



ACAP
Association for Community
Affiliated Plans

Overcoming Challenges to SBIRT Coding for Billing and Data Reporting

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Reimbursement for SBIRT

Payer	Code	Description	Reimbursement
Commercial Insurance, Medicaid	99408 (CPT)	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance, Medicaid	99409 (CPT)	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$65.51
Medicaid	H0049 (HCPCS)	Alcohol and/or drug screening (code not widely used)	\$24.00
Medicaid	H0050 (HCPCS)	Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)	\$48.00



Source: SAMHSA: SBIRT – Coding for SBI Reimbursement. Updated 9/15.17
Link: <http://www.samhsa.gov/prevention/sbirt/coding.aspx> S

LC Survey Results: Billing Codes Used #1

- SBIRT Screening Only:
 - H0049: 4 plans
 - 96110 (*“Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report”*): 1 plan (Pilot providers only use when performing CRAFFT)
 - N/A: 1 plan not billing
 - Other: “99420 is available but we do not consider this SBIRT and have not tracked” (Note: *“In 2017, code 99420 (administration and interpretation of health risk assessment instrument, e.g., health hazard appraisal) will be deleted and replaced with code 96160 for administration of a health risk assessment for the benefit of the person completing the assessment. (Source AAP)”*)
- SBIRT Screening with BI (under 15 min):
 - H0049: 2 plans
 - H0049 + H0050: 1 plan
 - 99408: 2 plans
 - 96110: 1 plan (Pilot providers only use when performing CRAFFT)
 - N/A: 1 plan not billing



LC Survey Results: Billing Codes Used #2

- SBIRT Screening with BI (16-30 min):
 - H0049 and H0050: 2 plans
 - 99408: 2 plans
 - 99409: 1 plan
 - 99110: 1 plan (Pilot providers only use when performing CRAFFT)
 - N/A: 1 plan not billing
- SBIRT Screening with BI (31-60 min):
 - H0049 + multiple H0050: 1 plan
 - H0049 + H0050: 1 plan
 - 99408: 1 plan
 - 99409: 1 plan
 - 99110: 1 plan (Pilot providers only use when performing CRAFFT)
 - N/A: 1 plan not billing
 - Other: “PCP does not perform service – BH specialist only”

LC Survey Results: Billing Codes Used #3

- SBIRT Screening with Referral to Treatment:
 - H0049 + multiple H0050: 1 plan
 - H0049 + H0050: 1 plan
 - 99408: 1 plan
 - 99409: 1 plan
 - H0049, 99408, 99409: 1 plan
 - 99110: 1 plan (Pilot providers only use when performing CRAFFT)
 - N/A: Plan not billing

- Using Modifiers?
 - Yes: Modifier 25
 - Yes w/explanation: *“An internal way of identifying the positive screens that should be referred to treatment”*
 - No: 3 plans
 - No w/explanation: *“We did not track SBIRT billing by provider type but instead by Tax ID”*
 - N/A: Plan not billing



YourCare SBIRT Coding Information Sheet 2017

SBIRT is an early intervention approach for individuals with nondependent substance use to effectively help them before they need more extensive or specialized treatment. This approach differs from the primary focus of specialized treatment of individuals with more severe substance use or those who meet the criteria for diagnosis of a substance use disorder

Per Medicaid guidelines, two screenings per calendar year are allowed

SBIRT codes may be billed in addition to E/M codes

Modifier “25” will need to be added to the E/M code when billing SBIRT codes

Code H0049 and H0050 may be billed together when applicable based on service provided

Coding:

H0049 – Alcohol and/ or drug screening

Associated Diagnosis Code :

Z13.9 – Encounter for screening, unspecified

H0050 – Alcohol and/ or drug services, brief intervention, per 15 minutes

Associated Diagnosis Codes:

Z71.41 – Alcohol abuse counseling and surveillance of alcoholic

Z71.51 - Drug abuse counseling and surveillance of drug abuse



LC Survey Results: Billing Codes Used - All Plans

Plan	SBIRT Screening Only	Screening + BI (under 15 min)	Screening + BI (16-30 min)	Screening + BI (31-60 min)	Screening + RT
A	H0049	H0049	H0049 + H0050	H0049 + multiple H0050	H0049 + multiple H0050
B	H0049	99408	99409	PCP does not perform service –BH specialist only	99409
C	Not tracking	H0049	99408	99409	H0049, 99408, 99409
D	99110: Pilot providers only use when performing CRAFFT	99110: Pilot providers only use when performing CRAFFT	99110: Pilot providers only use when performing CRAFFT	99110: Pilot providers only use when performing CRAFFT	99110: Pilot providers only use when performing CRAFFT
E	H0049	H0049 + H0050	H0049 + H0050	H0049 + H0050	H0049 + H0050
F	H0049	99408	99408	99408	99408
G	Plan not billing				

LC Survey Results: Additional Questions

- Do you have access to provider EMRs/can identify BI?
 - Yes: 3 plans
 - 2 plans can identify if BI occurred:
 - 1 plan can see identified level of risk
 - 1 plan can not
 - 1 plan is not billing
 - No: 4 plans
- Can providers bill for EPSDT exam and SBIRT screening on same day?
 - Yes: 4 plans
 - No: 2 plans
 - N/A: Plan not billing

LC Survey Results: How are you assessing if provider is making a referral for youth who is high risk?

- No specific mechanisms. We were considering attempting to correlate claims activity, but we have not had enough claims for this.
- Data reports pulled from the EMR.
- We cannot; we are only looking to see if the member has had a BH CPT code with an SUD dx. This does not demonstrate cause but only possible correlation. We had hoped to use one clinic to do this via chart review/reporting but they had problems and never lifted the SBIRT efforts.
- Unable to capture this data. We have asked pilot providers to call us with any barriers to/questions about making a referral but they have not reached out.
- We don't have a clean way to track via claims whether the SBIRT prompted new BH services, or not. We don't have resources to contact the PCP, obtain release of information, and inquire about SUD referral. We don't have EMR to research this internally.
- Looking for claims for SUD treatment.

LC Survey Results: Do you use, or are you aware of, available codes or codes in development that would reflect repeat brief interventions over time?

- No: 5 Plans
- Yes: 2 Plans
 - There are BI codes currently available but only to a specific subset of providers. We are looking at the value of these codes and requesting that they be added to a more universal fee schedule by the state.
 - 99408 is limited to once per day. but can be used 4 times per rolling year.

Discussion Questions

- Now that you can see which codes other plans are using, might you consider using alternative codes? Who would make that decision?
- Why are you using CPT codes vs HCPCS codes?
- Are your EHRs connected to your billing systems or do providers have to go through two processes?
- What other issues would you like to discuss?