

KDADS STANDARD POLICY

Policy Name:	Screening, Brief Intervention and Referral for Treatment (SBIRT) Services	Policy Number:	BHS/MCO 504
Commission:	Behavioral Health Services	Date Established:	11/21/13
Applicability:	Substance Use Disorder, SBIRT	Date Last Revised:	08/14/17
Contact:	Behavioral Health Services Commissioner	Date Effective:	11/21/13
Policy Location:	https://www.kdads.ks.gov/provider- home/providers/policies-and-regulations	Date Posted:	12/01/17
Status/Date:	Revised 08/14/2017	Number of Pages:	5
Revision History 09/03/14, 8/14/17			

Purpose

This policy establishes the process for administering Screening, Brief Intervention and Referral for Treatment (SBIRT) to Medicaid-eligible patients in Kansas.

Summary

Practitioners administering and billing for SBIRT services provided to Medicaid-eligible patients in Kansas must follow the process outlined in this policy.

Entities/Individuals Impacted

KanCare Managed Care Organizations (MCOs) Kansas Medical Assistance Program (KMAP) SBIRT practitioners

I. Policy

Screening, Brief Intervention and Referral for Treatment (SBIRT) is an evidence-based approach for identifying patients who use alcohol and other drugs at increased levels of risk, with the goal of reducing and preventing related health consequences, diseases, accidents and injuries. Practitioners must follow these requirements set by the Kansas Department for Aging and Disability Services (KDADS) for screening patients in order to bill for SBIRT services provided to Medicaid-eligible patients.

II. Procedures

A. Requirements:

1. Become an approved SBIRT practitioner by completing the online training approved by KDADS with a proficiency test score of 80% or greater and supplying the appropriate professional licensure and training documentation to the appropriate entity as described in BHS/MCO 503.

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- 2. Provide SBIRT services in an approved service location. Approved provider service locations are as follows: primary medical care practices, acute medical care facilities, rural health clinics, critical access hospitals, federally qualified health centers, licensed substance use disorders treatment centers, Indian Health Centers, and community mental health centers.
- **3.** Conduct a brief screening using the approved questions and/or screening tools.
- **B. Approved Brief Screens:** The SBIRT practitioner will conduct a brief screen using a screening tool appropriate for the patient's age and reason for screening. To access approved brief screening tools, please see:
 - 1. the Prescreen section of the "Chart of Evidence-Based Screening Tools for Adults and Adolescents" found on the National Institute on Drug Abuse website.; or
 - **2.** the "Alcohol Screening and Brief Interview for Youth" screening tool found on the National Institute of Alcohol and Alcoholism (NIAAA) website.
- **C. Full Screens:** If the client has a positive brief screen, the SBIRT practitioner will proceed to a full screen using one of the evidence-based screening tools appropriate for the patient's age and reason for screening. Full screens are limited to one per person per year. If a patient has previously had a full screen for SBIRT services, a second full screen may not be completed sooner than one year from the date of the patient's previous full screen. To access the evidence-based full screening tools, please see:
 - 1. the National Institute on Drug Abuse website, specifically, the Full Screen section of the "Chart of Evidence-Based Screening Tools for Adults and Adolescents;" or
 - 2. the NIDA-Modified ASSIST screening tools found on the National Institute on Drug Abuse website.
- **D. Brief Intervention**: One to three follow-up contacts are typically provided to assess and promote progress and to evaluate the need for additional services. These services are provided in 15 minute units, up to 16 billable units per enrollment year or rolling 12-month period based on the patient's treatment plan. No more than four (4) units of Brief Intervention may be billed per patient in one day.
- **E. Documentation:** Providers shall maintain documentation in the patient's health record. At minimum, documentation shall include the date/time (beginning and ending), the results of the full screen, brief intervention and any appropriate referrals. The person performing the screening and/or intervention should be clearly noted.

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F. Billing Codes and Reimbursement Rates:

- 1. **H0049** *Alcohol and/or drug screening* Medicaid rate = \$24.00. H0049 may be used when an individual receives only an alcohol or drug full screen and may only be billed once per person per year. If a patient has previously had a full screen for SBIRT services, a second full screen may not be completed sooner than one year from the date of the patient's previous full screen.
- **2.** H0050 *Alcohol and/or drug services, brief intervention, per 15 minutes* Medicaid rate = \$24.00. H0050 may be used if only a brief intervention was completed.
- 3. 99408 Alcohol and/or substance abuse structured screening and brief intervention services; 15-30 minutes (brief intervention) Medicaid rate = \$24.00. 99408 may be used for patients who receive a full screen and one brief intervention (time to implement is between 15 30 minutes) and may only be billed once per person per year. If a patient has previously had a full screen for SBIRT services, a second full screen may not be completed sooner than one year from the date of the patient's previous full screen.
- 4. 99409 Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes; full screen Medicaid rate = \$48.00. 99409 may be used for patients who receive a full screen and one brief intervention (time to implement is greater than 30 minutes) and may only be billed once person per year. If a patient has previously had a full screen for SBIRT services, a second full screen may not be completed sooner than one year from the date of the patient's previous full screen.

Rural Health Clinics (RHCs), Federally Qualified Health Clinics (FQHCs) and Indian Health Centers shall be reimbursed their respective encounter rates.

A provider may bill the following codes in combination for one patient based on the SBIRT service(s) provided:

- H0049 and H0050 (no more than a total of four units of intervention per patient in one day)
- 99408 and H0050 (no more than a total of four units of brief intervention per patient in one day)
- 99409 and H0050 (no more than a total of four units of intervention per patient in one day)
- **G. Patient Privacy:** Federally-assisted programs conducting SBIRT shall protect patient information according to HIPAA and 42 CFR Part 2. Please see the Substance Abuse Confidentiality Regulations section of the SAMHSA (Substance Abuse and Mental Health Services Administration) website for the definition of a federally-assisted program and more guidance.

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Documentation/Quality Assurance

- A. **Provider Requirements** This policy requires all practitioners providing SBIRT services to be approved as stated in policy BHS/MCO 503.
- B. **Documentation** This policy requires practitioners to document screening results and any follow-up in the patient's record.
- C. **Quality Assurance** Each MCO will monitor provider compliance for the providers providing SBIRT services to managed care patients in its network. KMAP shall monitor provider compliance for the providers billing for SBIRT services for fee-for-service patients.

III. Definitions

Brief Intervention: Brief interventions are interactions with patients that are intended to induce a change in a health-related behavior. A healthcare professional engages in a short conversation with a patient exhibiting potentially risky substance use behaviors, and provides feedback and advice to the patient.

Brief Screen: A rapid, proactive procedure used to identify individuals who may have a substance use disorder condition, or be at risk for a substance use disorder condition before obvious manifestations occur. A healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. A brief alcohol and/or drug screen is considered an integral part of a routine care and is not separately reimbursed.

Full Screen: Full screens more definitively categorize a patient's substance use. Full Screens are indicated for patients who have positive brief screens and for patients with signs, symptoms, and medical conditions that suggest the patient engages in risky or problematic drinking or drug use. Full screens are reimbursed separately, and are limited to one per person per year. If a patient has previously had a full screen for SBIRT services, a second full screen may not be completed sooner than one year from the date of the patient's previous full screen.

Referral to Treatment: A healthcare professional provides a referral to brief therapy or additional treatment for patients whose full screen results indicate a need for additional treatment services.

Screening, Brief Intervention and Referral for Treatment (SBIRT): An evidence-based approach for identifying patients who use alcohol and other drugs at increased levels of risk, with the goal of reducing and preventing related health consequences, diseases, accidents and injuries.

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Authority

Federal Authority

42 U.S.C. §1396a et seq

Related Information

PUBLIC COMMENT PERIOD: 6/20/17 – 7/20/17

RELATED CONTENT:

BHS/MCO 503: Process to become a Medicaid approved Screening, Brief Intervention and Referral for Treatment (SBIRT) Practitioner

http://www.kdads.ks.gov/provider-home/training-registration-and-surveys/medicaid-mental-healthservice-provider-training/trainings/sbirt-information