

TO: Medical Clinics, School-Based Health Centers & Rehabilitation Clinics

RE: 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 August 1, 2023 and forward, the Department of Social Services (DSS) is adding Screening, Brief Intervention, and Referral to Treatment (SBIRT) procedure codes to the Medical Clinic and Rehabilitation Clinic fee schedules.

The changes apply to services reimbursed under the HUSKY Health (A, B, C, and D) programs.

SBIRT Services

SBIRT is a comprehensive, integrated approach to the delivery of early intervention and treatment services for persons with, or atrisk 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.

Reimbursement and Billing Guidelines

Reimbursement for SBIRT services is available to CMAP enrolled Medical Clinics,

including school-based health centers enrolled as freestanding clinics, and Rehabilitation Clinics operating with their scope of practice.

SBIRT services should be billed using one of the Current Procedural Terminology (CPT) codes below:

Procedure Code	Description	Rate
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes	\$22.40
99409	Alcohol and/or substance abuse screening and intervention, more than 30 minutes	\$43.01

*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 SBIRT codes may be billed on the same date of service. If billed on the same date, modifier 25 – Significant, separately identifiable evaluation and management

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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.

Documentation

The provider must document the screening tool used, the score obtained, the time spent, and the action taken as result of the screen (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: <u>https://www.samhsa.gov/sbirt</u>.

<u>Referral Resources and Supportive</u> <u>Services Information</u>

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

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

Additional SBIRT Resources CT Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training Institute: <u>DMHAS</u>.

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 <u>www.ctdssmap.com</u>. 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.

<u>**Posting Instructions:**</u> Policy transmittals can be downloaded from the Web site at <u>www.ctdssmap.com</u>.

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

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