

At-Risk Drinking (ARD) / Coding and Documentation in Medical Settings

This guidance related to coding and documentation in cases of ARD was felt to be essential to avoid confusion in the field. It was developed as part of the USAF Surgeon General's response to the Culture of Responsible Choices (CORC), which compels all USAF agencies to increase vigilance and awareness of and to act in concert in addressing alcohol and substance misuse. This is part of the Culture of Responsible Choices Program (CORC) and is intended to inform but not replace or supersede MAJCOM and local guidance and provider discretion.

At-risk drinking (ARD) is defined, in this guidance, as any single episode of drinking 4 or more alcohol-containing drinks during the past 30 days or weekly use equal to or greater than 15 alcohol-containing drinks for men and 8 for women. [adapted from National Institute on Alcohol Abuse and Alcoholism (NIAAA) criteria].

ARD is characterized by use of alcohol that may increase behavioral/mental health and medical risk. ARD must be clearly distinguished from *alcohol abuse* and *alcohol dependence*. Alcohol abuse and dependence are diagnoses (DSM-IV) and indicate a loss of control over drinking behavior with clear psychosocial, medical or legal consequences. ARD describes a pattern of alcohol use that is correlated with increased medical and behavioral risk, but does not represent a diagnosable condition

Whereas a diagnosis or suspected diagnosis of alcohol abuse or dependence requires a referral to the Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT) IAW AFI 44-121. ARD may be screened and addressed in primary care at the discretion of the provider contingent upon the at-risk alcohol use being self disclosed and not contributing to an alcohol related incident (ARI) as defined by AFI 44-121.

Coding: ICD code **V79.1** *screening, alcoholism* may be added to the coding for the patient contact, but should not be reflected as the primary visit code unless it was the identified or presenting concern. This code should be included in cases where screening is conducted by the provider and is not merely reflective of a response on a 600 overprint or other patient questionnaire. If the patient indicates at-risk drinking that requires brief intervention in accordance with NIAAA guidelines. **V65.42** *counseling on substance use and abuse* should also be applied. Evaluation and management (E&M) codes should reflect the complexity and time expended in managing each screening

Profiling: Profile change is not appropriate in cases of ARD unless symptoms/impacts rise to the level that alcohol abuse or dependence is diagnosed. Profile change to S4T is required in all cases of alcohol abuse and dependence IAW AFI 48-123.

PRP Program: For purposes of PRP, alcohol use that is judged to have a potential bearing on reliability will be passed as potentially disqualifying information (PDI) to the

Certifying Official (CO). Suspension/decertification is not required except in cases of alcohol abuse, alcohol dependence and alcohol related incidents (ARI's). In cases of sub-clinical alcohol use (not meeting DSM IV criteria for abuse or dependence) provider discretion should be exercised in assessing the impact (if any) on reliability. Appropriate PRP notifications (to include "no notifications" or no duty impact) should be made by the provider and forwarded to the CO IAW AFI-36-2104 and local guidance.

Flying Status: Alcohol abuse and dependence are disqualifying conditions IAWAFI 48-123 (attachment 7). However, off-duty alcohol use, including at-risk drinking, may not compromise reliability or duty performance. It is at the discretion of the flight surgeon (or PCM) to determine the level of functional impact, if any, and to make the appropriate recommendation to the flyer's commander.

Weapons: (ref AFI 31-207) While weapon bearing is fundamental to military service, those who routinely carry firearms in the course of their duties such as members of security forces are of particular concern. When, in the opinion of a credentialed medical provider or his/her designee alcohol use is impairing judgment or otherwise compromising any aspect of duty performance, this information must be passed immediately to the military member's unit commander.