

Frequently Asked Questions by Healthcare Providers

How can I easily incorporate this into my office? How long does it take?

You can include a few brief screening questions in a written health history questionnaire completed by every patient once a year. The clinic assistants can be trained to review the responses and identify those patients with positive initial screens, who are then given a written self-report to complete in the exam room while waiting to be seen by the provider. This part of the process takes 5 minutes or less. Depending on the severity of the problem revealed by the questionnaire, the provider will spend varying amounts of time discussing the results with the patient. If substance use is potentially a major factor in the patient's current medical condition (e.g., depression, liver disease), then the provider should spend more time on the intervention. However, if the medical problem is seemingly unrelated to substance use, merely remarking about the results and making a suggestion for healthier habits may be sufficient.

Can I get reimbursed for my time talking with the patient?

Medicare created two new G codes to allow providers to bill for alcohol and drug assessment (G0396 - about \$22 for 15-30 minutes) and brief intervention (G0397-about \$55 for more than 30 minutes). The American Medical Association has approved two CPT codes (based on time devoted to the service): 99408 and 99409. Use of these codes requires documentation in the clinical record. Code 99408 is for alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services lasting 15-30 minutes. Code 99409 is for services greater than 30 minutes. Services provided under codes 99408 or 99409 are separate and distinct from all other Evaluation & Management (E/M) services performed during the same clinical session (i.e., date of service). For more information on reimbursement, go to <http://www.ensuringsolutions.org>. Behavioral health and primary healthcare stakeholders are advocating that screening and brief intervention be covered by Colorado Medicaid.

How effective is self-report screening?

While not all patients will answer screening questions honestly, more than 25 years of research in medical settings has shown that most patients are comfortable answering questions about their substance use and respond honestly about their use. Those who do respond honestly and report hazardous or harmful substance use are more likely to be open to brief intervention and treatment. While screening may not identify every patient at risk, it is useful for identifying those at risk who are open to intervention. Self-report screening using a validated instrument is quick, accurate and inexpensive and can be administered orally or by paper or computer.

How effective is brief intervention?

Since 1980 over 50 clinical trials of single 3-5 minute to multiple 15-30 minute sessions have shown decreased use among many patients who receive a brief intervention. A brief intervention or brief motivational conversation is usually most effective with at-risk patients who are not addicted (those with hazardous or harmful use). In some cases, simply educating patients about the health risks of their substance use has led to behavior change. Brief interventions are low cost, quick, patient friendly, easy to do, and staff of various levels can learn how to conduct a brief intervention.

When should I recommend abstaining versus cutting down?

You should recommend abstinence whenever it is medically necessary (e.g., medication contraindication). However, it is important to recognize when this goal seems too overwhelming to the patient and offer cutting down gradually as a means to getting to abstinence. For other patients, whose use is not absolutely contraindicated, cutting down may be a more realistic option. For example, a young man in his early 20s admitted during his interview that he was not happy with his pattern of drinking up to 10 drinks every time he went to a party. He set his own goal of limiting himself to 4 drinks and was encouraged that this change alone would have a positive impact on his health.

What is "brief therapy"?

The brief therapy model is client-centered, client-directed therapy consisting of 2-12 sessions. The model is targeted toward those clients who are already considering a change and who need support in setting and meeting goals. A brief therapy provider may be a LCSW, CAC/LAC, LPC or RN and sessions can be as short as 15 minutes in person or over the telephone. Many clients who refuse traditional therapy because of financial or time limitations find brief therapy quite effective.

How do I refer a patient to brief therapy or treatment?

Determine the availability of behavioral health resources in your community and identify a suitable provider of brief therapy or specialized services. Have a list of potential referral sources available before you begin screening so that you will feel assured that treatment is available for any problems you uncover. For help locating a provider who specializes in substance use treatment, go to www.cdhs.state.co.us/adad or call (303) 866-7480.