

Medicare Reimbursement for Alcohol Misuse Screening in Adults

| | |
|--|--|
| Medicare Benefit | Reimbursement screening for alcohol misuse in adults including pregnant women once per year under Fee-for-Service Medicare benefit since October 14, 2011. No coinsurance; no deductible for patient. Decision Memo for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse |
| Alcohol Misuse Includes “Risky/Hazardous” and “Harmful” Drinking, and is distinct from “Alcohol Dependence” | <ul style="list-style-type: none"> • Risky/Hazardous Drinking: Frequency of drinking (drinks/week or drinks/occasion) that exceeds recommended drinking limits and that increases an individual’s risk for <u>future</u> alcohol-related problems. • Harmful Drinking: Drinking pattern that is currently causing harm (e.g., family, health, legal, employment) but does not meet criteria for alcohol dependence. • Alcohol Dependence (i.e., Addiction): Defined by three or more of the following: tolerance; withdrawal; alcohol use often greater than intended; unsuccessful efforts to control alcohol use; a great deal of time spent in alcohol-related activities; important social, occupational, or recreational activities reduced or given up because of alcohol use; alcohol use continued despite knowledge of physical or psychological problem that is likely caused by alcohol use (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). |
| Value to you and your patients | <p>Screening in primary care settings can identify patients who misuse alcohol. Early interventions and follow-up can reduce alcohol consumption and improve health outcomes.</p> <ul style="list-style-type: none"> • Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse • The Alcohol Use Disorders Identification Test |
| Procedure Code | G0442 – Annual Alcohol Misuse Screening, 15 minutes |
| Eligibility | <p>Eligible Primary-Care Clinicians:</p> <ul style="list-style-type: none"> • General practice, family practice, internal medicine, obstetrics/gynecology, pediatric medicine, geriatric medicine, certified nurse midwife, nurse practitioner, certified clinical nurse specialist, physician assistant <p>Eligible Places of Service:</p> <ul style="list-style-type: none"> • Physician’s office, outpatient hospital, independent clinic, state or local public health clinic • Decision Memo for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse |
| Referral Options | <p>If referring a patient for post-screening assessment or treatment, contact local outpatient substance abuse program or mental health organization. Referral assistance available at the following sites:</p> <ul style="list-style-type: none"> • Clinicians Support Guide 2005 • A Guide to Substance Abuse Services for Primary Care Clinicians – Chapter 5 |
| Commonly Used Evidence-Based Screening Tools | Alcohol Use Disorders Identification Tool (AUDIT) can be completed by patient and scored quickly by staff during the visit. Practitioners can choose alternative validated tools appropriate for their population or setting. Decision Memo for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse |

Provisional Diagnosis and Treatment Based on AUDIT Score

| Score | Alcohol Misuse | Propose Actions/Treatment Considerations |
|--|---|--|
| Men: Score < 8 Women: Score < 4 Persons ≥ 65: Score < 4 | Negative | Advise staying within recommended drinking limits: for general population, defined as <7 drinks/week or <3 drinks/occasion for women, and <14 drinks per week or <4 drinks/occasion for men. Recommend lower limits as medically indicated. Re-screen annually. |
| Men: Score ≥ 8 Women: Score ≥ 4 Pregnant Women: Score > 0 Persons ≥ 65: Score ≥ 4 | Positive for alcohol misuse and possibly alcohol dependence | <p>Conduct further assessment: Evaluate individual AUDIT questions to more specifically screen for risky versus harmful versus dependent drinking (see page 2 of this guide). Consider testing for alcohol dependence.</p> <p>If patient is positive for alcohol misuse but not alcohol dependence consider brief face-to-face counseling intervention (reimbursed by new Medicare Procedure Code G0443) or referral.</p> <p>If patient is positive for alcohol dependence recommend abstinence, negotiate a drinking goal, consider the need for medically managed withdrawal and medication for alcohol dependence, recommend mutual help group (screening plus counseling for alcohol dependence reimbursed by Medicare Procedure Codes G0396 or G0397) or refer to Specialist.</p> |

Adapted from The National Institute on Alcohol Abuse and Alcoholism: [A Clinician's Guide](#)

For more information including additional guidelines for persons 65 or older; materials for Spanish-speaking persons, and non-Medicare billing information:

- [NIAAA: A Clinician's Guide](#)
- [SAMHSA: Pocket Guide](#)

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



| Questions | 0 | 1 | 2 | 3 | 4 | |
|--|--------|-------------------|-------------------------------|---------------------|---------------------------|--------------|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2 to 4 times a month | 2 to 3 times a week | 4 or more times a week | |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more | |
| 3. How often do you have 5 or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 5. How often during the last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 8. How often during the last year have you been unable to remember what happened the night before because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 9. Have you or someone else been injured because of your drinking? | No | | Yes, but not in the last year | | Yes, during the last year | |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, during the last year | |
| | | | | | | Total |

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at www.who.org.

Assessment of Individual AUDIT Questions

Question 2 or 3: >1 indicates hazardous drinking.

Questions 4-6: >0 implies the presence or incipience of alcohol dependence.

Questions 7-10: >0 indicates harmful drinking.

Questions 9-10: also review to determine evidence of a past problem (i.e., "yes, but not in the past year").

<http://whqlibdoc.who.int/hq/2001/WHO MSD MSB 01.6a.pdf>

AUDIT Download (English and Spanish)

<http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/helping-patients-who-drink-too-much-clinicians-guide>

Clinician Support and Training

Successful screening and intervention involves trained practitioners and staff.

Sources provide training resources on screening and brief counseling interventions, screening sheets, flow sheets, guide to implementation, and patient educational material.

<http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/niaaa-clinicians-guide-online-training>

<http://www.ncbi.nlm.nih.gov/books/NBK14386/>

<http://www.healthteamworks.org/>

Test for Alcohol Dependence: Determine whether symptoms occurred any time in the last 12-months

- Tolerance
- Withdrawal symptoms
- Alcohol often used in larger amounts or over longer period than was intended
- Persistent desire or unsuccessful efforts to cut down or control alcohol use
- A great deal of time spent obtaining, using, or recovering from effects of alcohol
- Important social, occupational, or recreational activities reduced because of alcohol
- Alcohol use is continued despite knowledge of persistent psychological or physical problem that is likely to have been caused or exacerbated by alcohol use

If yes to **three or more** your patient meets DSM IV criteria for **alcohol dependence**