
Technical Assistance Webinar

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

October 7, 2013



Oregon
Health
Authority

The logo for the Oregon Health Authority is centered within a light blue, curved banner. The word "Oregon" is in orange, "Health" is in blue, and "Authority" is in orange. A thin orange line runs horizontally across the bottom of the slide.

Welcome & Housekeeping

- Overview of today's webinar
- Presenters
 - Dana Peterson
 - Denise Taray
 - Sarah Bartelmann
- Questions

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 and Technical Advisory Workgroup have identified several improvements they would like to make to the SBIRT measure for CY 2014 and beyond, including:

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

None of these changes have been adopted yet, but please note that information presented in this webinar may change for future measurement years.

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"/>

Q. Who can provide the brief screening?

Anyone!

Q. Does the brief screening have to occur on the same day as the full screening / brief intervention?

No. The brief screening can occur in advance.

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.

Q. Who can perform the full screening?

Licensed Providers

- Physicians
- Physician's Assistants
- Nurse Practitioners
- Licensed Clinical Psychologists
- Licensed Clinical Social Workers

Ancillary Providers / Personnel (under incident-to rules)

- Health Educators
- Registered Nurses
- Certified Alcohol and Drug Counselors
- Qualified Mental Health Professionals
- Clinical Nurse Specialists
- Students / Graduates entering Medical Profession
- Community Health Workers

Incident-To Rules

Initial Service Requirement

To bill incident-to, there must have been a direct service furnished by the supervising physician to initiate the course of treatment of which the service being performed by the auxiliary provider or personnel is an incidental part, and there must be subsequent services by the physician that reflects their continuing active participation in and management of the treatment.

Direct Supervision Requirement

The licensed provider who is supervising the auxiliary provider or personnel must be present in the office and immediately available to provide assistance and direction throughout the time the auxiliary provider or personnel is providing the service(s).

Q. If the full screen is done by ancillary staff and not evaluated by the licensed provider, can the ancillary staff bill for the SBIRT screening?

No.

Under incident-to rules, a full screen must be administered and interpreted by a licensed provider or an ancillary provider working under the supervision of the licensed provider.

This would not meet the direct supervision requirement.

Q. Can a behavioral health coach embedded in a clinic, but employed by another source, perform SBIRT services and bill under incident-to rule?

No.

Both the supervising physician and the auxiliary provider or personnel furnishing the SBIRT services must be a part-time, full-time or leased employee of the billing entity or independent contractor.

Note: “behavioral health coach” may or may not be an ancillary provider / personnel under incident-to rules.

Q. Can an RN or Community Health Worker providing the 5Ps screening as part of maternity case management services bill for SBIRT services under incident-to rule?

Consider:

- Is the RN or Community Health Worker under the supervision of a licensed provider?
- Was there a direct service furnished by a supervising physician to initiate the course of treatment?
- Is the supervising licensed provider immediately available to provide assistance and direction throughout the time the auxiliary provider or personnel is providing the service?

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)

Q. Can you bill for the full screening if the process takes less than 15 minutes?

Yes. The screening is not time based.

The full screen is reimbursable:

- when provided alone (using CPT 99420 + diagnosis code); or
- when provided with a brief intervention that takes less than 15 minutes (using CPT 99420 + diagnosis code).

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 modifying 25, indicating separately identifiable services.

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.

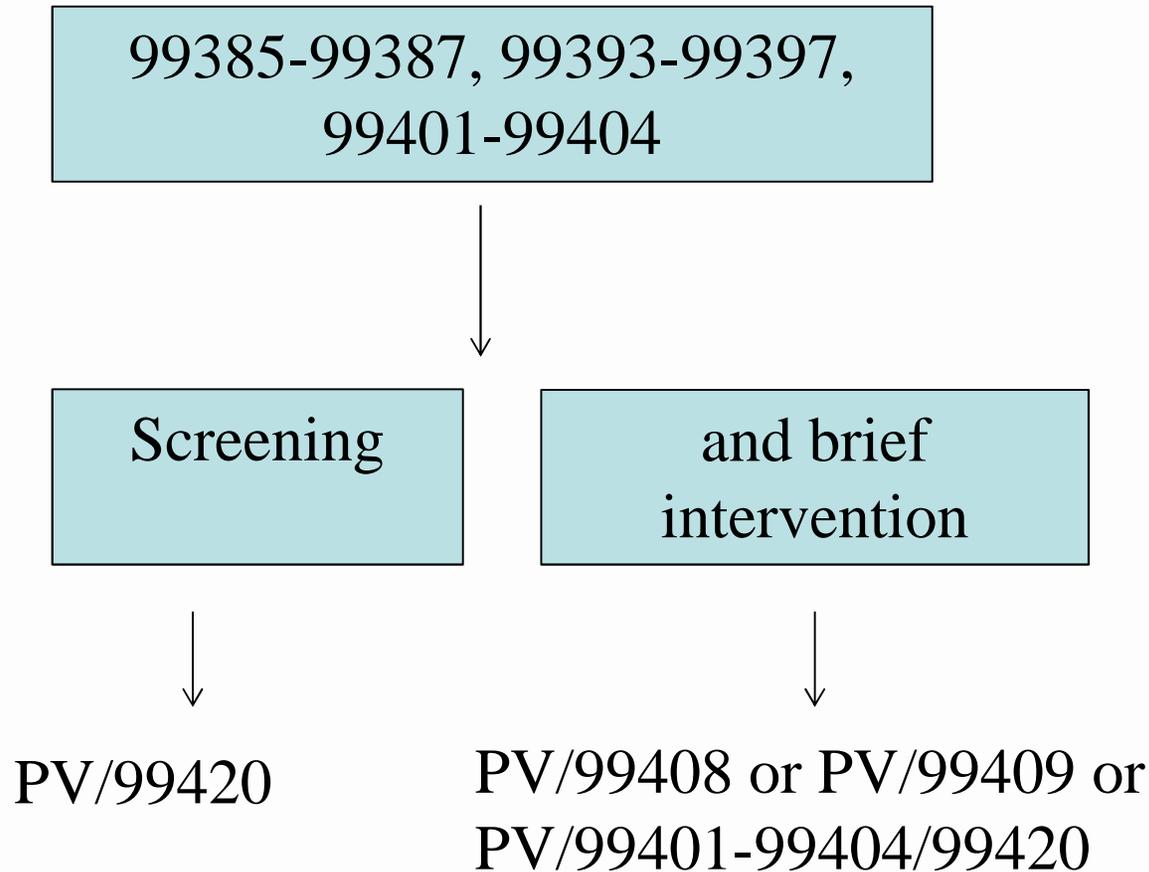
Coding for SBIRT Services: Less than 15 minutes

Alcohol and/or substance use screening and intervention services lasting less than 15 minutes should not be reported using CPT 99408 / 99409 or G0396 / G0397.

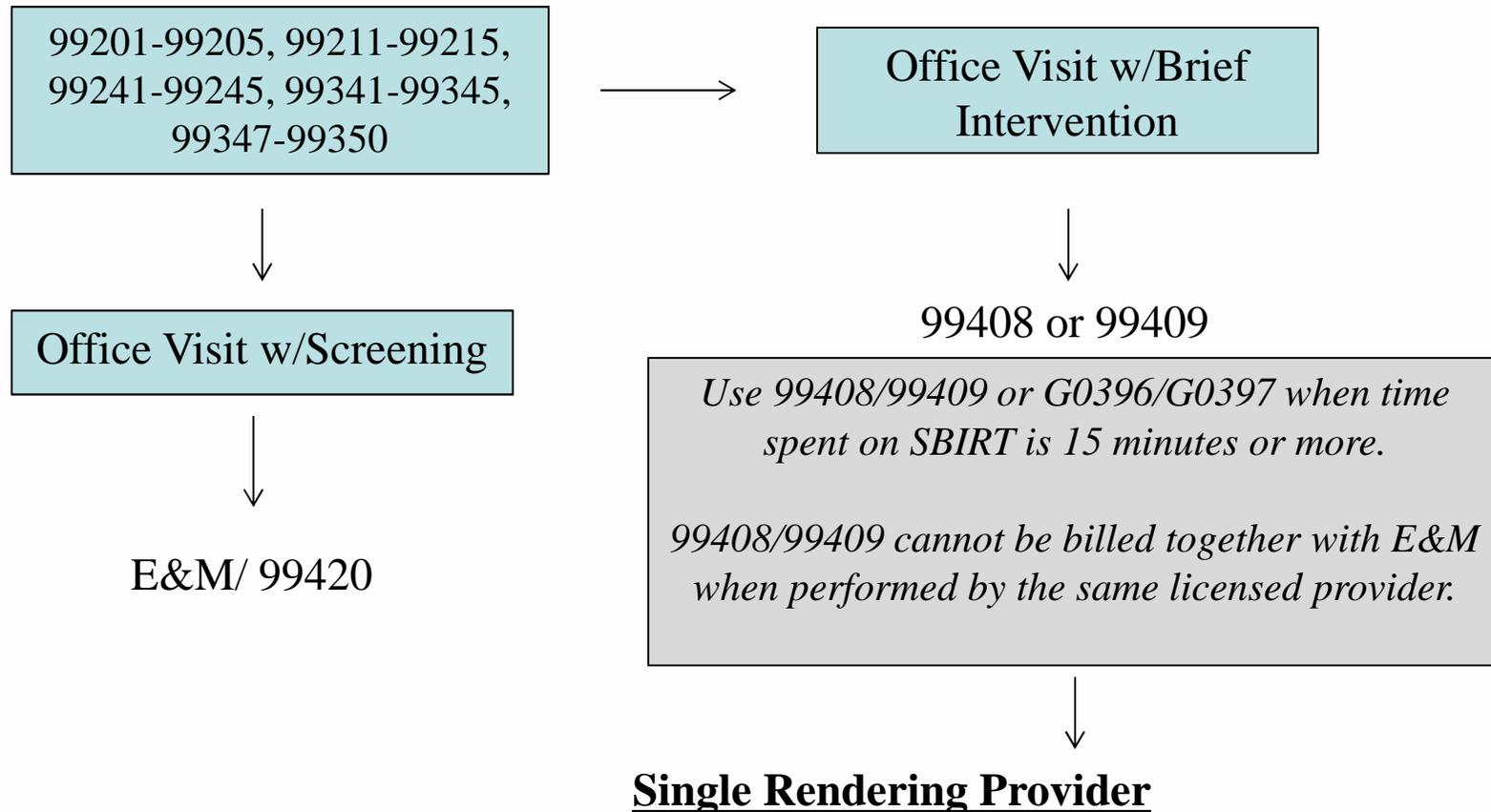
The clinical resources expended during a Preventive, Office, or Home Visit should be included in determining the level of the visit service reported.

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

SBIRT Coding Algorithm: Preventative Visit and/or Preventative Counseling



SBIRT Coding Algorithm: Office or Home Visit

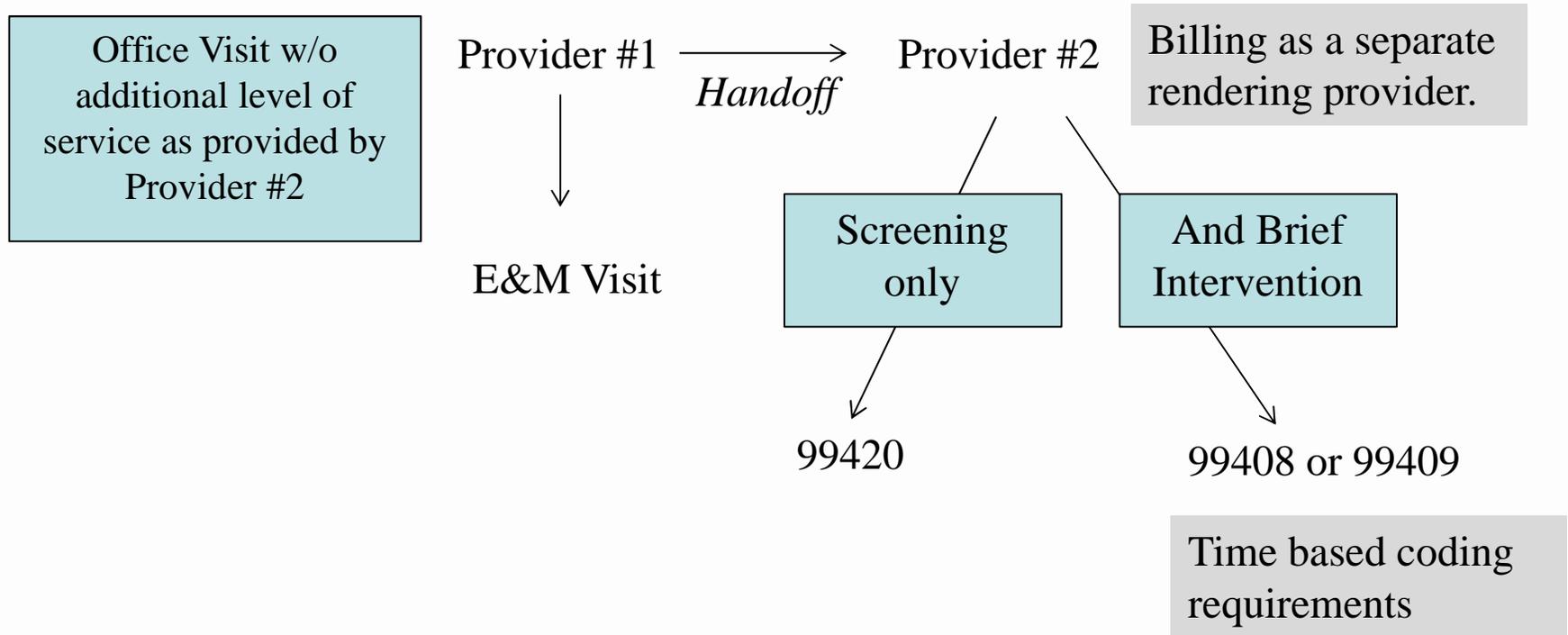


EM + or
EM/G0396

Allowable
w/modifiers

EM + or
EM/G0397

SBIRT Coding Algorithm: Independent Rendering Providers



Q. Can SBIRT be billed in addition to a qualifying nurse visit (99211)?

No. This does not meet the incident-to requirement.

CPT 99211 – office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

Typically, 5 minutes are spent performing or supervising these services.

Q. Can SBIRT be billed in the context of a preventative visit (without a direct service provided before or after by the physician)?

Yes. CPT 99420, 99408 and 99409 may be billed with a preventative visit. .

Note: The correct coding of the visit must be defined at the source based on the medical record, services rendered, and provider type. Incident-to rules still apply.

www.preventionpays.org/BillingInfo-PDFs/BillingInfo-WomensScreening.pdf

Q. Can SBIRT be billed for a new patient (at a women's health clinic) who has not seen an MD and does not see an MD on the same day?

It depends. Considering the following:

- Rendering provider – scope of practice?
- Type of visit – what is the work flow?
- Level of service provided – what coding is supported by the medical record?
- Incident-to rules.

Q. How can dental providers be involved / support SBIRT?

The CCO incentive measure is currently limited to services furnished in physician's offices, outpatient clinic settings, and home visits.

Consider:

- Ability to assist people who may not be seeking help for an alcohol or substance use problem.
- Role of early intervention.
- “No wrong door”

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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