

Coding Communication: Screening and Brief Intervention (SBI) for Alcohol and Substance Abuse (Other Than Tobacco)

Screening and Brief Intervention: What Is It?

Screening and brief intervention (SBI) for alcohol and substance abuse is a technique used to identify, and intervene with, people who use alcohol or drugs in a harmful or hazardous way and are at risk for substance use-related problems or injuries. The goal of SBI is to have sites of care, such as trauma centers, hospital emergency departments, ambulatory medical practices, and school clinics screen patients at-risk for substance use and, if appropriate, provide them with brief intervention or referral to appropriate treatment. By screening people in these settings, it is possible to identify people who have had an alcohol-related illness or injury that could provide a motivation for behavior change. In addition, screening serves as a form of primary prevention by educating patients about the health effects of using alcohol and other drugs.

Background

The impact of hazardous alcohol and substance abuse can exacerbate medical, mental, and social problems, resulting in significant public health costs. (The annual national economic cost to society is estimated to be \$375 billion).¹ The human suffering and emotional cost of alcohol and drug abuse are devastating for individuals, families, and communities.

Historically, the emphasis of substance use-related intervention has been placed on universal prevention strategies aimed at people who have never initiated use² or specialist treatment for people who are dependent.³ Little attention has been given to the large group of people who use alcohol and other drugs, are not dependent, and could successfully reduce their use through early intervention.^{4,5} Early intervention can substantially reduce health and other problems associated with hazardous substance use.⁶

How does it work?

Screening: Patients are screened for substance use with a validated questionnaire. These screening questions should be simple enough to be administered by a wide range of health care professionals. The questionnaire should focus on the frequency and the quantity of substance use over a particular time frame (generally 1 to 3 months).

Brief Intervention: Brief intervention usually happens in a single session immediately following a positive screening result. The physician or other qualified health care professional focuses on increasing the patient's understanding of the impact of substance use on his or her health and motivating the patient to change risky behaviors. If the patient shows signs of substance dependence or other complications, the provider can refer the patient to specialized substance use assessment and treatment or manage the patient's care through specialty consultation.

Coding

Correct use of codes 99408 and 99409 requires that the screening **and** interventional components of this service be documented in the clinical record.

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| 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes |
| 99409 | greater than 30 minutes |

The work effort for codes 99408 or 99409 is separate and distinct from all other Evaluation & Management (E/M) services performed during the same clinical session (ie, date of service); the work effort of performing code 99408 or 99409 is, therefore, **not** considered in selecting the level of any other E/M service on the same date. (If reporting E/M that qualifies as a significant, separately identifiable service on the same date as reporting SBI, use Modifier 25 with the E/M service).

A physician or other qualified health care professional uses a validated screening instrument (such as the alcohol use disorder identification tests [AUDIT] or the drug abuse screening test [DAST]). A validated screening instrument is an instrument that has been psychometrically tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results), sensitivity (the probability of correctly identifying a patient with the condition), and specificity (the probability of correctly identifying a patient who does not have the condition). Using an instrument that has not been validated may increase the chances of misidentification.

An intervention is performed when indicated by the score on the screening instrument. The instrument used and the

nature of the intervention are recorded in the clinical documentation for the encounter.

If an intervention is not required on the basis of the result of the screening, the work effort of performing the survey is included in the selection of the appropriate E/M service or preventive medicine service. If an intervention is required on the basis of the screening result, the intervention is conducted. Code 99408 is the most likely service level for the majority of patients.

The Centers for Medicare & Medicaid Services created codes G0396 and G0397 for reporting comparable services for Medicare fee-for-service schedule (FFS) patients because of statutory restrictions on coverage for screening services.

G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes

G0397 greater than 30 minutes

Clinical Example (99408)

A 21-year-old college student reports to the school infirmary after injuring his leg when he fell down several steps.

Description of Procedure (99408)

A qualified health care professional conducts a detailed screening interview using the AUDIT and reviews the medical record for all relevant data related to alcohol and/or substance use (ie, blood alcohol level, GGT, drug panel bioassay, and prescribed medications). The screening reveals that the patient uses alcohol regularly and was intoxicated at the time the fall occurred. The AUDIT score indicates that the patient requires an intervention.

The intervention seeks to motivate the patient to decrease or abstain from alcohol consumption and/or drug use. The components of the intervention include feedback concerning the quantity and frequency of alcohol (or drugs) consumed by the patient in comparison with national norms; a discussion of negative physical, emotional, and occupational consequences; and a discussion of the overall severity of the problem. Feedback is accompanied by clinically appropriate advice for behavior change that fits the patient's unique medical and social situation. The qualified health care professional engages the patient in a joint decision-making process regarding alcohol and/or drug use. Plans for follow-up are discussed and agreed to.

Effective intervention requires specific training and/or experience in techniques eliciting accurate information, developing a specific treatment plan to which the patient is committed, and motivating the patient to change behavior. Training in motivational enhancement or motivational interviewing is available from a variety of sources.

For More Information

The National Institute on Alcohol Abuse and Alcoholism provides a useful resource for developing SBI procedures: "Helping Patients Who Drink Too Much: A Clinicians Guide":

<http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf>.

The Substance Abuse and Mental Health Services Administration operates a Web site that provides comprehensive information about screening and brief intervention in medical settings: <http://sbirt.samhsa.gov/index.htm>.

References

¹ National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. The Economic Costs of Alcohol and Drug Abuse in the United States, 1992. Analysis by the Lewin Group, Harwood, H.; Fountain, D.; and Livermore, G. Bethesda, MD: DHHS, NIH, NIH Publication No. 98-4327 September 1998. Summary available online at <http://www.niaaa.nih.gov/Resources/DatabaseResources/QuickFacts/EconomicData/cost7.htm>. Accessed April 4, 2008.

Office of National Drug Control Policy. The Economic Costs of Drug Abuse in the United States, 1992-1998. September 2001. Available online at http://www.whitehousedrugpolicy.gov/publications/economic_costs/. Accessed April 4, 2008.

Drug Strategies. Denver on the Horizon: Reducing Substance Abuse and Addiction. 2002. Available online at http://www.drugstrategies.org/denver/DenvCh_4.html#_edn1. Accessed April 4, 2008. According to Drug Strategies: "NIDA and NIAAA (1998) estimated that alcohol abuse cost the nation \$166.543 billion in 1995, and that drug abuse cost the nation \$109.832 billion in 1995. Updating NIDA-NIAAA's 1995 alcohol abuse cost figure for population growth and inflation, Drug Strategies estimates that alcohol abuse cost the nation \$212.680 billion in the year 2000. ONDCP (2001) revised and updated NIDA-NIAAA's drug abuse cost figure, estimating that drug abuse cost the nation \$160.664 billion in the year 2000. Combining these revised and updated estimates yields \$373.344 billion in economic costs to the United States due to alcohol and drug abuse in the year 2000.

² Muñoz, RF, Mrazek, PJ, Haggerty, RJ. Institute of Medicine Report on Prevention of Mental Disorders: Summary and Commentary, Psychology in the Public Forum. 1996; Volume 51(11): p 1116-1122.

³ Gerstein D and Harwood H (eds). 1990. Treating Drug Problems, Vol. I. Washington DC: National Academy Press.: p 58-104.

⁴ Klitzner M, Fisher D, Stewart K, and Gilbert S. 1992. Early Intervention for Adolescents. Princeton NJ: Robert Wood Johnson Foundation.

⁵ Fleming MF. 2002. Screening, assessment, and intervention for substance use disorders in settings. In: Strategic Plan for Interdisciplinary Faculty Development: Arming the Nation's Health Professional Workforce for a New Approach to Substance Use Disorders. Providence RI: Association for Medical Education and Research in Substance Abuse (AMERSA).

⁶ Babor TF and Higgins-Biddle JF. 2001. Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care. Geneva: World Health Organization. WHO/MSD/MSB/01.6b.