

# Reimbursement Guidelines



## SBIRT

This guideline is in reference to Samaritan Health Plan Operations' products for services performed by contracted providers. Payment for covered services rendered by contracted providers will be reimbursed at the contracted rate. This reimbursement guideline does not apply to inpatient per diem, DRG, or case rates. Samaritan Health Plan Operations reserves the right to amend a payment guideline at its discretion. CPT and HCPS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

### RELATED REIMBURSEMENT DOCUMENTS:

Preventive Benefits Table; Modifier Pricing Table; CMS NCCI Edits; Prior Authorization List, PRC-11 Contracted Provider Types Policy

## DEFINITIONS

**SBIRT:** Stands for a full assessment or full Screening, Brief Intervention, and Referral to Treatment. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, urgent care and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

**Brief annual screens** are a rapid, proactive procedure to identify individuals who may have a condition or be at risk for a condition before obvious manifestations occur. Includes several short questions related to drinking, drug use, and mood. A brief annual screen is considered an integral part of routine preventative care and does not count as an SBIRT by itself.

**Full screen (Structured Screen):** more definitively categorize a patient's substance use. Structured Screens are indicated for patients with signs, symptoms, and medical conditions that suggest risky or problem drinking or drug use. SHPO requires that structured, validated questionnaires be used, especially if ancillary providers are administering services. Examples of questionnaires that could be used are the Car, Relax, Alone, Forget, Family & Friends, and Trouble(CRAFFT); Alcohol Use Disorders Inventory Test (AUDIT); or the Drug Abuse Screening Test (DAST). A structured screen places the patient on a continuum of use and suggests whether no intervention, brief intervention, brief treatment, or a referral to treatment is appropriate. This is considered an SBIRT.

- **AUDIT** (Alcohol Misuse Disorders Inventory Test), DAST (Drug Abuse Screening Test) are examples of full screens for adults.
- **CRAFFT** (Car, Relax, Alone, Forget, Family & Friends, and Trouble) part A and B is an example of a full screen for adolescents.
  - If CRAFFT is used and there is no discussion concerning the screening results, no education or brief intervention offered, then the tool is being used as a brief annual screen and should not be billed.

**Based on clinical judgement, if the screening results were discussed with the adolescent and education or brief intervention was facilitated, then the tool is being used as a full screen and should be billed.**

**The determining factor to differentiate the CRAFFT screening is EDUCATION or BRIEF INTERVENTION offered and facilitated by the provider.**

**Brief intervention** is a time- limited, patient centered strategy that focuses on changing a patient's behavior by increasing insight and awareness regarding substance abuse. Depending on severity of use and risk for adverse consequences, a 5-10 minute discussion or a longer 20-30 minute discussion provides the patient with personalized feedback showing concern over drug and or alcohol use. The topics discussed can include how substances can interact with medications, cause or exacerbate health problems, and/or interfere with personal responsibilities. Brief intervention is designed to motivate patients to change their behavior and prevent the progression of substance use. Brief interventions are typically provided to patients with less severe alcohol or substance use problems who do not need a referral to additional treatment and services.

**Intervention:** A billable intervention service could be any of the following:

- A session of brief intervention
- A session of brief treatment

- A session in which a referral is made or attempted
- A follow-up service

**GUIDELINE**

**SHPO reimburses:**

- SBIRT services are reimbursed at 100% of the allowable amount in accordance with payment methodology systems defined in the provider contract, and in accordance with member benefits and authorization requirements.
- SHPO reimburses SBIRT services when a complete abuse structured screening assessment has been conducted.
  - AUDIT, DAST, or CRAFFT
- SHPO allows a separate medically necessary E&M service on the same day only when permitted, and billed in accordance with CCI Edits.
- Appropriate modifier use will be reimbursed according to SHPO’s modifier pricing.

**SHPO does not reimburse:**

- SHPO does not reimburse any provider not registered with Medicaid.
- SHPO does not reimburse SBIRT services that are billed redundantly or above the typical units in accordance with CMS NCCI and MUE edit rules.
- SHPO does not reimburse the interventions only. Providers must complete a full abuse structured screening assessment such as the AUDIT, DAST or CRAFFT to receive reimbursement.
- SHPO does not reimburse SBIRT services when a recognized structured screening assessment is not available to support the services within the medical record.
- SHPO does not reimburse a brief annual screen.

**PREREQUISITES**

- Payment is based on member benefits, place of service where service was provided, provider type delivering the service (credentialed vs. ancillary provider type), eligibility, medical necessity review, and SHPO provider contractual agreements.
- SBIRT Program assessments and interventions do not require a prior authorization. However, any treatment as a result of, and outside of the SBIRT program assessments and interventions may require a prior authorization in accordance with plan benefits. Refer to the Prior Authorization List for each line of business.
- SBIRT service providers include both credentialed and ancillary providers that have completed SBIRT training. For billing purposes, ancillary providers, such as health educators, are non-credentialed providers and must perform services under the direct supervision of a credentialed provider.

**MEMBER COST-SHARING**

SBIRT services are considered preventive services and are provided to the members at a \$0.00 cost share for all lines of business when provided by an in-network provider, based on the CPT/HCPCS code billed.

Separate and distinct E/M services rendered during the same visit, and any treatment as a result of the SBIRT program assessments and interventions may include member cost share. Refer to the Summary of Benefits for each line of business to determine member cost share for these services.

**PROVIDER BILLING GUIDELINES AND DOCUMENTATION**

**Structured Screen Only**

CPT Code	Description	Comments
----------	-------------	----------

<b>G0442</b>	<b>Alcohol misuse screening, 15 minutes.</b> <u>Cannot be billed with an E/M code unless it was a distinct service separate from the E/M service identified by a modifier 25.</u>	
<b>G0443</b>	<b>Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes.</b> <u>Cannot be billed with an E/M code unless it was a distinct service separate from the E/M service identified by a modifier 25.</u>	
<b>Structured Screening and Brief Intervention Codes</b>		
<b>CPT Code</b>	<b>Description</b>	<b>Comments</b>
96160	Administration of patient-focused health risk assessment instrument with scoring and documentation, per standardized instrument.	Payable by IHN-CCO or SCP only. Cannot be billed with an E/M code unless it was a distinct service separate from the E/M service identified by modifier 25
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes.	Cannot be billed with an E/M code unless it was a distinct service separate from the E/M service identified as modifier 25.
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g. AUDIT, DAST), and intervention, greater than 30 minutes.	Cannot be billed with an E/M code unless it was a distinct service separate from the E/M service identified as modifier 25.
<b>ICD-10 Diagnosis Codes</b>	<b>Description</b>	<b>Comments</b>
Z13.89	Encounter for screening other disorder	Must be paired with CPT 96160.
Z13.9	Encounter for screening, unspecified	Must be paired with CPT 96160.

## ELIGIBLE PROVIDER TYPES

- Licensed provider
  - Physicians
  - Nurse Practitioner
  - Licensed Psychologist
  - Licensed Clinical Social Worker
- Ancillary provider working under the general supervision of a licensed provider
  - Medical assistants and Physicians Assistants
  - Nurses, Clinical Nurse Specialists, and Registered Nurses
  - Health Educators, Community Health Workers, and Wellness Coaches
  - Certified Alcohol and Drug Counselors (CADC)
  - Qualified Mental Health Professional
  - Students or graduates entering medical profession in areas such as medical, physician assistant, nursing, addictions, counseling, social work, and psychology.

## DOCUMENTATION REQUIREMENTS

- To support coding and claim submission, the Medical Record must:
  - Be complete and legible
  - Denote start/stop time or total face-to-face time with the patient (because some SBIRT codes are time-based codes)
  - Document the patient's progress, response to changes in treatment, and revisions of diagnosis
  - Document the rationale for ordering diagnostic and other ancillary services, or ensure that it can be easily inferred
  - For each patient encounter, document
    - Assessment, clinical impression, and diagnosis
    - Date and legible identity of observer/provider
    - Physical examination findings and prior diagnostic test results
    - Plan of care
    - Reason for encounter and relevant history
  - Identify appropriate health risk factors
  - Include documentation to support all CPT and ICD Diagnosis codes reported on the health insurance claim
  - Make past and present diagnoses accessible for the treating and/or consulting physician
  - Sign all services provided/ordered

## QUALIFICATIONS

- Providers are required to retain documentation confirming that staff providing screening and intervention services meet the training, education and supervision requirements.
- Unlicensed health care professionals may provide screening and brief intervention services if they meet specific requirements outlined by the Oregon Health Authority.
- The unlicensed/certified health care professional must follow written or electronic protocols for evidence-based practice during the delivery of the screening and intervention services. Quality assurance procedures should be in place to ensure consistent adherence to protocols.

**RESOURCES**

The AUDIT Questionnaire can be found here: [http://www.who.int/substance\\_abuse/activities/sbi/en/](http://www.who.int/substance_abuse/activities/sbi/en/)  
 and [http://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT\\_Manual\\_2.pdf](http://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT_Manual_2.pdf)

The DAST Questionnaire can be found here: <http://www.integration.samhsa.gov/clinical-practice/sbirt/DAST.pdf>

The CRAFFT Questionnaire can be found here: [http://www.integration.samhsa.gov/clinical-practice/sbirt/adolescent\\_screening\\_brief\\_intervention\\_and\\_referral\\_to\\_treatment\\_for\\_alcohol.pdf](http://www.integration.samhsa.gov/clinical-practice/sbirt/adolescent_screening_brief_intervention_and_referral_to_treatment_for_alcohol.pdf)

A list of SAMHSA Screening Tools can her found here: <http://www.integration.samhsa.gov/clinical-practice/sbirt/screening-page>

SBIRT Oregon Screening Tools (including the AUDIT and DAST tools available in a variety of language) can be found here: <http://www.sbirtoregon.org/screening.php>

Oregon Health Authority (OHA). December 2014. Alcohol and Drug Misuse: Screening, Brief Intervention, and Referral to Treatment (SBIRT) (OHA 001). CCO Incentive Measure Specification Sheet.

**PUBLICATION HISTORY**

Date	Type	Originator	Approved
2/15/2012	Original Documentation	SHPO Reimbursement Department	
10/1/2013	Revision to update G0396 and G0397 as payable for all lines of business	SHPO Reimbursement Department	
12/22/2013	Revision to clarify codes and reimbursement, including deleting H0049 and H0050 as billable and deleting the following dx codes: V28.9, V45.40, v65.42 and V65.49. Clarified appropriate modifier usage for modifier 25, and clarified CCI Edits.	SHPO Reimbursement Department	
6/1/2014	Revised to move the CPT code 99420 down into the screening and brief intervention section. Added code G0443. Deleted "Payable by SAHP only" from the Notes on G0442, and added language	SHPO Reimbursement Department	

Reimbursement Guideline for SBIRT

	regarding modifier usage with E/M code.		
6/16/15	Revised to remove CPT codes 99408 and 99409. Removed place of service criteria. Added CRAFFT Screen, Provider Guidelines, and Documentation Guidelines.	SHPO Reimbursement Department	
4/29/2016	Added ICD-10 codes	SHPO Reimbursement Department	
08/19/2016	Removed ICD-9 Codes, updated formatting	SHPO Reimbursement Department	
01/10/17	Deleted expired code 99420 and replaced it with 96160 Updated diagnosis criteria to no longer allow standalone diagnosis code to indicate SBIRT service was provided	SHPO Reimbursement Department	