

FROM THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Incorporating Alcohol Screening and Brief Intervention Into Practice

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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.<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup> 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:

Population	ADULTS, INCLUDING INDIVIDUALS WHO ARE PREGNANT	ADOLESCENTS
Recommendation	Screen for unhealthy alcohol use and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions. <sup>4</sup> Grade: B	No recommendation  Grade: I (insufficient evidence)

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). <sup>5</sup>
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. <sup>5</sup>

## 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.<sup>6</sup> 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)<sup>6</sup>

How many times in the past year have you had four (women)/five (men) of these drinks in one day?<sup>6</sup> 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?<sup>7</sup>

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.<sup>8</sup>

## Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)<sup>9</sup>

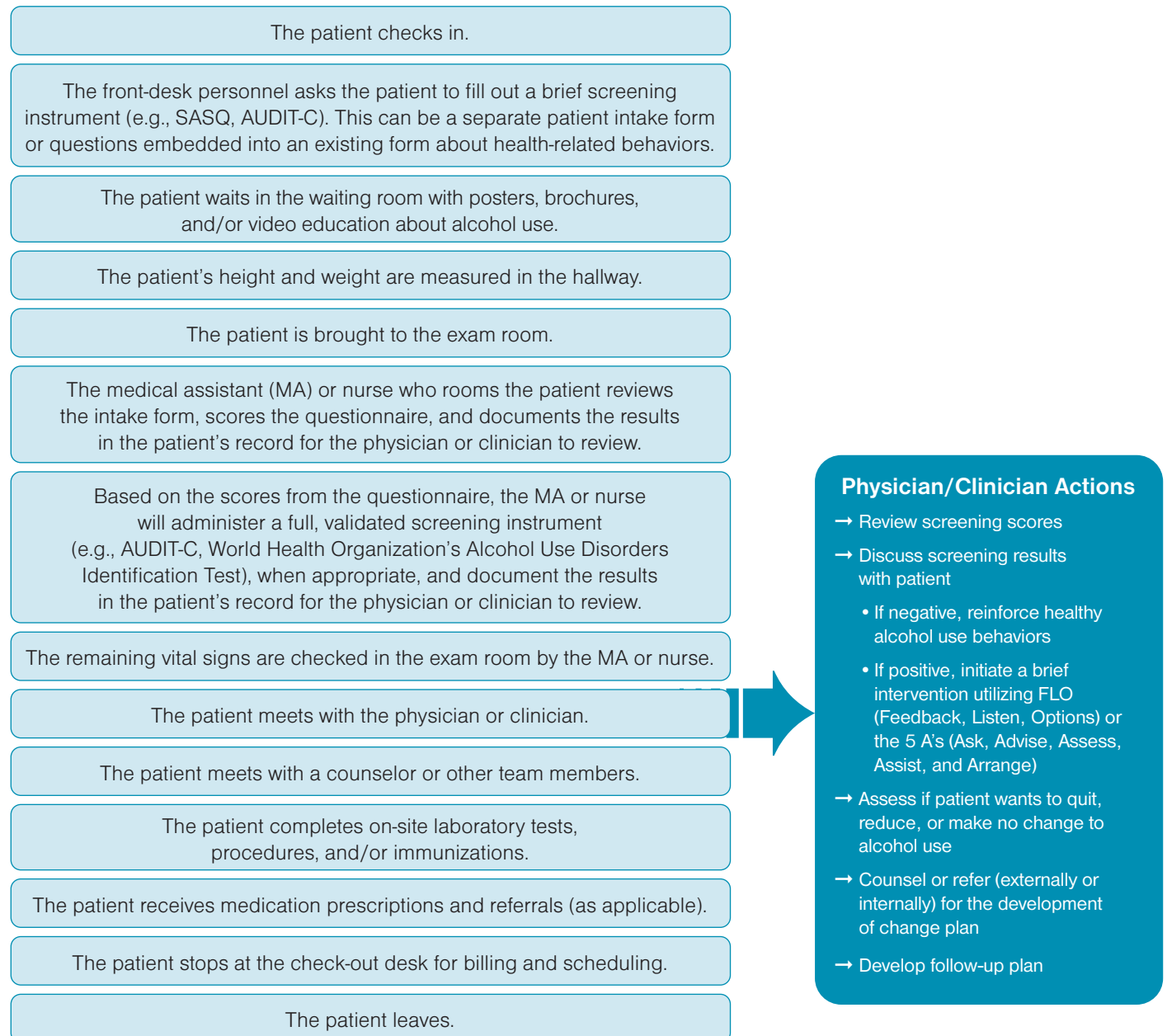
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| 1. How often do you have a drink containing alcohol?<br>Never = 0<br>Monthly or less = 1<br>2-4 times a month = 2<br>2-3 times per week = 3<br>4+ times per week = 4 | 2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?<br>1-2 drinks = 0<br>3-4 drinks = 1<br>5-6 drinks = 2<br>7-9 drinks = 3<br>10+ drinks = 4 | 3. How often did you have six or more drinks on one occasion in the past year?<br>Never = 0<br>Less than monthly = 1<br>Monthly = 2<br>Weekly = 3<br>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.<sup>9</sup>

## 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



## 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.<sup>10</sup>

<i>Use the following codes for patients receiving a screening only.</i>		
CODE	PAYER	DESCRIPTION
96160	Commercial Insurance	Administration and interpretation of health risk assessment instrument
G0442*	Medicare	Screening for alcohol misuse in adults, including pregnant individuals once a year; 15 min.
<i>Use the following codes for patients with a positive screening result and receiving brief intervention counseling.</i>		
CODE	PAYER	DESCRIPTION
99408	Commercial Insurance, Medicaid	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 mins.
99409	Commercial Insurance, Medicaid	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 mins.
G0396	Medicare	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 mins.
G0397	Medicare	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 mins.
G0443	Medicare	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
H0049	Medicaid	Alcohol and/or drug screening (not widely used)
H0050	Medicaid	Alcohol and/or drug services, brief intervention, per 15 min. (not widely used)
CODE	DESCRIPTION	
Z13.89	Encounter for screening for other disorder	
Z13.9	Encounter for screening, unspecified	
Z71.41 F10.10	Alcohol abuse counseling and surveillance of an AUD	
Z71.42	Counseling for family member of a person with an AUD	

\*This service can be conducted as an in-person visit, via audio and video, or via audio only.

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