



Incorporating Substance Abuse Screening Into Adolescent Office Visits | CRAFFT

Administering and Scoring the CRAFFT Questionnaire

- This version of the CRAFFT is self-administered and is designed to screen adolescents for substance and alcohol use.
- The CRAFFT can be used with patients between the ages of 11 and 21 and takes less than five minutes to complete and score.
- The CRAFFT can be used in conjunction with other behavioral health screening questionnaires.
- The CRAFFT can be administered and scored by a nurse, medical technician, physician assistant, physician or other office staff.
- Patients should be left alone to complete the CRAFFT in a private area, such as an exam room or a private area of the waiting room.
- Patients should be informed of their confidentiality rights before the CRAFFT is administered.
- It is recommended that parents are informed that a behavioral health screening will be administered as part of the exam.
- The CRAFFT is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.

CRAFFT TeenScreen[®] Primary Care

Please answer all questions honestly; your answers will be kept confidential.

Name _____
 Medical Record or ID Number _____ Date _____

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?	<input type="checkbox"/> No	<input type="checkbox"/> If you answered NO to ALL (A1, A2, A3) above	<input type="checkbox"/> Yes	<input type="checkbox"/> If you answered YES to A1 (A1 to A3) above
2. Smoke any marijuana or hashish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use anything else to get high? (anything other than legal drugs, over the counter and prescription drugs, and things that you sniff or "use")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or to get high?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your PARENTS or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

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Scoring

Each "Yes" response to the CRAFFT questions **Scored as 1 point**

Score = 0

Adolescents who report no use of alcohol or drugs and have a CRAFFT score of 0 should receive praise and encouragement.

Score = 0 or 1

Those who report any use of alcohol or drugs and have a CRAFFT score of 1 should be encouraged to stop and receive brief advice regarding the adverse health effects of substance use.

Score = ≥ 2

A score of 2 or greater is a "positive" screen and indicates that the adolescent is at high-risk for having an alcohol or drug-related disorder and requires further assessment.

Interpreting the Screening Results

If the adolescent answers “No” to all 3 opening questions, they only need to answer the first question— the CAR question. If the adolescent answers “Yes” to any 1 or more of the 3 opening questions, they have to answer all 6 CRAFFT questions.

<p>NO to all 3 opening questions and NO to CAR question.</p> <p>Give praise, encouragement, and advise to avoid riding with an intoxicated driver. At next regular visit, ask how this is going. (1–2 minutes)</p>	<p>NO to all 3 opening questions and YES to CAR question.</p> <p>Ask patient to agree to avoid riding with a driver who has used drugs or alcohol. (1–2 minutes)</p>	<p>YES to any opening question.</p> <p>Look at the patient’s overall CRAFFT score. (each “Yes” = 1)</p>	<p>CRAFFT Score = 0 or 1</p> <p>If Yes to CAR question: Ask patient to agree to “avoid riding with a driver who has used drugs or alcohol. (1–2 minutes)</p> <p>If Yes to any other question except the CAR question: Counsel patient to stop using substances. Provide brief advice linking substance use to undesirable health, academic, and social consequences.</p> <p>Follow up at next visit. (2–5 minutes)</p>	<p>CRAFFT Score = ≥ 2</p> <p>Conduct brief assessment of substance use to understand whether disorder exists. (<15 minutes)</p> <p>Assessment questions</p> <ol style="list-style-type: none"> 1. Tell me about your alcohol/substance use. 2. Has it caused you any problems? 3. Have you tried to quit? Why? <p>See box at left.</p>
<p>Are there no major problems AND patient believes he/she will be successful in making a change?</p> <p>NO to Both: Consider making a referral to an allied health professional or treatment program. Ask youth to agree to avoid riding with a driver who has used substances. Make a follow-up appointment.</p> <p>YES to Both: Express concern, caring and empathy. Ask patient to stop using and avoid riding with a driver who has used substances, and agree to sign an <i>Abstinence Challenge</i>. Make a follow-up appointment. At follow-up visit, confirm whether patient stopped using.</p>				

Information adapted from the CRAFFT Toolkit — Massachusetts Department of Public Health Bureau of Substance Abuse Services. Provider Guide: *Adolescent Screening, Brief Intervention, and Referral to Treatment Using the CRAFFT Screening Tool*. Boston, MA.

Engaging and Informing Parents

- Inform parents of the screening results (positive or negative), and recommendations for referral, treatment or follow-up.
- Provide parents with information about the next steps and offer support and assistance with finding or making an appointment with a behavioral health specialist.
- Give information to parents about why the referral is being made, how the services you are referring can help, and details about where you are sending them.
- Compile a list of appropriate referral resources in the community and share that list with families of patients that receive a referral.
- Work with the patient’s existing insurance benefit to determine the referral resources that are available to them.
- Obtain written permission from parents to allow the transfer of information between the PCP and the behavioral health specialist who accepts the referral.

For more information about making a referral, please refer to the *Guide to Referral*.

Finding Treatment

Individuals seeking free treatment and those making referrals for some clients may use SAMHSA’s Substance Abuse Treatment Facility Locator at <http://findtreatment.samhsa.gov>. To locate facilities offering free or reduced cost services, select from the “Payment Assistance” options when designing your search.

Coding and Payment

The following is a comprehensive list of relevant codes that may be used to bill for mental health checkups. These codes are not guaranteed to work with all payers. It is recommended that you identify codes most relevant to your practice and the services you are providing and include those on your encounter form/billing sheet.

Mental/ Behavioral Health Screening

- 96110** – Developmental screening, with interpretation and report, per standardized instrument form.
- HCPSCS Level II Code G0451** – Developmental testing with interpretation and report, per standardized instrument form.

Substance Use Screening

- 99408** – Alcohol or substance (other than tobacco) abuse – structured screening and brief intervention (SBI) services; 15 to 30 minutes.
- 99409** – Alcohol or substance (other than tobacco) abuse structured screening brief intervention services; greater than 30 minutes.

Evaluation and Management Codes (E/M)

PCPs may report an office or outpatient E/M code using time as the key factor when a limited screening test is administered along with an E/M service.

Modifier 25

Modifier 25 tells insurers that the particular visit is different; it should be added to the office/outpatient visit to indicate that a significant, separately identifiable E/M service was performed in addition to the preventive medicine visit. Note that many insurers do not reimburse for modifier 25.

Relevant ICD-9 (Diagnosis) Codes

- V65.42** – Counseling on substance use and abuse
- V20.2** – Well-child, preventative health visits
- V79.8** – Special screening exam for mental disorders and developmental handicaps
- V40.0** – Mental and behavioral health problems

Other Relevant Codes

S0302 – Completed Early and Periodic Screening, Diagnosis, and Treatment service (List in addition to code for appropriate E/M service.)

Established Patients	New Patients
99211 (5 minutes)	99201 (10 minutes)
99212 (10 minutes)	99202 (20 minutes)
99213 (15 minutes)	99203 (30 minutes)
99214 (25 minutes)	99204 (45 minutes)
99215 (40 minutes)	99205 (60 minutes)

For more information about coding and payment for mental health issues, please refer to the *Guide to Coding and Payment*



CRAFFT

Please answer all questions *honestly*;
your answers will be kept *confidential*.

Name _____

Medical Record or ID Number _____ Date _____

Part A

During the PAST 12 MONTHS, did you:

	No		Yes
1. Drink any alcohol (more than a few sips)?	<input type="checkbox"/>	} If you answered NO to ALL (A1, A2, A3) answer only B1 below, then STOP.	<input type="checkbox"/>
2. Smoke any marijuana or hashish?	<input type="checkbox"/>		<input type="checkbox"/>
3. Use anything else to get high? "anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"	<input type="checkbox"/>		<input type="checkbox"/>

Part B

	No		Yes
1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>		<input type="checkbox"/>
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="checkbox"/>		<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>		<input type="checkbox"/>
4. Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>		<input type="checkbox"/>
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>		<input type="checkbox"/>
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>		<input type="checkbox"/>

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