
Technical Assistance Webinar

Alcohol and Drug Misuse:
Screening, Brief Intervention, and Referral to Treatment
(SBIRT)

December 18, 2013

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just below the "Health" text.

Oregon
Health
Authority

Welcome & Housekeeping

- Overview of today's webinar
- Presenters
 - Dana Peterson
 - Denise Taray
 - Sarah Bartelmann
- FAQ document (October 7, 2013 SBIRT TA Webinar) is available at:
[http://www.oregon.gov/oha/CCODData/SBIRT%20Technical%20Assistance%20Webinar%20QandA%20\(October%202013\).pdf](http://www.oregon.gov/oha/CCODData/SBIRT%20Technical%20Assistance%20Webinar%20QandA%20(October%202013).pdf)

DISCLAIMER

It is the responsibility of each provider to select the most appropriate diagnosis and procedure codes when billing for services. It is the providers' responsibility to comply with the CCO's prior authorization requirements or other policies necessary for reimbursement, before providing services to any Medicaid client enrolled in a CCO. It is the providers' responsibility to be compliant with federal and state laws (see OAR 410-120-1160).

The information provided in this webinar is specific to Medicaid and the CCO incentive measure only.

Commercial and Medicare acceptance of these practices may vary and providers must ensure compliance in service delivery and claims submission to different payer types.

SBIRT Measure Overview

For CY 2013, the CCO Incentive Measure is looking at:

- Unique individuals ages 18+
- Who had a qualifying office or home visit
- Who received a full (secondary) SBIRT screening, or a full SBIRT screening and a brief intervention.

Measure specifications and SBIRT guidance document (revised Sept 30, 2013) available online at:

www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx

Objective: Capture SBIRT in Claims Data

- CPT / HCPC codes for SBIRT became available in 2008.
- But very few providers in Oregon are using these codes (2011 baseline data <1 percent).

Why Not?

- National Correct Coding Initiative (NCCI) edits.
- Provider education / training?
- Other reasons?

Future SBIRT Measurement!

The Metrics & Scoring Committee agreed to keep the SBIRT measure, specifications, and benchmark the same for CY 2014.

Note that several additional codes have been proposed for SBIRT and may be added to the measure specifications in 2014, at the recommendation of the SBIRT workgroup (which will convene in January). None of these changes have been adopted yet, but please note that information presented in this webinar may change for future measurement years.

Additional changes to the SBIRT measure may be made for CY 2015, including:

- Measuring brief screenings.
- Measuring referrals to treatment.
- Measuring the capacity of the treatment system to accept referrals.

Screening: Brief Screen

First step of the SBIRT process.

May be performed by front desk staff or other appropriate professional:

- Written / mailed
- Over the phone
- Electronically

Is not billable.

- Integral part of routine preventive care
- No CPT codes for billing a brief screen.

OHA-Recommended Brief Screen

Annual questionnaire

Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Are you currently in recovery for alcohol or substance use? Yes No

Alcohol:

One drink =



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>

Mood:

	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>

Screening: Full Screen

- Second step of the SBIRT process.
- List of AMH-approved, evidence based screening tools available online at:
www.oregon.gov/oha/amh/Pages/eb-tools.aspx
- May be performed by multiple provider types.
- Is billable.

Coding for Full Screening

CPT 99420 – administration and interpretation of a health risk assessment instrument.

- Code is not time based.
- Billed as one unit, regardless of time spent screening.

OHA can **only** identify 99420 as an SBIRT full screen from claims data **if** specific diagnosis codes are used with 99420:

- V79.1 (Screening for alcoholism)
- V82.9 (Screening for unspecified condition)

Coding for SBIRT Services: Less than 15 minutes

- The services should not be reported using CPT 99408/99409 or G0396/G0397.
- Code a brief intervention that takes less than 15 minutes using CPT 99420 + the appropriate diagnosis code.
- The clinical resources expended during the visit with the provider should be included in determining the level of the visit service reported.

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf

Coding for SBIRT Services: 15 minutes or more

The following codes should be used when a screening and brief intervention have been provided:

- **CPT 99408:** alcohol and/or substance use structured screening (e.g., AUDIT, DAST) and brief intervention services lasting 15-30 minutes.
- **CPT 99409:** alcohol and/or substance use structured screening and brief intervention services lasting longer than 30 minutes.

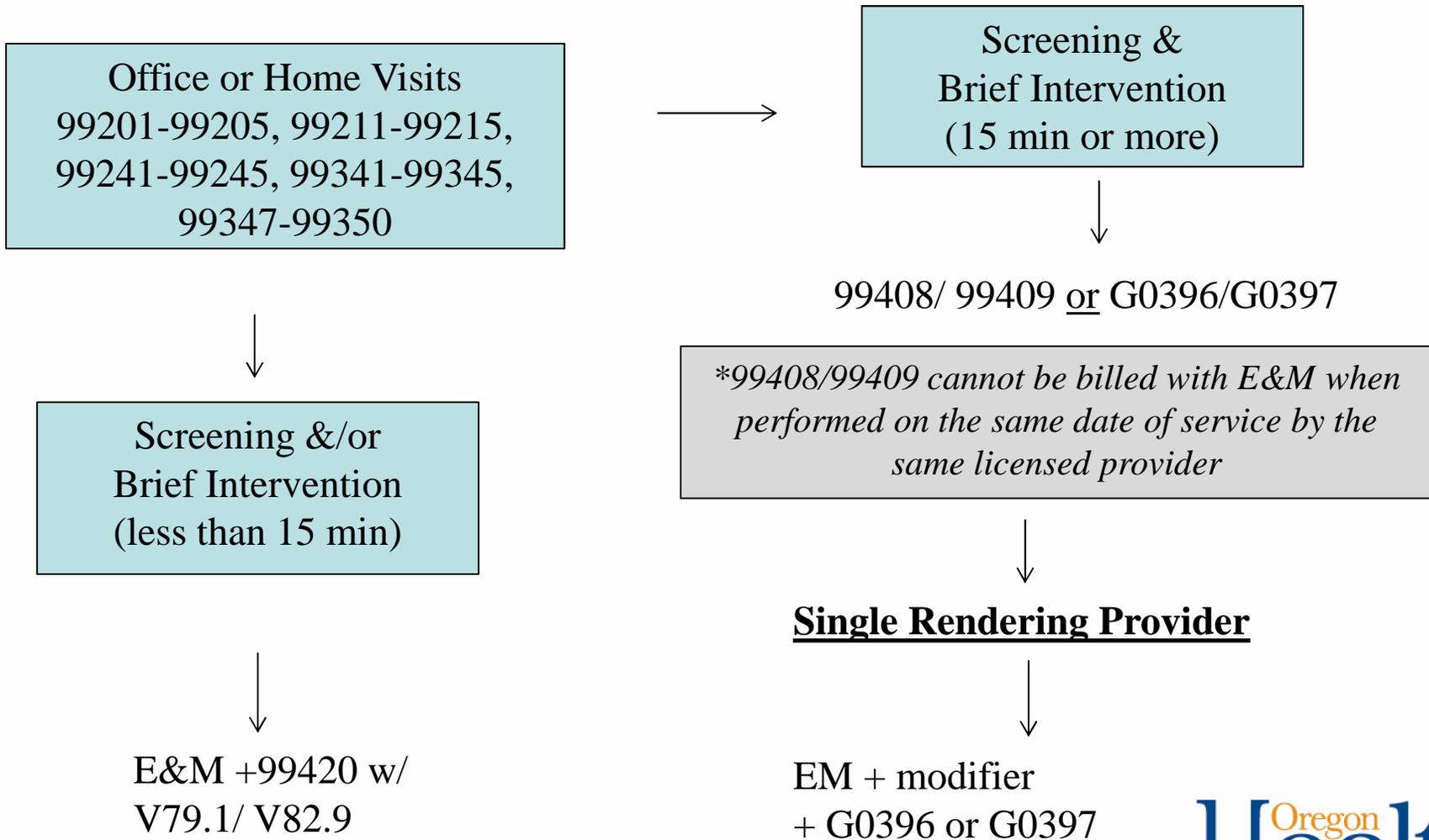
Coding for SBIRT Services: 15 minutes or more

The following codes should be used when a screening and brief intervention have been provided:

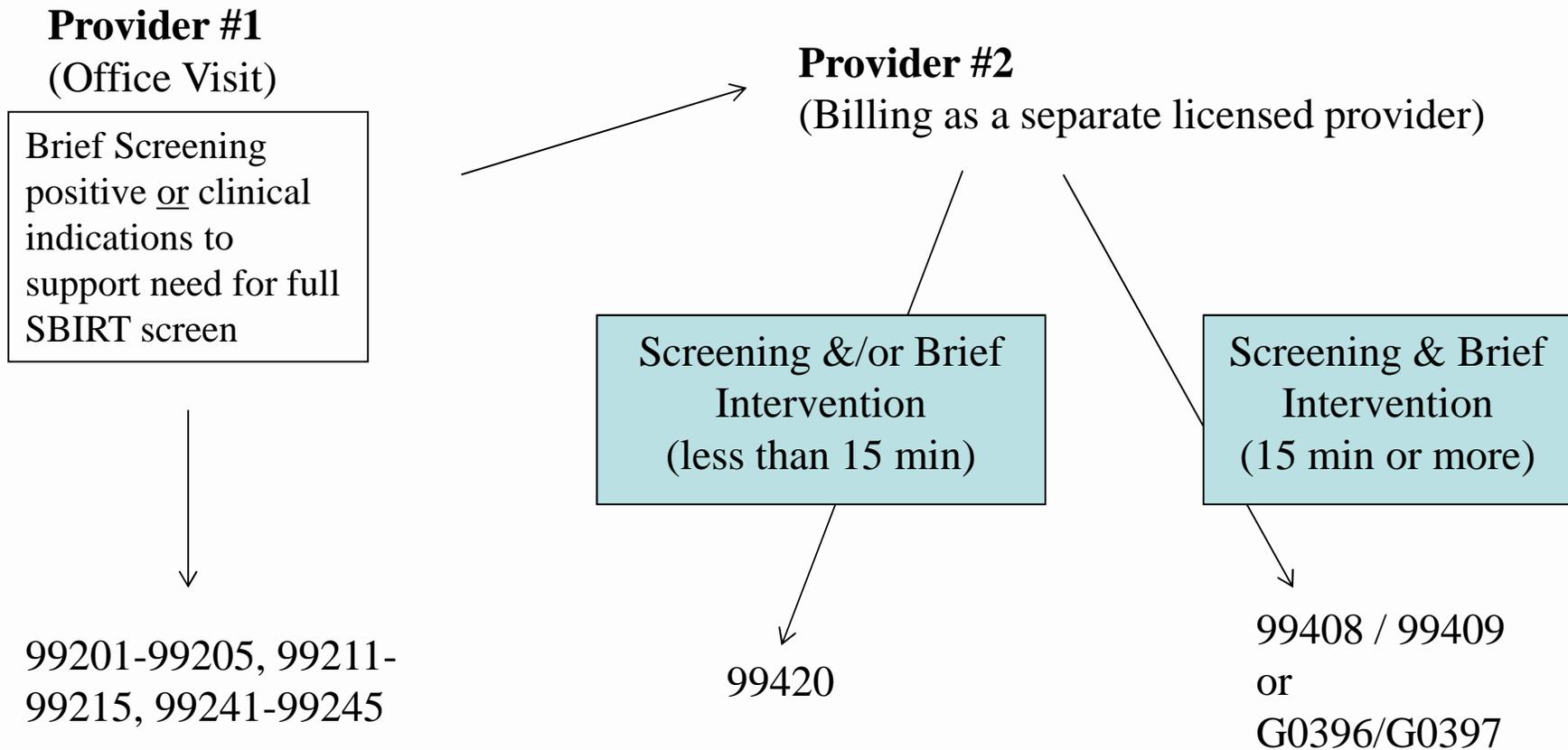
- **G0396:** Alcohol and/or substance use structured screening (e.g., AUDIT, DAST) and brief intervention services; 15-30 minutes.
- **G0397:** Alcohol and/or substance use structured screening and brief intervention services greater than 30 minutes.

When billing CPT 99201-99215 and 99341-99350 with G0396 or G0397, the E&M service must have the accompanying modifier 25, indicating separately identifiable services.

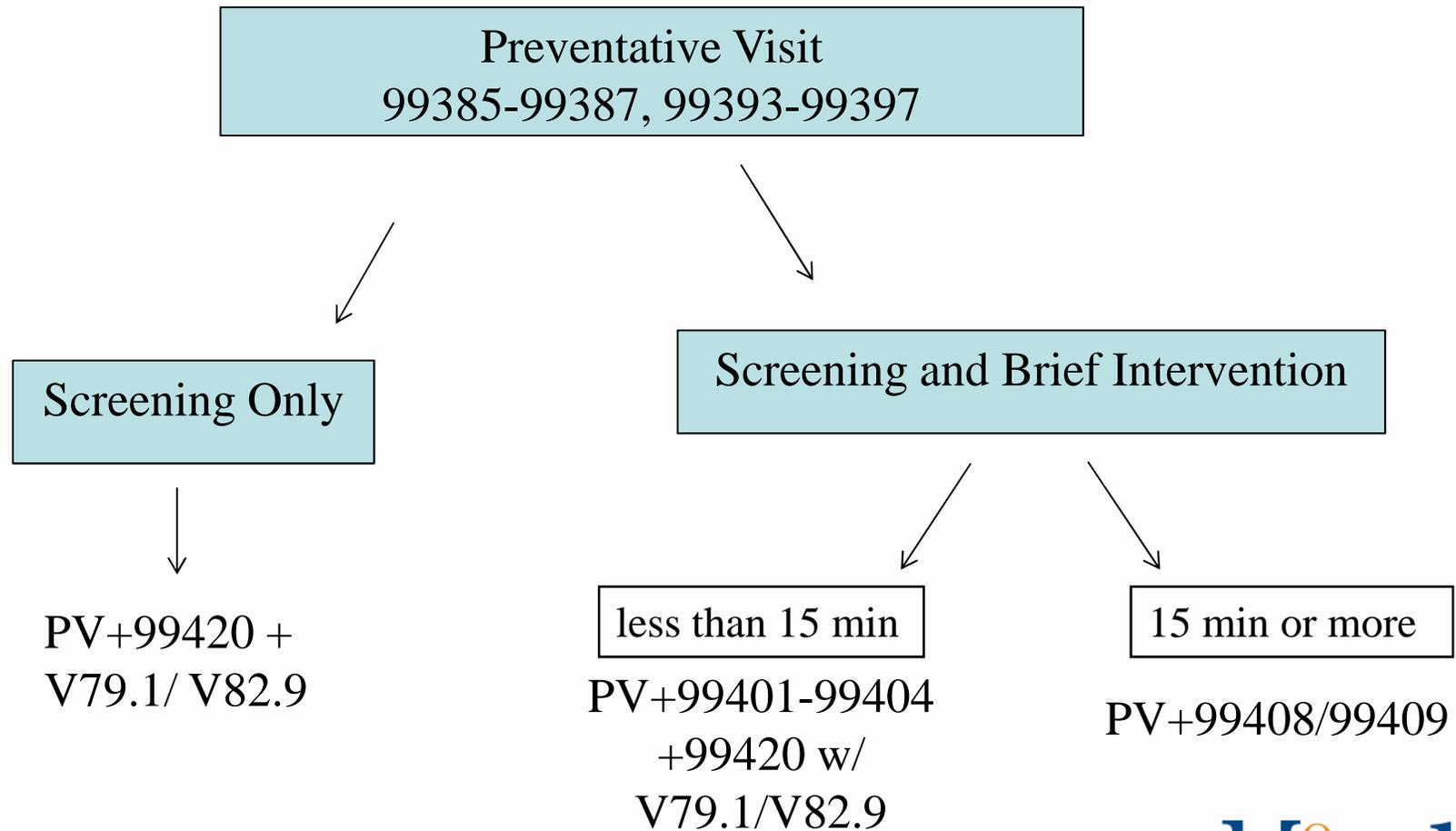
SBIRT Coding Algorithm: Office or Home Visit



SBIRT Coding Algorithm: Independent Rendering Providers



SBIRT Coding Algorithm: Preventative Visit and Preventative Counseling



Q: Can a clinic skip the brief screen and instead administer the full screen to all patients?

- A full screen should not be performed when the brief screening was 'negative' or there are not any clinical indications of alcohol or substance use risk.
- A full screen may be performed without a brief screening if there are other apparent clinical indications.
- A positive brief screen followed by a negative full screen (99420) is reimbursable and will count towards the incentive measure.

Q: 99420 is not payable by Medicare. Any Suggestions for 2014?

Additional codes recommended for the 2014 measurement (but not yet final):

- G0442 (Annual Alcohol Misuse Screening)
- G0443 (Brief Face-to-Face behavioral counseling for alcohol misuse)

There are NCCI edits associated with billing these codes and an office visit but allowable with a modifier.

Other Questions?

Resources

OHA's SBIRT Guidance Document

www.oregon.gov/oha/CCODData/SBIRT%20Guidance%20Document%200--%20Revised%20September%202013.pdf

OHA's Transformation Center SBIRT Resources

<http://transformationcenter.org/#metric-resources>

The SAMHSA SBIRT protocols and Technical Assistance Publication <http://sbirt.samhsa.gov/about.htm>

The SBIRT Primary Care Residency Initiative

<http://www.sbirtoregon.org/>

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