⌘Measure #247: Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence

2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period

INSTRUCTIONS:
This measure is to be reported a minimum of **once per reporting period** for patients with a diagnosis of alcohol dependence seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. There are no allowable performance exclusions for this measure.

Measure Reporting via Claims:
ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-9-CM diagnosis codes, CPT codes, and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The modifier allowed for this measure is: 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of current alcohol dependence

> **Denominator Criteria (Eligible Cases):**
> Patient aged ≥ 18 years on date of encounter
> **AND**
> **Diagnosis for alcohol dependence (ICD-9-CM):** 303.90, 303.91, 303.92
> **Diagnosis for alcohol dependence (ICD-10-CM) [REFERENCE ONLY/Not Reportable]:** F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29
> **AND**
> **Patient encounter during the reporting period (CPT):** 90791, 90792, 90832, 90834, 90837, 90839, 90845, 96150, 96152, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

NUMERATOR:
Patients who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Patient Counseled Regarding Psychosocial AND Pharmacologic Treatment Options for Alcohol Dependence
CPT II 4320F: Patient counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence

OR

Patient not Counseled Regarding Psychosocial AND Pharmacologic Treatment Options for Alcohol Dependence, Reason not Otherwise Specified
Append a reporting modifier (**8P**) to CPT Category II code **4320F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
4320F *with* 8P: Patient was **not** counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence, reason not otherwise specified

RATIONALE:
Research has shown that among patients diagnosed with alcohol dependence, only 4.64% were referred for psychosocial treatment in the form of substance abuse counseling, inpatient rehabilitation programs, outpatient rehabilitation programs, or mutual help groups. While pharmacologic therapy has established efficacy, often in combination with psychosocial therapy, in promoting abstinence and preventing relapse in alcohol-dependent patients, physician rates of prescribing pharmacologic therapy for alcohol dependence are also considerably low. A recent study found that these low rates prevail even among addiction medicine physicians who prescribed naltrexone to only 13% of their alcohol-dependent patients. Pharmacotherapy and psychosocial treatment should be routinely considered for all patients with alcohol dependence, and patients should be informed of this option.

CLINICAL RECOMMENDATION STATEMENTS:
The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Psychosocial treatments found effective for some patients with an alcohol use disorder include motivational enhancement therapy (MET) (Category I), cognitive-behavioral therapy (CBT) (Category I), behavioral therapies (Category I), 12-step facilitation (TSF) (Category I), marital and family therapies (Category I), group therapies (Category II), and psychodynamic therapy/interpersonal therapy (IPT) (Category III). (APA, 2006)
Specific pharmacotherapies for alcohol-dependent patients have well-established efficacy and moderate effectiveness:

- Naltrexone may attenuate some of the reinforcing effects of alcohol, although data on its long-term efficacy are limited. The use of long-acting, injectable naltrexone may promote adherence, but published research is limited and FDA approval is pending. *[Note: Extended-release naltrexone for injection has since received FDA approval]* (Category I)
- Acamprosate, a γ-aminobutyric acid (GABA) analog that may decrease alcohol craving in abstinent individuals, may also be an effective adjunctive medication in motivated patients who are concomitantly receiving psychosocial treatment. (Category I)
- Disulfiram is an effective adjunct to a comprehensive treatment program for reliable, motivated patients whose drinking may be triggered by events that suddenly increase alcohol craving. (Category II) (APA, 2006)

Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses. Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence

and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support. (NQF, 2007)