

# Reimbursement for SBIRT

The American Medical Association (AMA) has approved several billing codes that will allow you to be reimbursed for providing screening and brief intervention services. Medical procedures are coded using Common Procedure and Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Screening and brief intervention may be provided in an office, emergency department or inpatient visit for both new and established patients. Virtually all payers use AMA's Evaluation and Management (E & M) CPT codes to pay physicians' services. Many payers reimburse for independent licensed health practitioners such as advance practice nurses, psychologists, and masters-level social workers. A few will pay for service provided by health professionals under the supervision of a physician.

Several CPT codes can be used. The chart below shows the most commonly used codes.

Payer	Code	Description	Fee Schedule
Commercial Insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$29.42
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$57.69
Medicare	G0442	Prevention: Screening for alcohol misuse in adults including pregnant women once per year. No coinsurance; no deductible for patient <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf</a>	\$17.33
Medicare	G0443	Prevention: Up to four, 15 minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse; No coinsurance; no deductible for patient <a href="http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249">http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249</a>	\$25.14
Medicaid	H0049	Alcohol and/or drug screening (code not widely used)	\$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)	\$48.00

Several primary care and hospital practices have successfully used the CPT code **99420**: Other Preventive Medicine Services – Administration and interpretation of health risk assessment instruments, to bill for administration of the full AUDIT, DAST or other substance use assessment questionnaires where the results indicate low or moderate risk. Reimbursement ranges between \$7.14 and \$18.00.

Health Behavior Assessment and Intervention (HBAI) codes (**96150–96155**) can be used to bill for screening and brief intervention. These codes are used for services that identify the psychological, behavioral and social factors important to the prevention, treatment or management of physical health problems. The focus is not on mental health or substance use, but on the bio-psycho-social factors important to physical health problems. Documentation required of the rationale, assessment outcome, goals and duration, length. The HBAI codes are billed at 15 minute units with a limit to 4 units in hour.

The SBI CPT codes (**99408, 99409**) can be added to other Evaluation and Management (E & M) codes for office or other outpatient services (**99210–99215**), for physician or other health care provider services in the emergency department (**99281–99285**), or physician or other health care provider inpatient consultations (**99251–99255**) through the use of the modifier **.25** affixed to the SBI codes (**99408, 99409**). SBI adds to the Relative Value Units (RVU) for E&M services. For example, in outpatient settings, provision of a brief SBI service (15 minutes) in addition to a 30 minute outpatient office visit for a new patient (99203) adds .65 RVUs for the SBI service to the .97 RVUs for the E & M outpatient visit. Correct use of codes 99408 and 99409 requires that the screening **and** interventional components of this service be documented in the clinical record.

According to the American Medical Association's CPT guidelines, when counseling and/or coordination of care dominates an encounter (more than 50% of the office visit) then time may be considered the controlling factor to qualify for a particular level of E & M services. Physicians and health care professionals who devote more than half of a visit counseling a patient about their alcohol or drug use may use the E & M codes for office and other outpatient services (**99210–99215**), with appropriate documentation of services provided in the clinical record.

For all of these procedures, a physician or other qualified health care professional should use a validated screening instrument (such as the alcohol use disorder identification tests [AUDIT] or the drug abuse screening test [DAST]). A validated screening instrument is an instrument that has been psychometrically tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results), sensitivity (the probability of correctly identifying a patient with the condition), and specificity (the probability of correctly identifying a patient who does not have the condition). Using an instrument that has not been validated may increase the chances of misidentification. An intervention is performed when indicated by the score on the screening instrument. The instrument used and the nature of the intervention are recorded in the clinical documentation for the encounter.

If an intervention is not required on the basis of the result of the screening, the work effort of performing the survey is included in the selection of the appropriate E/M service or preventive

medicine service (**99420** or the new Medicare alcohol screening code **G0442**). If an intervention is required on the basis of the screening result, a brief intervention is conducted. Code 99408 is the most likely service level for the majority of patients.

To guide appropriate coding and billing, the Five A's model may be useful: Screening (Ask, Assess – code 99420, G0442) and Brief Intervention (Advise, Assist, Arrange – code 99408, 99409, G0443)

Code	5 A's	
<b>99420</b> <b>G0442</b>	<b>Ask</b>	<ul style="list-style-type: none"> <li>○ Ask permission to talk about patient's alcohol use. <ul style="list-style-type: none"> <li>○ "Would you mind if we talked more about your alcohol use?"</li> </ul> </li> <li>○ Ask about patient's alcohol pattern use. <ul style="list-style-type: none"> <li>○ "I'd like to talk more about the type of alcoholic beverages you are consuming and the frequency of your consumption?"</li> <li>○ "You indicated you are consuming more than the recommended limits, please tell me again how many times in the past 30 days you have had more than 4 drinks (for women) or 5 drinks (for men) in a day?"</li> </ul> </li> <li>○ Avoid arguing or confrontation.</li> </ul>
	<b>Assess*</b>	<ul style="list-style-type: none"> <li>○ Assess for alcohol use disorders. <ul style="list-style-type: none"> <li>○ "Based on your responses, I am concerned about how much you're drinking and how it can affect your health"</li> <li>○ "You are drinking alcohol at a level that puts you at increased risk for alcohol-related illnesses."</li> </ul> </li> <li>○ Determine whether patient's alcohol use has caused clinically significant impairment or distress; <ul style="list-style-type: none"> <li>○ "In the past 12 months, has your drinking caused or contributed to the following: risk of bodily harm, relationship problems, role failure, and/or run ins with the law?"</li> <li>○ In the past 12 months, have you not been able to cut down or stop drinking, not been able to stick to drinking limits, shown tolerance, shown signs of withdrawal, kept drinking despite problems, spent a lot of time drinking, and/or spent less time on other matters?</li> </ul> </li> <li>○ Determine if patient has risky or harmful drinking behavior (<b>alcohol misuse but no abuse or dependence</b>). If alcohol dependence suspected, consider further evaluation or referral to behavioral health specialist.</li> </ul>
<b>99408</b> <b>99409</b> <b>G0445</b> <b>G0396</b> <b>G0397</b> <b>H0049</b> <b>H0050</b>	<b>Advise</b>	<ul style="list-style-type: none"> <li>○ Advise patient of your assessment and recommendations related to the findings. <ul style="list-style-type: none"> <li>○ "You are drinking more than is medically safe." Relate to the patient's concerns and medical findings if present.</li> <li>○ I recommend that you cut down (or quit).</li> </ul> </li> </ul>
	<b>Assist</b>	<ul style="list-style-type: none"> <li>○ Determine if patient is ready to change their behavior. If so,</li> <li>○ Assist with setting goals <ul style="list-style-type: none"> <li>○ Recommend cutting down to maximum drinking limits or abstaining.</li> </ul> </li> <li>○ Agree on a plan, to include specific steps the patient should take, how drinking will be tracked, how the patient will manage high-risk situations, and who might be willing to help, such as a spouse or non-drinking friends.</li> <li>○ Provide educational materials. <ul style="list-style-type: none"> <li>○ "Are you ready to commit to changing your drinking behavior?"</li> <li>○ "I think it would be good if we talked about establishing goals around drinking alcoholic beverages..."</li> </ul> </li> <li>○ Restate your concern and reaffirm your willingness to help</li> </ul>
	<b>Arrange</b>	<ul style="list-style-type: none"> <li>○ Reinforce adherence, renegotiate drinking goals, encourage return visits for continued support, and rescreen, at least annually.</li> </ul>

Advertisement

The future of health begins with you

VISIT [JOINALLOFUS.ORG](http://JOINALLOFUS.ORG)All Us  
RESEARCH PROGRAM

Better practice.  
Healthier patients.  
Rewarding career.



Getting Paid

A BLOG FROM FPM JOURNAL

(<https://www.aafp.org/journals/fpm/blogs/gettingpaid.html>)« ICD-10 delay propose... ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/icd\\_10\\_delay\\_proposed\\_but.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/icd_10_delay_proposed_but.html))| Main (<https://www.aafp.org/journals/fpm/blogs/gettingpaid.html>) | The Office of Inspect... ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/the\\_office\\_of\\_inspector\\_general.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/the_office_of_inspector_general.html)) »

Monday May 21, 2012

## Screen before you counsel for alcohol misuse

The Centers for Medicare & Medicaid Services recently issued further instructions (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7791.pdf>) for contractors processing claims for the preventive medicine benefit for alcohol misuse counseling, which was added last fall. If a claim is submitted for code G0443 (brief face-to-face behavioral counseling for alcohol misuse, 15 minutes) when there are no claims for code G0442 (annual alcohol misuse screening, 15 minutes) in the prior 12 months, the contractor will deny the claim for G0443. The article also reminds contractors and physicians that Medicare will only pay for up to four G0443 services within a 12-month period. Claims for G0443 that exceed that four session limit in a 12-month period will be rejected.

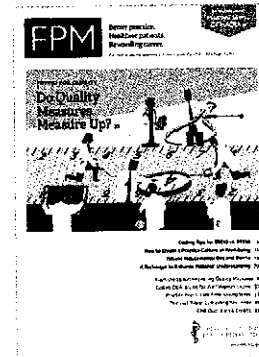
Some other reminders about these services:

- Medicare will allow payment for both G0442 and G0443 on the same date (except in rural health clinics and federally qualified health clinics), but will not pay for more than one G0443 service on the same date.
- Code G0442 is an annual benefit so at least 11 months must pass between services.
- Both the screening and counseling services have time elements of 15 minutes, so time should be documented in addition to screening or counseling notes.
- Counseling for alcohol misuse must be based on the Five As (Assess, Advise, Agree, Assist, and Arrange), so be sure your documentation reflects this.
- The alcohol screening and counseling services are payable with another visit on the same day (e.g., office visit for other problems), except for the initial Preventive Physical Exam ("Welcome to Medicare" physical).
- These services are not subject to deductible or co-insurance.
- National average fee schedule amounts for these services are \$17.36 for G0442 and \$25.19 for G0443.

You can find further details on this and other preventive medicine benefits covered by Medicare Part B in Chapter 18 (<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf>) of the Medicare Claims Processing Manual.

Posted at 10:40AM May 21, 2012 (<https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry>)

## CURRENT ISSUE

(<http://www.aafp.org/fpm>)

Read the Issue (<http://www.aafp.org/fpm>)

## RECENT POSTS

0

**Medicare card rollout update** ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/medicare\\_card\\_update.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/medicare_card_update.html))

**Evaluation and management (E/M) coding and documentation burden could lighten in 2019 under CMS proposed rule** ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/em\\_coding\\_proposed\\_changes.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/em_coding_proposed_changes.html))

**CMS proposes simpler Medicare documentation guidelines in 2019 fee schedule** ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/2019\\_proposed\\_fee\\_schedule.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/2019_proposed_fee_schedule.html))

**QPP feedback reports now available** ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/QPP\\_feedback\\_reports.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/QPP_feedback_reports.html))

**QPP websites updated to streamline eligibility checks, review measures** ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/QPP\\_website\\_updated\\_eligibility.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/QPP_website_updated_eligibility.html))

## TOPICS

0


**General** (<https://www.aafp.org/journals/fpm/blogs/gettingpaid/general.html>)

**Audits** (<https://www.aafp.org/journals/fpm/blogs/gettingpaid>)

/screen\_before\_you\_counsel\_for.html) by Cindy Hughes

« ICD-10 delay propose... ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/icd\\_10\\_delay\\_proposed\\_but.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/icd_10_delay_proposed_but.html))  
 | Main (<https://www.aafp.org/journals/fpm/blogs/gettingpaid.html>) | The Office of Inspec... ([https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/the\\_office\\_of\\_inspector\\_general.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/the_office_of_inspector_general.html)) »

4 comments

 [Sign In](#) to comment

## Screen before you counsel for alcohol misuse -- FPM

[https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/screen\\_before\\_you\\_counsel\\_for.html](https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/screen_before_you_counsel_for.html)

Copyright © 2018 American Academy of Family Physicians. All rights reserved.  
 11400 Tomahawk Creek Parkway • Leawood, KS 66211-2680  
 800.274.2237 • 913.906.6000 • Fax: 913.906.6075 • [contactcenter@aafp.org](mailto:contactcenter@aafp.org)

## SCREENING BLOG

The FPM Journal is a peer-reviewed journal that reflects the current state of family medicine. It is not a journal of opinion or commentary. The journal is a source of information for current CPT and ICD-9 manuals and is not a source of information for current CPT and ICD-9 manuals. The journal is a source of information for current CPT and ICD-9 manuals. The journal is a source of information for current CPT and ICD-9 manuals.

■ **Fresh Perspectives** (<https://www.aafp.org/news/blogs/freshperspectives.html>)

■ **E-prescribing** (<https://www.aafp.org/journals/fpm/blogs/e-prescribing.html>)

■ **In the Trenches** (<https://www.aafp.org/news/blogs/inthetrenches.html>)

■ **Leader Voices** (<https://www.aafp.org/news/blogs/leader-voices.html>)

## AFP Community Blog

■ **Medicare/Medicaid requirements** (<https://www.aafp.org/journals/gettingpaid/medicare-medicaid-requirements.html>)

■ **Medicare Part D** (<https://www.aafp.org/journals/gettingpaid/medicare-part-d.html>)

■ **Open payments** (<https://www.aafp.org/journals/gettingpaid/open-payments.html>)

■ **Physician compensation** (<https://www.aafp.org/journals/fpm/blogs/gettingpaid/physician-compensation.html>)

■ **PQRS** (<https://www.aafp.org/journals/fpm/blogs/gettingpaid/pqrs.html>)

■ **Practice management** (<https://www.aafp.org/journals/fpm/blogs/gettingpaid/practice-management.html>)

■ **Reimbursement** (<https://www.aafp.org/journals/fpm/blogs/gettingpaid/reimbursement.html>)

■ **Value-based payment** (<https://www.aafp.org/journals/fpm/blogs/gettingpaid/valuebased-payment.html>)



## **"F.L.O." Brief Intervention Model<sup>6</sup>**

### **"F" Feedback Using AUDIT-C, AUDIT, DAST (1-2 minutes)**

- ☐ **Range:** AUDIT-C can range from 0 (non-drinkers) to 12 (hazardous, harmful, risk use of alcohol); AUDIT can range from 0 (non-drinkers) to 40 (hazardous, harmful, risk use of alcohol); DAST can range from 0 (non-drug misuse) to 10 (serious drug misuse).
- ☐ **AUDIT and DAST** have been given to thousands of patients in medical settings, so you can compare your drinking to others.
- ☐ **Normal AUDIT-C** scores are 0-4 for men and 0-3 for women, which is low-risk drinking; **Normal DAST** score is 0.
- ☐ **Give result:** Your score was...which places you in the category for higher risk of harm.
- ☐ **Elicit reaction:** What do you make of that?

### **"L" Listen and Elicit (1-5 minutes)**

- ☐ Explore **pros and cons** of drinking or drug use. (*What do you like about drinking? What do you like less about drinking?*)
- ☐ **Summarize** both sides. (*On the one hand...On the other hand...*)
- ☐ Ask about **importance**. (*On a scale of 1-10, how important is it to you to... (change)? Why did you give it that number and not a lower number? What would it take to raise that number?*)
- ☐ Ask about **confidence**. (*On a scale of 1-10, how confident are you that you can change successfully? Why did you give it that number and not a lower number? What would it take to raise that number?*)

### **"O" Options - Goal Setting (1-5 minutes)**

- ☐ Ask key questions about what they want to change, what is their goal. (*e.g. Where does this leave you? Do you want to quit? Cut down? Make no change?*)
- ☐ If appropriate, ask about the plan. (*How will you do that? If you wanted to...how would you? Who will help you? What might get in the way?*)

### **"S.E.W." - Close on Good Terms (1 minute)**

- ☐ Summarize patient's statements in favor of change.
- ☐ Emphasize their strengths.
- ☐ What agreement was reached.

---

<sup>6</sup> Adapted from Dunn, C, Fields, C. *SBI Training for Trauma Care Providers*. Substance Abuse and Mental Health Services Administration, CSAT. George Washington University, June 15, 2007.