



**Connecticut Medical Assistance Program**  
Policy Transmittal 2025-13

Provider Bulletin 2025-33  
July 2025

Andrea Barton Reeves, J.D., Commissioner

Effective Date: July 1, 2025  
Email: see Responsible Unit

**TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses (APRNs), Outpatient General Hospitals, Medical Clinics, School-Based Health Centers, Family Planning Clinics, Rehabilitation Clinics and Federally Qualified Health Centers (FQHCs)-Medical**

**RE: New Coding and Reimbursement for Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services**

*This provider bulletin (PB) supersedes the following PBs: [PB 15-79 Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) in Primary Care](#), [PB 16-81 Screening Brief Intervention, and Referral to Treatment \(SBIRT\) Performed at Federally Qualified Health Centers \(FQHCs\)](#), [PB 18-74 Reminder: Coverage for Screening, Brief Intervention and Referral to Treatment \(SBIRT\) Services in Primary Care](#) and [PB 23-58 Addition of Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Codes to the Medical Clinic and Rehabilitation Clinic Fee Schedules](#).*

Effective for dates of service July 1, 2025 and forward, the Department of Social Services (DSS) will update the coding and reimbursement for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services. The updates will allow providers to bill for SBIRT screens that score negative in addition to the provision of brief intervention services up to 45 minutes when the results for the screening are positive.

**SBIRT Services:**

SBIRT is a comprehensive, integrated approach to the delivery of early intervention and treatment services for persons with, or at-risk for, substance use disorders, including alcohol. The goal of SBIRT is to provide early intervention services to at-risk

individuals before more serious problems develop.

- **Screening** assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

SBIRT screenings and brief intervention continue to be eligible for reimbursement under HUSKY Health (A, B, C, and D) programs.

**Eligible Providers:**

SBIRT services are eligible for reimbursement to the following providers: physicians, advanced practice registered nurses (APRNs), and physician assistants (PAs), medical clinics, school-based health clinics, family planning clinics, rehabilitation clinics and medical federally qualified health centers (FQHCs) (see section below for additional guidance).

**Updates to SBIRT Billing Codes:**

Effective for dates of service, July 1, 2025 and forward, the following procedure will be added for billing SBIRT services. Providers should bill with procedure code H0049 for all SBIRT screens that result in a negative result. This updated coding and policy will allow providers to be reimbursed when the SBIRT screen scores negative results.

Procedure code H0050 should be billed when the SBIRT screen scores positive **and** brief intervention services (up to 45 minutes) are provided at the same visit.

Procedure Code	Description	Rate
H0049	Alcohol and/or drug screening  (Use for screens scoring negative)	\$24.00
H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes (maximum of 3 units)	\$48.00

Procedure codes 99408 and 99409 will be end dated on June 30, 2025. Claims billed with 99408 and 99409 as of July 1, 2025 will be denied and providers will need to resubmit with the appropriate code listed above.

*\*Please note that SBIRT services do not include smoking and tobacco use cessation counseling. Providers should refer to their applicable fee schedules to determine if procedure codes 99406 (smoking and tobacco use cessation visit; intermediate, greater than 3 minutes up to 10 minutes) and 99407 (intensive, greater than 10 minutes) are billable for smoking cessation services.*

Evaluation and Management (E & M)/office visit codes and SBI codes may be billed on the same date of service. If billed on the same date, modifier 25 – *Significant, separately*

*identifiable evaluation and management services by the same physician or other qualified health care professional on the same day of the procedure or other service should be appended to the E & M code to identify SBIRT as a distinct and separate service. Documentation for SBIRT must reflect that it is a separate service. SBIRT services cannot be used to up code the level of E & M service.*

**Outpatient Hospitals:**

Procedure codes H0049 and H0050 are professional only services and therefore not reimbursable to the outpatient hospital. Outpatient hospitals should continue to follow the CMAP's Addendum B to determine the method of payment for all outpatient services. CMAP's Addendum B can be accessed via [www.ctdssmap.com](http://www.ctdssmap.com) by selecting the "Hospital Modernization" Web page.

**Medical Federally Qualified Health Centers (FQHCs):**

Medical FQHCs will continue to perform SBIRT services as a supplemental service to a medical encounter visit. SBIRT services are not stand-alone services, and they are reimbursed as part of the medical encounter. There is no supplemental payment for SBIRT services performed in a medical FQHC setting.

In the medical FQHC setting, based § 20-87a (c) of the Connecticut General Statutes, licensed practical nurses (LPNs) are permitted to perform select SBIRT services under the supervision of a health professional (defined by Section 17b-262-995(26) of the Regulations of Connecticut State Agencies). LPNs, however, are not permitted to independently interpret the results of the screening tool, nor are they permitted to prescribe/administer the brief intervention or, if necessary, refer for further treatment.

Encounters for SBIRT services performed in a medical FQHC setting should be coded using the appropriate SBIRT code along with

Healthcare Common Procedure Coding System (HCPCS) code T1015 - *Clinic Visit/encounter, all inclusive.*

**Reminder:** FQHCs must record valid procedure codes for all medical service(s) rendered during the medical visit, as per guidance found in [PB 19-39 Guidance for Billing Medical Services Performed in Federally Qualified Health Center](#). DSS will be collecting data on these valuable primary care services.

**Note:** SBIRT services should never be added onto an established behavioral health visit billed to the HUSKY Health Program.

**Documentation:**

The provider must document the screening tool used, the score obtained, the time spent, and the action taken as a result of the screening (including any subsequent referrals to specialized care) in the HUSKY Health member's medical record. The name and credentials of the practitioner(s) who provided the service(s) must be included and the note must be signed and dated by those practitioners.

**Screening Tools:**

To maximize the benefit to HUSKY Health members, providers must use validated screening tools and evidence-based practice guidelines. For a list of validated screening tools, evidence-based brief intervention guidelines and effective referral to treatment practices, please access the following Web site: <https://www.samhsa.gov/sbirt>.

**Referral Resources and Supportive Services Information:**

Referral to Specialty Care CT Behavioral Health Partnership's on-line provider directory: <https://www.ctbhp.com/>.

Additional Community Services CT Department of Mental Health and Addiction Services: <https://www.ct.gov/dmhas>

Additional SBIRT Resources CT Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training Institute: [DMHAS](#).

**Accessing the Fee Schedule**

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site at [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to "Provider", then to "Provider Fee Schedule Download", scroll to the bottom of the page and click on "I Accept", then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

**Responsible Units:**

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