Grade: B</td>
<td>No recommendation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grade: I (insufficient evidence)</td>
</tr>
</tbody>
</table>

Brief screening instruments can detect unhealthy alcohol use with acceptable sensitivity and specificity in primary care.

| Screening tests | One- to three-item screening instruments are accurate for assessing unhealthy alcohol use in adults 18 years or older. These instruments include the Single-Item Alcohol Screening Questionnaire (SASQ) and the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C). |
| Treatments and interventions | Brief behavioral counseling interventions were found to reduce unhealthy alcohol use in adults 18 years or older, including individuals who are pregnant. Effective behavioral counseling interventions vary in their specific components, administration, length, and number of interactions. The USPSTF was unable to identify specific intervention characteristics or components that were clearly associated with improved outcomes. |

Steps for Screening and Brief Intervention

There are only a few steps to develop and establish alcohol screening and brief intervention in your family medicine practice. Most important is to get buy-in from your entire staff, as well as patients, to think and talk about reducing risky drinking. Get started by incorporating the following steps into your practice:

- Choose an alcohol screening test and implement it at each patient visit
- Establish a practice workflow that includes alcohol use screening
- Appropriately code and bill for alcohol screening and brief interventions

Alcohol Screening Tests

The SASQ and AUDIT-C are two similar alcohol screening tests that help identify patients who exhibit at-risk drinking and potentially have an alcohol use disorder (AUD). Even a single screening question has been shown to accurately identify unhealthy alcohol use. For the SASQ and AUDIT-C screening questions, the following represent one drink:

- Beer 12 oz. (5% alcohol)
- Wine 5 oz. (12% alcohol)
- Liquor 1.5 oz. (80-proof, 40% alcohol)

Single-Item Alcohol Screening Questionnaire (SASQ)

How many times in the past year have you had four (women)/five (men) of these drinks in one day? A response of one or more times would prompt follow-up questions, such as:

- How many days a week do you have an alcoholic drink?
- How many alcoholic drinks do you consume in a typical day?

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines high-risk alcohol use as more than four drinks a day and 14 drinks a week for men, and more than three drinks a day and seven drinks a week for women.
Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)\(^9\)

1. How often do you have a drink containing alcohol?
   - Never = 0
   - Monthly or less = 1
   - 2-3 times a month = 2
   - 4+ times per week = 4

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
   - 1-2 drinks = 0
   - 3-4 drinks = 1
   - 5-6 drinks = 2
   - 7-9 drinks = 3
   - 10+ drinks = 4

3. How often did you have six or more drinks on one occasion in the past year?
   - Never = 0
   - Less than monthly = 1
   - Monthly = 2
   - Weekly = 3
   - Daily or almost daily = 4

In men, a score in the AUDIT-C screening of four points or more is considered positive for alcohol misuse; in women, a score in the AUDIT-C screening of three points or more is considered positive for alcohol misuse.\(^9\)

**Practice Workflow**

Alcohol use screening can seamlessly integrate into your practice’s current workflow. It doesn’t need to be time consuming and can keep physicians’ and practice team members’ work to a minimum. Follow this patient visit flow and physician/clinician actions or adapt these steps, as applicable to your practice.

**Patient Visit Flow**

1. The patient checks in.
2. The front-desk personnel asks the patient to fill out a brief screening instrument (e.g., SASQ, AUDIT-C). This can be a separate patient intake form or questions embedded into an existing form about health-related behaviors.
3. The patient waits in the waiting room with posters, brochures, and/or video education about alcohol use.
4. The patient’s height and weight are measured in the hallway.
5. The patient is brought to the exam room.
6. The medical assistant (MA) or nurse who rooms the patient reviews the intake form, scores the questionnaire, and documents the results in the patient’s record for the physician or clinician to review.
7. Based on the scores from the questionnaire, the MA or nurse will administer a full, validated screening instrument (e.g., AUDIT-C, World Health Organization’s Alcohol Use Disorders Identification Test), when appropriate, and document the results in the patient’s record for the physician or clinician to review.
8. The remaining vital signs are checked in the exam room by the MA or nurse.
9. The patient meets with the physician or clinician.
10. The patient meets with a counselor or other team members.
11. The patient completes on-site laboratory tests, procedures, and/or immunizations.
12. The patient receives medication prescriptions and referrals (as applicable).
13. The patient stops at the check-out desk for billing and scheduling.
14. The patient leaves.

**Physician/Clinician Actions**

- Review screening scores
- Discuss screening results with patient
  - If negative, reinforce healthy alcohol use behaviors
  - If positive, initiate a brief intervention utilizing FLO (Feedback, Listen, Options) or the 5 A’s (Ask, Advise, Assess, Assist, and Arrange)
- Assess if patient wants to quit, reduce, or make no change to alcohol use
- Counsel or refer (externally or internally) for the development of change plan
- Develop follow-up plan
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