

Podcast Transcript

Title: Coding for SBIRT: Screening, Brief Intervention, and Referral to Treatment

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NCTCFP: Welcome to this podcast from the National Clinical Training Center for Family Planning. The Clinical Training Center is funded by the Office of Population Affairs to address the needs of Title X Family Planning service grantees and providers. This podcast will cover coding for SBIRT, and our guest speaker is Ann Finn.

NCTCFP: Our speaker today is Ann Finn from Ann Finn Consulting LLC. Ann is a healthcare reimbursement consultant and a national trainer with many reproductive healthcare organizations. Welcome, Ann!

AF: Hello and welcome to our 11th podcast in our coding series. Today we are going to focus on SBIRT and what codes we would typically use to capture and bill for these services. Let's start off with talking about what SBIRT stands for.

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. It is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

Many people who have an alcohol use disorder do not seek treatment, often because they do not realize they have a problem.¹ While other individuals may not have a diagnosable disorder, they may be at risk for alcohol-related problems.

SBIRT:

- is designed for use by service providers who do not specialize in addiction treatment
- uses motivational approaches based on how ready the person is to change behavior
- gives feedback and suggestions respectfully in the form of useful information, without judgment or accusations
- has been shown by research to be effective in reducing alcohol use and alcohol-related adverse consequences, including injury²

The evidence for using SBIRT to determine risky substance use with drugs other than alcohol is less robust, but, nonetheless, is being used for the purpose of screening for all substances, not

¹ SAMHSA Bulletin. (2008, March 5). SAMHSA to provide \$3.75 million to train medical residents in SBIRT techniques. Retrieved May 15, 2008 from <http://www-nrd.nhtsa.dot.gov/Pubs/810791.PDF>

<http://www.samhsa.gov/newsroom/advisories/0803041505.aspx>

² https://www.integration.samhsa.gov/clinical-practice/alcohol_screening_and_brief_interventions_a_guide_for_public_health_practitioners.pdf

just alcohol.

What does SBIRT consist of?

SBIRT consists of 3 major components including:

1. Screening — a healthcare professional assesses a patient for risky substance use behaviors using a brief standardized screening tool
2. Brief Intervention — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
3. Referral to Treatment — a healthcare professional provides a referral to therapy or additional treatment to patients who screen in need of additional services³

The combination of the 3 components can decrease the frequency and severity of alcohol and other substance use and increase the percentage of people who obtain the specialized treatment they need.

There are several important steps to take before you start providing this service. These include:

- Choosing an appropriate screening tool. We encourage you to research and compare several tools before selecting one or more for use in your practice. A few examples of commonly used tools include: the AUDIT tool which stands for Alcohol Use Disorders Identification Test, DAST or The Drug Abuse Screening Test, ASSIST or Alcohol, Smoking, and Substance Involvement Test, and The CRAFFT Screening Interview designed for adolescents under the age of 21.
- Second step includes - Clarifying logistics of the setting(s) in which you will be conducting screening and brief intervention, including making sure that systems for maintaining privacy and confidentiality are in place
- Next - Compiling a current list of organizations and providers for referrals to services – remember SBIRT includes a referral to treatment – not actually providing the treatment yourself
 - Referrals are much more effective if your agency has an MOU – or memorandum of understanding – or referral agreement in place; handing a patient a piece of paper with several referral resources is not the same as a referral to a partner or what is sometimes referred to as a warm hand off.
- And finally - Practicing screening and brief intervention services ahead of time so the team is comfortable and ready to go

Who can provide SBIRT?

SBIRT services can be provided by trained, licensed professionals including: physicians, nurse practitioners, physician assistants, psychiatrists, psychologists, licensed clinical social workers,

³ <https://www.integration.samhsa.gov/clinical-practice/sbirt>

and other trained professionals under certain supervision requirements. Check with payers to confirm their requirements for billing this service to ensure you are in compliance when offering this service.

What codes do I need to capture and get reimbursed for SBIRT?

Most procedure codes for SBIRT services are dependent on the amount of time the provider devotes to the service with the patient so it is important that providers accurately document the service as well as the time spent together. You may also need to report units on the claim next to the code to reflect the actual time to ensure accurate billing.

Most Medicaid programs accept the following procedure codes for reimbursement:

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

Private commercial health plans typically accept:

- Code 99408 - alcohol and/or substance (other than tobacco) abuse structured screening, and brief intervention services lasting 15-30 minutes.
- Code 99409 for services greater than 30 minutes.

Medicare common codes include:

- G0396 Alcohol and/or drug screening 15-30 minutes
- G0397 for services greater than 30 minutes⁴

FQHC's or Federally Qualified Health Centers and Rural Health Clinics reimbursement for SBIRT is included in the Medicaid PPS encounter rate payment. No separate reimbursement for SBIRT is allowable in these settings. Providers should still attach the procedure codes and the appropriate ancillary diagnosis codes to the encounter claim for the service provided.

SBIRT services are commonly separate and distinct from all other Evaluation & Management or E/M services performed during the same clinical session so remember if you are billing both an E/M and another CPT code for the SBIRT – you will need to append a Modifier 25 to the E/M on the claim to indicate the 2 services are separate and distinct from each other and check that they are paid appropriately. It may also be appropriate to append a modifier 59 for distinct service to the SBIRT code. SBIRT CPT Codes are impacted by the NCCI or National Correct Coding Initiative billing edits so make sure you use modifiers correctly. If the SBIRT is considered part of the E/M service provided such as during a preventive visit, it may not be appropriate to bill separately for the SBIRT. In our 7th episode in this podcast series, we review common

⁴ https://www.integration.samhsa.gov/financing/SBIRT_Quick_guide_for_Billing.pdf

modifiers used with family planning services and talk more in depth about their uses, which may be helpful to review if you have not already.

What ICD-10 Codes Do I Use?

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. Commonly used ICD-10 codes for SBIRT include but are not limited to:

- Z13.9 Encounter for screening, unspecified – often used for negative screening
- If a screening and then brief intervention is provided (i.e. H0050 code) we may use:
 - Z71.41 Alcohol abuse counseling & surveillance of alcoholic along with an additional code for alcohol abuse or dependence under the F10 Family of alcohol related disorders (coded with H0050)
 - Z71.51 Drug abuse counseling and surveillance of drug abuser. You also need to include an additional diagnosis code for drug abuse or dependence including F11 Opioid related disorders, F16 Hallucinogen related disorders, F18 Inhalant related disorders and F19 Other psychoactive substance related disorders

There are some key guidelines to note from the ICD-10-CM Official Guidelines for Coding and Reporting, effective October 1, 2018⁵, for Chapter 5 Mental and behavioral disorders due to psychoactive substance use that listeners should review. These coding guidelines are updated annually and published by CMS or the Centers for Medicare and Medicaid Services.

Per these guidelines, when the provider documentation refers to use, abuse, and dependence of the same substance, only one code denoting the highest level of use 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.

Remember – it's important to properly document and code for SBIRT services to ensure you are accurately reimbursed. Check with your payers ahead of time to clarify their expectations, number of times you can bill this service per patient in a year, any incident-to billing requirements depending on the credentials and license of the SBIRT provider, and the accepted codes to reduce denial and mis-payment of services.

There are some helpful websites with resources you can reference for more information on SBIRT services including the Substance Abuse and Mental Health Service Association at SAMHSA.gov or the Centers for Medicare and Medicaid Services at CMS.gov along with your individual state Medicaid programs and commercial payers.

⁵ <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2019-ICD10-Coding-Guidelines-.pdf>

We appreciate your listening to our podcasts and thank you for joining us today.

NCTCFP: Thank you Ann for this information. For more training information and resources on coding in family planning settings, please visit the Family Planning National Training Center at www.fpntc.org and the National Clinical Training Center for Family Planning at www.ctcfp.org. Thank you.