

Reimbursement for SBIRT services is provided by Medicare, Colorado Medicaid, and many commercial health plans.

Overview of the SBIRT Process

1. Brief Screen or Pre-Screen: one to several short questions relating to drinking, tobacco and drug use. Payers consider this to be an integral part of routine preventive care and is therefore not separately reimbursable. It can be administered by providers or any other staff member, in writing, orally, or through other technologies.
2. Full Screen or Brief Assessment: this more definitively categorizes a patient's substance use and is indicated for patients with positive brief or pre-screens. Providers are required to use an evidence-based screening tool for this step such as the AUDIT, DAST, ASSIST, CRAFFT, or POSIT. To obtain copies of the evidence based screening tools contact SBIRT Colorado at (303) 369-0039 extension 245.
3. Brief Intervention: brief motivational conversation with a patient intended to induce a change in health-related behavior; typically used as a management strategy for patients with risky or problem drinking or drug use who are not dependent. May also be used as a method of increasing motivation and acceptance of a referral for substance use treatment. Services are typically covered for patients, who through the use of an evidence-based screening tool, are identified as at-risk for a substance use disorder. For billing purposes, a brief intervention is defined as a period of time of at least 15 minutes of screening, intervention and delivery support.
4. Follow-up: interactions that occur after initial intervention. Intended to reassess a patient's status, progress, and/or need for additional services. Billable if service provided is 15 minutes or greater.
5. Referral: patients who are likely alcohol or drug dependent are typically referred to alcohol and drug treatment experts for more in-depth assessment and treatment.

Remember in order for SBIRT services to be billable, the process must take at least 15 minutes of total combined staff time. Included in this time, is explaining to the patient about the screening tool, administering the screen, evaluation and brief intervention.

Medicare

G0396	Alcohol and/or drug screening	15-30 minutes
G0397	Alcohol and/or drug screening	Greater than 30 minutes

Key points regarding Medicare reimbursement for SBIRT services: Medicare "Incident To" Rules:

- Medicare can only be billed for SBIRT services in non-hospital outpatient sites. When others have not provided other services on that visit. When there is a possibly related injury or illness. When the Health Educator is employed by the same entity as the supervising provider. When the supervising provider who bills is on site. When the supervising provider initiates the service.

Colorado Medicaid

H0049	Alcohol and/or drug screening	15-30 minutes
H0050	Alcohol and/or drug service, brief intervention	per 15 minutes

Key points regarding Colorado Medicaid reimbursement for SBIRT services:

- Medicaid will reimburse for services for patients ages 12 and older. Practices may retro bill to August 1, 2010.
- A wide range of provider types may be reimbursed by Medicaid. Ancillary providers such as health educators must perform services under the direct supervision of a credentialed provider, and the documentation should be co-signed by both.
- Medicaid reimbursement is limited to 2 units of service per rolling twelve months - no less than 11 months must pass between billings for screenings.

Pregnant women are eligible for separate substance abuse screening and intervention services through Special Connections, Outpatient Substance Abuse treatment and the Prenatal Plus program. Pregnant women CANNOT receive benefits from both SBIRT and the above programs. For the Screening for Pregnant Women benefit, the two HCPCS codes below are to be utilized

- H0002** Behavioral Health Screening
- H0004** Alcohol and/or drug service, brief intervention

When SBIRT services are provided to Medicaid beneficiaries in a RHC/FQHC, they are included in the encounter rate and no separate payment is made, regardless of who is providing the service. Payment to independent provider-based RHCs and FQHCs for covered services furnished to Medicaid beneficiaries is made through an all-inclusive rate for each visit.

For additional info, visit: <http://www.cms.hhs.gov/manuals/downloads/clm104c09.pdf>

When providing SBIRT services in the hospital Emergency Department, physicians and other Medicaid enrolled non-physician practitioners may bill the SBIRT codes H0049 and H0050 for direct payment when performed in the emergency department. The diagnosis reported on the claim always requires a sign, symptom, illness or injury.

Commercial Health Plans

The following Current and Procedural Terminology (CPT) codes are to be used when billing commercial health plans. These codes are also viable for use in both RHCs and FQHCs.

99408	Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention services: 15-30 minutes
99409	Alcohol and/or substance abuse structured screening and brief intervention: greater than 30 minutes

Tobacco Treatment

If billing SBIRT for tobacco treatment services, tobacco MUST be co-occurring with another substance abuse such as alcohol or drugs. If billing for tobacco treatment services alone, separate codes and ICD-9 codes should be used. A brief explanation follows. For details regarding tobacco dependence treatment and billing, please refer to the U.S. Public Health Service *Treating Tobacco Use and Dependence: 2008 Update*.

Tobacco use should be documented in the medical record using the ICD-9 code 305.1 for tobacco use disorder or V158.2 for personal history of tobacco use.

The American Medical Association has approved two CPT codes for tobacco use counseling. They are based on time devoted to the service and the use of these codes requires documentation in the clinical record. The codes are for face-to-face counseling by a physician or other qualified health care professional (except Colorado Medicaid – see below), using standardized, evidence-based screening instruments and tools with reliable documentation and appropriate sensitivity.

99406 For intermediate visit of between 3 and 10 minutes

99407 For an intensive visit lasting longer than 30 minutes

ICD-9 Diagnosis Codes

The following are common ICD-9 diagnosis codes for reporting SBIRT services:

V82.9	Screening for Unspecified Condition
V28.9	Unspecified Antenatal Screening
V65.40	Other Counseling, Not Otherwise Specified (NOS)
V65.42	Other Counseling, Substance Use and Abuse
V65.49	Other Specified Counseling

Colorado Medicaid and Tobacco

Only Certified Addictions Counselors may bill Medicaid for tobacco dependence treatment services, except for pregnant patients.

Sample Billing Scenarios

A patient comes in for a check up. Patient reports tobacco use in the SBIRT brief screen and AUDIT screen comes back positive for risky alcohol use. The patient is given a 10-minute intervention on alcohol use and then a brief intervention on tobacco. Patient is also given a referral to the Quitline and a prescription for Chantix.

If the patient is on Medicaid:

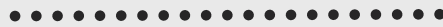
H0049 (Alcohol and drug screening 15-30 minutes)

99406 (Tobacco use counseling using standardized evidence based screening)

If the patient has private insurance:

99406 (Tobacco use counseling using standardized evidence based screening)

99408 (Alcohol and/or substance abuse - other than tobacco- abuse screening)



A 14-year old comes in for her one year check up. She is given the CRAFFT screening. The screen comes back positive for risky use of alcohol.

If the patient is on Medicaid:

H0049 (Alcohol and drug screening 15-30 minutes)

If the patient has private insurance:

99408 (Alcohol and/or substance abuse - other than tobacco- abuse screening)

If this screening had occurred in a FQHC this is how the billing should be submitted:

If the patient is on Medicaid:

Cannot bill as Medicaid does not reimburse for alcohol/tobacco use in separate charges. They are included in the encounter rate.

If the patient has private insurance:

99408 (Alcohol and/or substance abuse - other than tobacco- abuse screening)

Billing Code Chart

	ALCOHOL & DRUGS		TOBACCO	
Medicaid H-Codes	H0049 Full Screen	H0050 Per 15 minute intervention	99406 3 to 10 minute intervention	99407 > 10 minute intervention
Medicare G-Codes	G0396	G0397	99406	99407
Commercial	99408 15-30 minutes Full screen & intervention	99409 > 30 minute Full screen & intervention	99406 3 to 10 minute intervention	99407 > 10 minute intervention