

Internal Medicine Coding Alert

Reader Question: Answer This Question to Assess Your Screening Coding

Question: A patient came into our office exhibiting signs and symptoms of alcohol misuse, and our provider decided to screen the patient. Would you suggest using G0396 (Alcohol and/or substance [other than tobacco] abuse structured assessment (eg, AUDIT, DAST), and brief intervention 15 to 30 minutes), G0442 (Annual alcohol misuse screening, 15 minutes), or G0443 (Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes) for this service?

Pennsylvania Subscriber

Answer: The answer to your question depends on the kind of screening your provider performed:

- G0442 is a basic, annual screening that involves a more informal assessment.
- G0396, on the other hand, is known as a Screening, Brief Intervention, and Referral to Treatment or SBIRT service. It requires the use of a formal instrument – the descriptor even suggests two: AUDIT (Alcohol Use Disorder Identification Test) and DAST (Drug Abuse Screening Test) – though there are others that your provider could use. The fact that your patient was already showing signs and symptoms of the misuse would suggest your physician would lean toward G0396.

Important reminders: If you do report G0442, remember that Medicare only allows you to report this service once in a 12-month period; you can report G0443 up to four times in a 12-month period, which begins » » on the first day you report G0442. Also, remember that G0443 cannot be billed unless G0442 is billed first.

As for G0396 and G0397 (Alcohol and/or substance [other than tobacco] abuse structured assessment (eg, AUDIT, DAST), and intervention, greater than 30 minutes), the Correct Coding Initiative (CCI) Policy Manual notes that they are covered under Medicare, whereas their CPT® code counterparts 99408 (Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes) and 99409 (... greater than 30 minutes) are not. And none of these codes should be reported separately with E/M, psychotherapy, or psychiatric diagnostic services, unless circumstances support separate reporting through application of an appropriate modifier to the alcohol screening/intervention code, which is the column 2 code in each CCI edit pair.