



Incorporating Substance Abuse Screening Into Adolescent Office Visits | CRAFFT-Spanish

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.

Las Preguntas CARLOS (CRAFFT)
 Por favor responda a todas las preguntas con la mayor sinceridad posible; sus respuestas serán tratadas de forma confidencial.

Parte A
 Durante los últimos doce meses:

	No	Si
1. ¿Ha consumido bebidas alcohólicas (más de unas pocas sorbas)?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Ha fumado marihuana o probado hierba?	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Ha usado algún otro tipo de sustancias que alteren su estado de ánimo o de conciencia? Si siempre "logra salirse" de referir a drogas ilícitas, medicamentosa de venta libre o de venta con receta médica, así como a sustancias ilícitas que alteren su estado mental.	<input type="checkbox"/>	<input type="checkbox"/>

Parte B (CARLOS)

	No	Si
1. ¿Ha viajado, alguna vez, en un CARRO o vehículo conducido por una persona (incluyéndolo a usted) que haya consumido alcohol, drogas o sustancias psicoactivas?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Le han sugerido, alguna vez, sus AMIGOS o su familia que disminuya el consumo de alcohol, drogas o sustancias psicoactivas?	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Ha usado, alguna vez, bebidas alcohólicas, drogas o sustancias psicoactivas para RELAJARSE, para sentirse mejor consigo mismo o para integrarse a un grupo?	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Se ha metido, alguna vez, en LIOS o problemas al tomar alcohol, drogas o sustancias psicoactivas?	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Ha OLVIDADO, alguna vez, lo que hizo al tomar alcohol, drogas o sustancias psicoactivas?	<input type="checkbox"/>	<input type="checkbox"/>
6. ¿Ha consumido, alguna vez, alcohol, drogas o alguna sustancia psicoactiva, encontrándose SOLO y sin compañía?	<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.</p> <p>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 – Standardized, developmental and mental health testing/screening; limited with interpretation and report.

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.

Corresponding 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*.



Las Preguntas CARLOS (CRAFFT)

Por favor responda a todas las preguntas *con la mayor sinceridad* posible; sus respuestas serán tratadas *de forma confidencial*

Nombre _____

Medical Record or ID Number _____ Date _____

Parte A

Durante los últimos doce meses:

	No		Sí	
1. ¿Ha consumido bebidas alcohólicas (más de unos pocos sorbos)?	<input type="checkbox"/>	} Si respondió con un NO las tres primeras preguntas (A1, A2, A3), pase ahora a la pregunta B1	<input type="checkbox"/>	} Si respondió con un SÍ a CUALQUIERA de las tres primeras preguntas (A1, A2, A3), pase ahora a las preguntas B1 a B6
2. ¿Ha fumado marijuana o probado hachís ?	<input type="checkbox"/>		<input type="checkbox"/>	
3. ¿Ha usado algún otro tipo de sustancias que alteren su estado de ánimo o de conciencia?	<input type="checkbox"/>		<input type="checkbox"/>	

El término *algún otro tipo* se refiere a drogas ilícitas, medicamentos de venta libre o de venta con receta médica, así como a sustancias inhalables que alteren su estado mental.

Parte B (CARLOS)

	No		Sí	
1. ¿Ha viajado, alguna vez, en un CARRO o vehículo conducido por una persona (incluyéndolo a usted) que haya consumido alcohol, drogas o sustancias psicoactivas?	<input type="checkbox"/>		<input type="checkbox"/>	←
2. ¿Le han sugerido, alguna vez, sus AMIGOS o su familia que disminuya el consumo de alcohol, drogas o sustancias psicoactivas?	<input type="checkbox"/>		<input type="checkbox"/>	←
3. ¿Ha usado, alguna vez, bebidas alcohólicas, drogas o sustancias psicoactivas para RELAJARSE , para sentirse mejor consigo mismo o para integrarse a un grupo?	<input type="checkbox"/>		<input type="checkbox"/>	←
4. ¿Se ha metido, alguna vez, en LIOS o problemas al tomar alcohol, drogas o sustancias psicoactivas?	<input type="checkbox"/>		<input type="checkbox"/>	←
5. ¿Ha OLVIDADO , alguna vez, lo que hizo al tomar alcohol, drogas o sustancias psicoactivas?	<input type="checkbox"/>		<input type="checkbox"/>	←
6. ¿Ha consumido, alguna vez, alcohol, drogas o alguna sustancia psicoactiva, encontrándose SOLO y sin compañía?	<input type="checkbox"/>		<input type="checkbox"/>	←

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