

Payment Policy | Structured Screening and Brief Intervention Services



EFFECTIVE DATE: 12|15|2009

POLICY LAST REVIEWED: 12|06|2023

OVERVIEW

In 2008, CPT (Current Procedural Terminology) created two (2) new codes related to the use of a structured screening and brief intervention (SBI) for alcohol or substance abuse. These codes are an important recognition of the role of screening and behavior change interventions for individuals using alcohol or substances in a harmful manner. However, from a coding and payment perspective, there is great potential for misuse. Therefore, it is important to be aware of correct coding per CPT guidelines as well BCBSRI's (Blue Cross & Blue Shield of Rhode Island) Coding and Payment Guidelines/Modifiers policy.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

The following are guidelines when submitting claims for the use of a structured screening and brief intervention (SBI) for alcohol or substance abuse:

1. Time and services may not be counted twice on the same day as E/M (or comprehensive preventive medicine) and SBI.
2. Minimal time requirements (15 minutes) must be met and documented.
3. These are not mental health or substance abuse services for persons with established diagnoses or referred for mental health/substance abuse treatment. Mental health professionals should not report these services. BCBSRI does not classify these in the mental health/substance abuse benefit category.
4. The codes are only for initial screening and intervention.
5. The screening instrument must be validated, and the interventions must be known to be effective in behavior change.

These services may be performed in conjunction with an E/M service. If E/M coding using time is reported for evaluation and counseling, it would be incorrect to report the E/M and the SBI for the same time. The E/M must be distinct and meet the requirements to separately report it with modifier 25. If, during a preventive visit, the physician always uses a validated screening instrument such as the "CAGE" questionnaire, the SBI may still be reported, but the time reported should only be the time used for the structured intervention efforts. As with any time-based code, the exact time should be documented. If another code is also reported, the distinct time should be documented. The service may be performed in isolation. For example, concerns may be raised on an exam, but time does not permit assessment and intervention, so the patient is brought back for SBI.

Mental health and substance abuse professionals are not providing "screening" services. Assessment of comorbid conditions in a patient with a mental health diagnosis is part of current standard care and is reported using codes existing prior to 2008. Ongoing interventions are considered substance abuse treatment and CPT recommends using codes 99408 and 99409 only for initial screening and brief intervention. A person who screens negative one year may screen positive in later years and thus will receive the structured intervention. But since the initial screening was negative, SBI would not be reported other than the time the patient screened positive and received an intervention. The times a physician would report this more than once would be highly

unusual, because of the coding instructions. Further intervention is reported as E/M or mental health services depending on the provider type and service provided. It would not be appropriate for professionals who are not experts in substance abuse to repetitively use SBI using the justification that they were not substance abuse treatment specialists and therefore, did not provide "substance abuse treatment."

The Centers for Medicare & Medicaid Services (CMS) will not accept the CPT codes and has created parallel G (HCPCS II) codes. This coding rule relates to benefits policy and is not applicable to Medicare Advantage Plans. BCBSRI will not utilize the G codes and will only process claims using either CPT code 99408 or 99409.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable physician services benefits/coverage.

BACKGROUND

Not applicable.

CODING

The following code(s) are covered:

- 99408** Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- 99409** Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes

RELATED POLICIES

Coding and Payment Guidelines/Modifiers
Preventive Services for Commercial Members

PUBLISHED

Provider Update, February 2024
Provider Update, December 2021
Provider Update, June 2018
Provider Update, February 2009
Provider Update, February 2008

REFERENCES

None

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