Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lake Superior Quality Innovation Network
MICHIGAN | MINNESOTA | WISCONSIN

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Coding & Reimbursement Guide

January 2019

General Disclaimer

The purpose of this document is to provide Wisconsin clinic and administrative staff with information and guidance on obtaining Medicare, Medicaid and commercial insurance reimbursement for Screening, Brief Intervention and Referral to Treatment (SBIRT) services. This document references authoritative sources whose information is updated as appropriate to reflect the ongoing changes in policy and regulation. The information in this document is current as of October 1, 2018, and is not intended as legal advice, nor is this a substitute for legal advice. Consult an attorney knowledgeable in healthcare law to obtain answers to specific questions. The Current Procedural Terminology (CPT)® codes referenced in the guide are copyright American Medical Association (AMA) 2017, all rights reserved.

This document is an update to the SBIRT Coding, Billing and Reimbursement Manual (January 2010) produced by the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL).

Lake Superior Quality Innovation Network serves Michigan, Minnesota, and Wisconsin, under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.

www.lsqin.org | Follow us on social media @LakeSuperiorQIN

This material was prepared by Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11SOW-WI-G1-19-02 010418

Table of Contents

Part 1: SBIRT Introduction 4

Part 2: Coding and Documentation for SBIRT 7

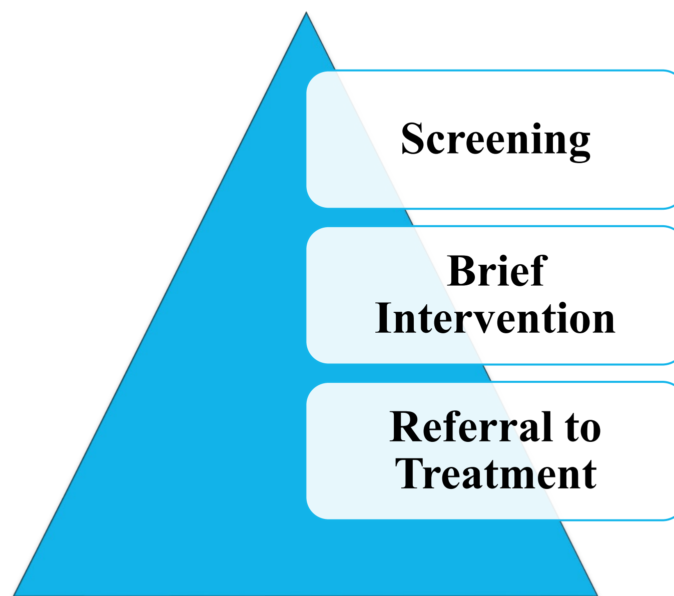
Part 3: Reimbursement for SBIRT 10

Part 4: FAQs and Resources 11

Part 1: SBIRT Introduction

History

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidenced-based practice used to identify, reduce and prevent abuse and dependence on alcohol and other substances. SBIRT services have evolved over the years and gained popularity because of the successful outcomes for patients. SBIRT's demonstrated cost and health savings grabbed the attention of federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), Veterans Administration, Department of Defense and the White House Office of National Drug Control Policy, as well as managed care providers and major medical associations. These agencies have recommended SBIRT's routine use and supported reimbursement for healthcare providers who perform them. For Wisconsin, there was a federal and state push for providing preventive services as well as legislation requiring Medicare, Medicaid and commercial insurance payers to reimburse for them. Because of the Medicaid and BadgerCare Plus Rate Reform Project and the 2009-2011 state biennial budget (2009 Wisconsin Act 28), Wisconsin Medicaid has expanded the SBIRT benefit for all patients and for a wide range of provider types. The Affordable Care Act (ACA) set in motion the requirements for Medicare and commercial insurance to cover preventive services with little-to-no out-of-pocket cost to the patient. The United States Preventive Services Task Force (USPSTF) identified the SBIRT and other preventive services classification to align with the ACA to promote the screening services.



SBIRT can be broken up into three main categories; screening, brief intervention and referral to treatment. Screening is proactive procedure to identify individuals who may have a condition or be at risk for a condition before obvious manifestations occur. For example, a brief screening for alcohol and/or substance abuse may include a short questionnaire with questions relating to drinking and drug use. If the physician or other qualified health care provider determines that this may be an area of risk for a patient, a full screening may be administered to more definitively categorize a patient's substance use. The full assessments are indicated for patients with positive brief screens and for patients with signs, symptoms and medical conditions that suggest risky or problem drinking or drug use. Examples of such questionnaires include:

- The AUDIT. This screen is a reliable tool for use to determine the level of alcohol use. The AUDIT screen is available through the WHO Web site.

- The DAST. This screening tool is a reliable tool to use to determine the level of drug use. The DAST screen is available through the Dr. Alan Tepp, Ph. D., website.
- The ASSIST. This screen is available through the WHO website.
- The CRAFFT screening tool developed by John Knight at the CeASAR. The CRAFFT screening tool is available through the CeASAR website. This screen is valid for use with children and adolescents.
- The POSIT. This screen is valid for use in adolescents in a medical setting. A POSIT PC tool is available through the POSIT PC website.

An assessment places the patient on a continuum of use and suggests whether no intervention, brief intervention, brief treatment or a referral to treatment is appropriate. The diagnosis of problematic use, abuse or dependence of the substance(s) is clearly documented and represented by the appropriate International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10-CM) code. Problematic use is identified when the patient has other medical problems such as mood or neurocognitive disorders that are induced by the use of the substance. For example, if a patient is identified as having an alcohol-induced depression without identified alcohol abuse or dependence, the ICD-10 code is F10.94 Alcohol use, unspecified with alcohol- induced mood disorder. If the patient is identified has having an alcohol abuse disorder, the severity of the disorder (mild, moderate or severe) determines if the disorder alcohol abuse or dependence. For example, if a patient is identified as having a moderate alcohol use disorder, the ICD-10 code is F10.20 Alcohol dependence, uncomplicated. See Part 2: Coding and Documentation for SBIRT for additional information on coding in ICD-10-CM.

Brief interventions are designed to motivate patients to change their behavior and prevent the progression of the alcohol or substance use. Brief interventions are typically used as a management strategy for patients with risky or problem drinking or drug use who are not dependent. These interactions with patients, which are intended to induce a change in a health-related behavior, may require multiple follow up appointments. Often one to three follow-up contacts are provided to assess and promote progress and to evaluate the need for additional services. Patients who are identified as alcohol or drug dependent are typically referred to alcohol and drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment.

The screening and brief intervention results and documentation coupled with a referral to a behavioral health specialist supports the medical necessity for the patient to get treatment. The behavioral health specialist determines if the patient needs brief or extended treatment. For example, a brief treatment for alcohol dependence includes a planned, several-session course of interaction with the patient to help the patient quit or cut down or reduce the negative impacts of substance use on their lives. Brief treatment is typically provided to patients with likely dependence who cannot or will not obtain conventional treatment, or to other patients with numerous and serious negative consequences of their drinking or drug use. Brief treatments may also be provided to patients who are receiving pharmacologic treatment for alcohol or opioid dependence in general healthcare settings. Handling the referral process properly and ensuring that the patient receives the necessary care coordination and follow-up support services is critical to the treatment process and to facilitating and maintaining recovery.

Providing SBIRT Services

The key to providing the preventive services of SBIRT is workflow. The reimbursement for SBIRT and many preventive or wellness services is limited to the primary care setting and/or primary care providers. Over the years many changes have occurred in regard to providers of screening and medical services. A physician could provide the services independently and be reimbursed; however, real-world clinics run tight and utilizing ancillary staff, such as health educators, medical assistants or medical scribes for administrative and basic clinical tasks. Use of ancillary staff has become integral to run a clinic effectively and efficiently. Specialty clinics who are a primary care source for a patient may be reimbursed for the services if the benefit is available and the patient's primary care physician is not providing the service.

For AMA and Medicare, uniformity on the terminology has aligned coding definitions and coverage policy. The term "other qualified healthcare professional (a.k.a. QHP)" is widely used throughout the AMA CPT Professional coding manual. Per the 2018 AMA CPT Professional Edition, a QHP is an individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. This QHP definition includes Physician Assistants and Nurse Practitioners. Medicare considers other qualified healthcare professionals such as Clinical Nurse Specialist (CNS), Clinical Psychologist (CP) or Clinical Social Worker (CSW) for reimbursement of SBIRT services. These QHPs are distinct from clinical staff. A clinical staff member is a person who works under the supervision of a physician or QHP and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service. Health educators and medical assistants often assist physicians and QHPs with administrative tasks involved in SBIRT services, such as handing out the assessments, taking vital signs and more. Ancillary providers, such as health educators, are non-credentialed providers and must perform services under the direct supervision of a credentialed provider. While the reimbursement may differ from physicians, the services are allowed to be performed and billed by the QHPs and staff working under the direct supervision of a physician or QHP. The definition of direct supervision can vary by payer. Medicare's definition of direct supervision as part of the "incident-to" guideline directs the physician or QHP to be directly available (in the same office suite) and be participative in the patient's plan of care.

For a complete understanding of the supervision and signature requirements and to verify types of credentialed providers for commercial payers, you will need to contact your carriers or review your contracts. For services performed by ancillary staff, best practices would suggest the credentialed provider be on the premises and directly available to intervene if necessary. Additionally, the credentialed provider should co-sign the documentation prior to submitting the claim for payment. Any ancillary services should adhere to an established plan of care.

Part 2: Coding and Documentation for SBIRT

Background

In November 2007, the AMA released new CPT codes for the provision of SBIRT services for implementation January 1, 2008. When new codes are introduced, it is standard that significant background be provided on the decision process that ultimately results in adoption of the new code. In reference to the creation of these two new codes the following guidance was shared:

> *"A screening and brief intervention (SBI) describes a different type of patient-physician interaction. It requires a significant amount of time and additional acquired skills to deliver beyond that required for provision of general advice. SBI techniques are discrete, clearly distinguishable clinical procedures that are effective in identifying problematic alcohol or substance use."*

The importance of screening and intervening for those patients who are not necessarily identified as abusers, a comprehensive list of components that should be included in provision of the codes was also outlined:

Components of Screening & Behavioral Intervention

- A standardized screening tool should be used.
- The patient should receive feedback concerning the screening results.
- There should be discussion of negative consequences that have occurred; and the overall severity of the problem.
- Action should include motivating the patient toward behavioral change.
- A joint decision-making process regarding alcohol and/or drug use should be used.
- Plans for follow up are discussed together and agreed to.

While there is not a required template for SBIRT, the medical record must include specific elements to support the service and satisfy regulatory requirements. The legible encounter for SBIRT must include:

1. Reason for the encounter (why is the patient here?)
2. Current history (progress, responses to treatment, etc.)
3. History (including past, family or social history) that is relevant to the visit and/or identifies health risk factors
4. Physical examination
5. Assessment (including screening tool results), clinical impression and diagnosis
6. Plan of care, specifically outlining any referral or treatment recommendations
7. Time spent face-to-face with the patient (either start/stop times or total time in minutes). The AMA defines a unit of time when the midpoint has passed. For example, to report a service that is time-based and is 15 minutes, at least 8 minutes face-to-face time with the patient must be documented to support the CPT code for billing purposes.
8. Signature and date

In addition to documenting the service provided, providers are required to keep a copy of the completed screening tool(s). Providers using electronic medical records should make a note of which screening tool was used if they do not have an electronic version of the tool, and note the responses to the screening questions.

SBIRT CPT & HCPCS Codes

Code	Descriptor	Comments
99408	Alcohol and/or substance abuse (other than tobacco) structured screening (e.g., AUDIT, DAST), and brief intervention services; 15-30 minutes	AMA CPT code designed for reporting of professional services regardless of payer
99409	…Greater than 30 minutes	AMA CPT code designed for reporting of professional services regardless of payer
G0396	Alcohol and/or substance abuse (other than tobacco) structured screening (e.g., AUDIT, DAST) and brief intervention services; 15 to 30 minutes	HCPCS code designed for Medicare
G0397	**…**Greater than 30 minutes	HCPCS code designed for Medicare
H0049	Alcohol and/or drug screening	HCPCS code designed for Medicaid
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	HCPCS code designed for Medicaid

Wisconsin Medicaid

ForwardHealth houses a wealth of information for healthcare providers. The ForwardHealth.wi.gov website has links to an interactive fee schedule, prior authorization forms and online provider handbooks. Within these resources in the provider manual for BadgerCare, Topic #8297 covers the benefits and coverage and policy limitations for SBIRT. According to the policy, Wisconsin Medicaid and BadgerCare Plus cover substance abuse screening as of January 1, 2010, in a wide variety of settings to increase the chance of identifying people at risk. Screening is also a part of primary prevention aimed at educating members about the health effects of using alcohol and other drugs. ForwardHealth requires eligible providers to undergo training approved by the Wisconsin Department of Health Services (DHS). Providers should contact DHS via email at DHSSBIRT@wisconsin.gov for more information about the required training or to find out if they can be exempted from the training requirements.

Wisconsin Medicaid members who are pregnant are eligible for separate substance abuse screening and intervention services under the Mental Health and Substance Abuse Screening for Pregnant Women benefit. Providers are required to report the services under either the SBIRT benefit or the Mental Health and Substance Abuse Screening for Pregnant Women benefit. When reporting the above HCPCS codes under the Mental Health and Substance Abuse Screening for Pregnant Women benefit, the HCPCS modifier HF Substance Abuse Program must be appended to the HCPCS codes to denote substance abuse screening.

ICD-10-CM for SBIRT

The ICD-10-CM is used in assigning codes to diagnoses associated with inpatient, outpatient and physician office utilization. Diagnosis codes play a critical role in supporting the medical necessity of the CPT or HCPCS codes that are performed. When coding for SBIRT, the reason for the encounter should be represented, as well as any identified alcohol or substance use, abuse or dependence. Some ICD-10-CM codes that may describe the SBIRT service include:

- Z13.39 Encounter for screening examination for other mental health and behavioral disorders
- Z13.30 Encounter for screening examination for mental health and behavioral disorders, unspecified
- Z13.9 Encounter for screening, unspecified

Use, Abuse or Dependence in ICD-10-CM

There are some key guidelines to note from the ICD-10-CM Official Guidelines for Coding and Reporting, effective October 1, 2018, for Chapter 5 Mental and behavioral disorders due to psychoactive substance use. When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented, assign only the code for abuse
- If both abuse and dependence are documented, assign only the code for dependence
- If use, abuse and dependence are all documented, assign only the code for dependence
- If both use and dependence are documented, assign only the code for dependence.

Mild substance use disorders in early or sustained remission are classified to the appropriate codes for substance abuse in remission, and moderate or severe substance use disorders in early or sustained remission are classified to the appropriate codes for substance dependence in remission.

As with all other unspecified diagnoses, the codes for unspecified psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9-, F19.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis. These codes are to be used only when the psychoactive substance use is associated with a physical, mental or behavioral disorder, and such a relationship is documented by the provider.

Selection of codes for "in remission" for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.11, -.21) requires the provider's clinical judgment. The appropriate codes for "in remission" are assigned only on the basis of provider documentation unless otherwise instructed by the classification.

Part 3: Reimbursement for SBIRT

RBRVS payment, RVUs

Understanding fee schedules will help you with both commercial contracting and in understanding the Medicare and Medicaid payments you will receive. There are three (3) key calculation factors; payment methodology, relative value and conversion. The payment methodology will guide you to the appropriate relative values. The most common methodology is the Resource Based Relative Value Scale (RBRVS). In addition to Medicare, many commercial insurance payers, health maintenance organizations and managed care organizations use it to calculate reimbursement rates. The RBRVS assigns procedures performed by a physician or other medical provider a relative value that is then adjusted by a geographic region. This value is multiplied by a fixed conversion factor, which changes annually, to determine the amount of payment. Medicare RBRVS determines fees based on three separate factors: physician work, practice expense and malpractice expense. The following table contains the current 2018 relative values units (RVUs), approximate Medicare rates (using total RVU and 2018 conversion factor), and 2018 Wisconsin Medicaid rates for SBIRT codes. ForwardHealth does not assign relative values but offers an interactive max fee search for providers to verify maximum allowable reimbursement for Wisconsin Medicaid. In addition to the reimbursement/allowed rates for services, the ForwardHealth interactive max fee search shares information regarding prior authorization, place of service and provider of service rules.

As of October 1, 2018, the following RVUs and approximate Medicare and Wisconsin Medicaid reimbursement applies for SBIRT services:

Code	Total Non-Facility (i.e. clinic) RVU	Approximate Medicare Allowed Amount (Physicians)	Approximate Medicare Allowed Amount (Non-physicians, QHPs)	Approximate Wisconsin Medicaid Reimbursement
99408	1.00	$0	$0	$0
99409	1.94	$0	$0	$0
G0396	1.01	$36.35	$30.89	$0
G0397	1.94	$69.83	$59.35	$0
H0049	0.00	$0	$0	$35.00
H0050	0.00	$0	$0	$20.00

Part 4: Frequently Asked Questions & Resources

Frequently Asked Questions

1. **Is there a specific form that physicians are required to use to administer the screening tests?**
   There is not a specific form that is required from any payer, including Medicare and Medicaid, but all of them agree that an evidence-based screening tool should be used.

2. **Can a health educator or nurse administer the screening tests under physician direction?**
   Yes, so long as the direct supervision requirements are met. The results of the screening tests must be incorporated into plan of care determined by the physician or QHP.

3. **Does insurance cover SBIRT services?**
   Yes. Since the ACA, there are mandates in place that require insurance to cover services identified as grade A or B on the United States Preventive Services Task Force recommendations (see link in Resources and References section). The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. Unhealthy alcohol use in adolescents and adults, screening and behavioral counseling interventions are a grade B USPSTF recommended service. If commercial payers deny claims, it may be due to unfamiliarity of the SBIRT services codes. If this is the case, supporting documentation should be submitted with the claim for reconsideration. Some payers may have policies that may be useful to reference if there is a specific problem with reimbursement.

4. **Can I perform SBIRT as a telehealth service?**
   Yes, so long as the telehealth and SBIRT services criteria is met, and the documentation supports the services rendered.

5. **Can I bill for an evaluation and management service (E/M) in addition to the SBIRT services when they are performed on the same day?**
   Yes. As long as the E/M is a problem-oriented visit and not a comprehensive preventive service. Any E/M services reported on the same day must be distinct and reported with modifier 25, and time spent providing these services may not be used as a basis for the E/M code selection.

6. **Is there special training needed to perform SBIRT services?**
   While there are not requirements for Medicare, there are specific training requirements for Wisconsin Medicaid. Licensed health care professionals must complete the DHS-approved training to directly deliver the screening and intervention services. Training for licensed professionals must extend at least four hours and may be conducted in person or via the internet. DHS may exempt licensed professionals with expertise in the field of substance abuse screening and motivational enhancement or motivational interviewing on a case-by-case basis. Providers should contact DHS at DHSSBIRT@wisconsin.gov for more information about the required training or to find out if they can be exempted from the training requirements. Providers are required to retain documents showing that staff providing substance abuse screening and intervention services meet the training, education and supervision requirements.

References and Resources

1. CMS MLN Fact Sheet: SBIRT, March 2017 www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf
2. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7633.pdf
3. CMS MLN Fact Sheet: Telehealth www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf
4. SAMSHA Manual www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf
5. ForwardHealth Portal & Wisconsin Medicaid SBIRT Benefits
   a. www.forwardhealth.wi.gov
   b. https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=50&s=2&c=621
   c. https://www.forwardhealth.wi.gov/kw/pdf/2009-96.pdf
6. Centers for Disease Control and Prevention (CDC) FY2019 ICD-10-CM code set and guidelines https://www.cdc.gov/nchs/icd/icd10cm.htm
7. United States Preventive Services Task Force (USPSTF) recommendations https://www.uspreventiveservicestaskforce.org/BrowseRec/Index
8. 2018 American Medical Association CPT Professional Edition