

Medical Coverage Policies

[Printer-Friendly Page](#)

Structured Screening and Brief Intervention Services

EFFECTIVE DATE	12/15/2009	LAST UPDATED	12/15/2009
-----------------------	------------	---------------------	------------

Description:

In 2008 CPT created two 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 and also to be aware of BCBSRI's payment and coverage policy.

Medical Criteria:

Not applicable.

Policy:

Here are some guidelines:

- Time and services may not be counted twice on the same day as E/M (or comprehensive preventive medicine) and SBI.
- Minimal time requirements (15 minutes) must be met and documented.
- 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.
- The codes are only for initial screening and intervention.
- 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 co-morbid 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 BlueCHIP for Medicare. 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/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable office visit benefits/coverage.

Coding:

The following codes are covered:

99408
99409

Also known as:

Not applicable

Related topics:

Not applicable

Published:

Policy Update, February 2008
Provider Update, February 2009

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

 [Back to Previous Page](#)