

Understanding Coding & Reimbursement for SBI



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Objectives

Following the educational activity, participants will be able to:

- Understand Medicare guidelines and documentation requirements for the multiple SBI services
- Identify other preventive services, such as the depression screening
- Understand requirements for Medicare and Medicaid as it pertains to preventive services discussed herein



Background

- U.S. Preventive Services Task Force (USPSTF)
 - Made and maintained recommendations on more than 100 clinical preventive services that prevent or reduce the risk for heart disease, cancer, infectious diseases, and other conditions and events that impact the health of children, adolescents, adults, and pregnant women
 - Services are graded A-D
- Align with Patient Protection and Affordable Care Act (i.e. PPACA, ACA, ObamaCare) coverage rules
 - Grade A or B services to be provided with no cost sharing to the patient
 - Exception: grandfathered commercial insurance



Preventive Visit Coverage

- Under the Affordable Care Act, new (“ungrandfathered”) commercial health plans will be required to cover many preventive services without cost sharing (e.g., 8/1/12 coverage for women’s services)
 - It is estimated that over 90% of plans will be considered “ungrandfathered” by 2014
- Codes and requirements will vary by payer
 - Check with the payers for specific policies



Preventive Services: Defined

- Preventive: AKA screening, preventative, routine
- A “screening” test/service is one that is done in the absence of a complaint, symptom, or diagnosis
- The ICD-9-CM diagnosis code should appropriately reflect the screening nature of the service as documented in the medical record
 - Regardless of the insurance type or specific benefits



Preventive Services: Defined

- For Medicare, preventive services means all of the following:
 - The specific services listed in section 1861(ww)(2) of the Affordable Care Act (ACA), with the explicit exclusion of electrocardiograms
 - The initial preventive physical examination, as specified by section 1861(ww)(1) of the ACA
 - Annual wellness visit, providing personalized prevention plan services, as specified by section 1861(hhh)(1) of the ACA



WI Medicaid & SBIRT

- SBIRT services are covered for members age 10 and older
- Two components of the benefit:
 - Screening for substance abuse problems
 - Brief preventive substance abuse intervention for those members at risk
- These services are not intended to address tobacco abuse

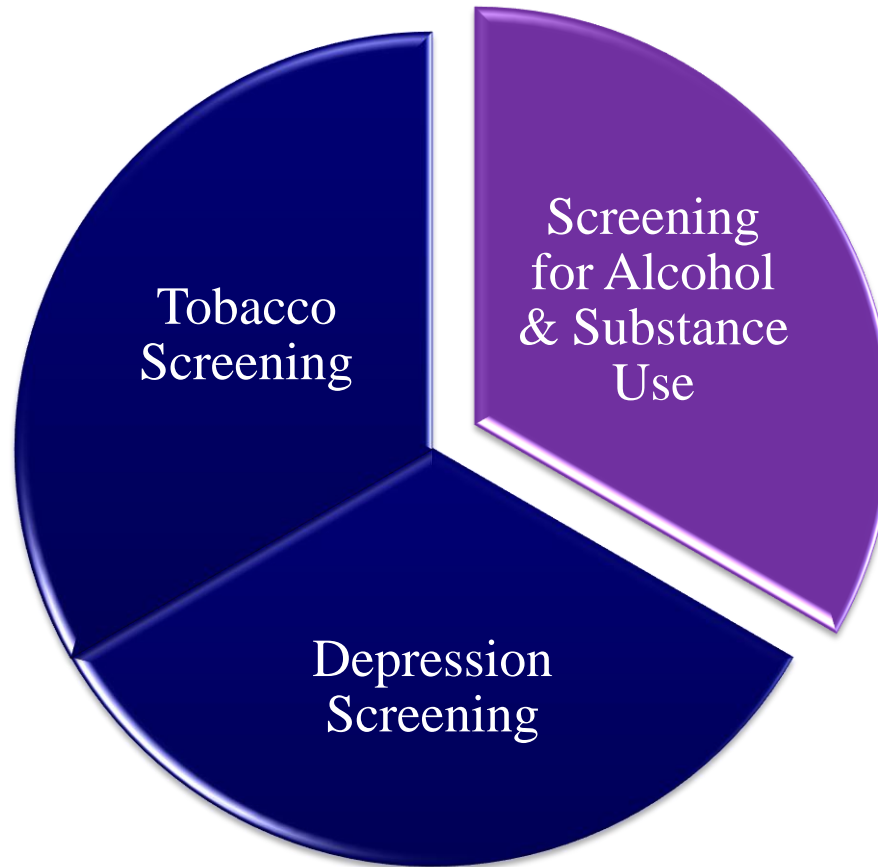


SBI Coding Summary

- HCPCS codes that represent SBI:
 - G-codes (i.e. G0436, G0437, G0442, G0443, G0444)
 - Primarily used by Medicare, but other payers allow
 - H-codes (i.e. H0049, H0050)
 - Primarily used by Medicaid state agencies
- CPT® codes that represent SBI:
 - E/M codes (i.e. 99406-99409)
 - Used by all payers, and are considered distinct from E/M services



Screening, Brief Intervention (SBI) Services



Alcohol and/or Substance Abuse Screening CPT® Codes

Behavior Change Interventions, Individual

- **99408** Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- **99409**...greater than 30 minutes
- These services are distinct from E/M services per CPT guidelines



Medicare: Alcohol Screening

- **G0442** Annual, alcohol misuse screening, 15 minutes
 - Medicare co-insurance/deductible waived
- Eligible providers: primary care physician or qualified primary care practitioner
- Covered only in a primary care setting
- Alcohol screening or counseling is usually not separately payable with another encounter/visit on the same date



Medicare Coverage

- Medicare will cover annual alcohol screening
- For those that screen positive, Medicare covers up to 4, brief, face-to-face behavioral counseling interventions annually for Medicare beneficiaries, including pregnant women.
- Beneficiaries who screen positive means:
 - For those who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence
 - For those who are competent and alert



Medicare: Behavioral Counseling to Reduce Alcohol Misuse

- **G0443** Brief, face-to-face behavioral counseling sessions, 15 minutes
 - Medicare co-insurance/deductible waived
 - Annual screening (11 full months elapsed since last screening)
 - Covered only in a primary care setting
 - Bundled into E/M visit codes, but modifier is allowed
 - Alcohol screening or counseling is usually not separately payable with another encounter on the same date



Medicare: Alcohol Screening FAQ

1. Is there a specific tool that is required for screening of alcohol use, abuse and dependence?
 - CMS does not require a specific tool be used, there are several variations to choose from
2. What if the screening does not take exactly 15 minutes?
 - As long as documentation supports the service, the screening does not have to be exactly 15 minutes
 - Only 1 unit is reportable
3. What diagnosis code is assigned?
 - Medicare does not require a specific diagnosis to be assigned with the G-code for screening



Medicaid: Alcohol Screening

- Substance abuse screening is covered for WI Medicaid and BadgerCare Plus members
- Requires use of **evidence-based** screening tools that include:
 - The quantity and frequency of substance use
 - Problems related to the substance abuse
 - Dependence symptoms
 - Injection drug use
- Can be administered by a wide range of healthcare professionals



Sample Patient Alcohol Screening

Please use this top page for Provider's scoring.
Patient fills out the second page.
Both pages need to be kept in the patient chart.

The Alcohol Use Disorders Identification Test (AUDIT) can detect alcohol problems experienced in the last year.

Question		Please enter the patient's score in the column on the right.					
1	How often do you have a drink containing alcohol?	Never 0	Monthly or less 1	Two to four times a month 2	Two to three times per week 3	Four or more times a week 4	
2	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2 0	3 or 4 1	5 or 6 2	7 to 9 3	10 or more 4	
3	How often do you have six or more drinks on one occasion?	Never 0	Monthly or less 1	Two to four times a month 2	Two to three times per week 3	Four or more times a week 4	
4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never 0	Monthly or less 1	Two to four times a month 2	Two to three times per week 3	Four or more times a week 4	
5	How often during the last year have you failed to do what was normally expected from you because of drinking?	Never 0	Monthly or less 1	Two to four times a month 2	Two to three times per week 3	Four or more times a week 4	
6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never 0	Monthly or less 1	Two to four times a month 2	Two to three times per week 3	Four or more times a week 4	

7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never 0	Monthly or less 1	Two to four times a month 2	Two to three times per week 3	Four or more times a week 4	
8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never 0	Monthly or less 1	Two to four times a month 2	Two to three times per week 3	Four or more times a week 4	
9	Have you or someone else been injured as a result of your drinking?	No 0	Yes, but not in the last year 2	Yes, during the last year 4			
10	Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?	No 0	Yes, but not in the last year 2	Yes, during the last year 4			

TOTAL SCORE _____

A score of 8 or higher generally indicates harmful or hazardous drinking.

Place patient sticker here or handwrite.

Name: _____

DOB: _____



Medicaid Coverage

- Providers eligible for reimbursement include:
 - APNPs w/psych specialty, Crisis interventionists, HealthCheck providers, NPs, PAs, Physicians, Psychiatrists, Substance abuse counselors, etc.
 - Providers are required to retain documentation showing that staff providing substance abuse screening and intervention services meet training, education, and supervision requirements
 - Medicaid has specific criteria for licensed and unlicensed individuals

**Source: Topic #8297 BadgerCare Plus and Medicaid
Physician Handbook**



Medicaid Coding

- **H0049** Alcohol and/or drug screening
 - Once per member, per 12 months
 - Diagnosis code: V82.9 Special screening for other conditions, unspecified
- **H0050** Alcohol and/or drug service, brief intervention, per 15 minutes
 - Limited to 16 units per member, per 12 months
 - Diagnosis code: V65.42 Counseling on substance use and abuse



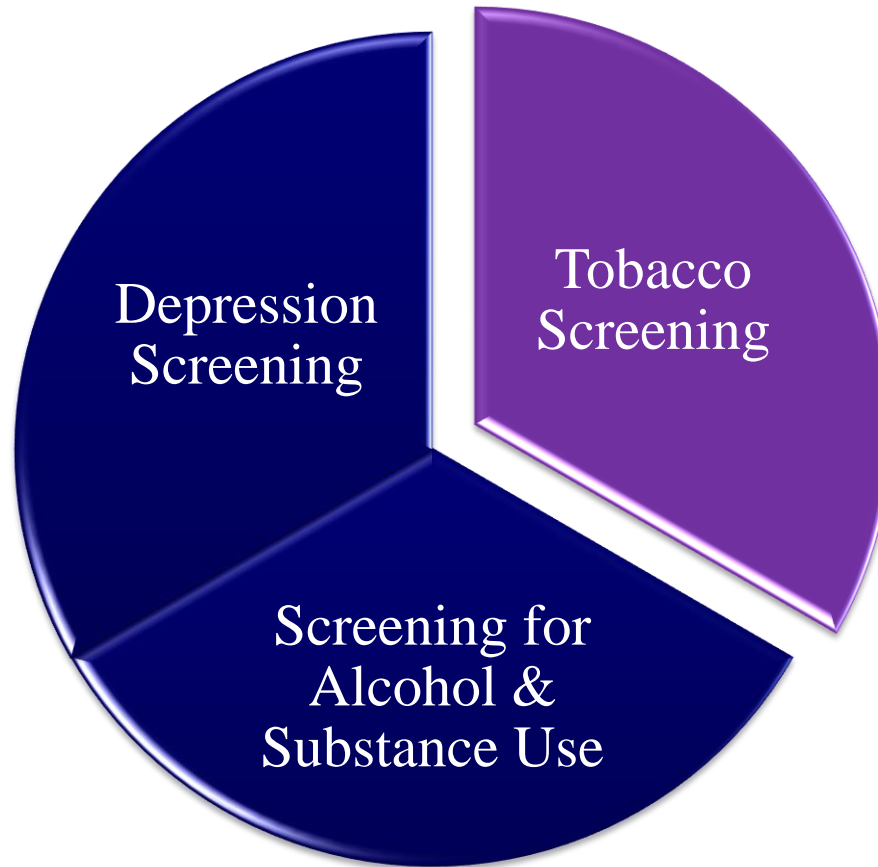
Do Others Cover G0442 or 99408?

Payer	Coverage?	Comments
Anthem	Yes	Coverage is based on the member's plan. We can accept G codes but prefer that the appropriate CPT code be submitted for our commercial Anthem members. This was one of the codes questioned in Spring 2011. There are two Anthem clinical claim edits where this code is discussed related to potential bundling rejections.
CIGNA	Yes	A Guide to CIGNA's Preventive Health Coverage for Health Care Professionals may be found on www.cignaforhcp.com . CIGNA does provide coverage of this screening (G0442). Preference not specified.
Humana	Yes	Humana recognizes both CPT codes. The preferred code for Commercial is 99408 but will accept G0442. Coverage may vary by plan. Medicare accepts either code but will not allow separately from an E&M per CCI Column I / Column II guidelines.
Network Health	Not always	Network Health does not provide coverage for G-codes for our commercial plan members. Our preference would be that providers submit the appropriate CPT code. Our Medicare Advantage plan does accept these codes following Medicare Guidelines.

Do Others Cover G0442 or 99408?

Payer	Coverage?	Comments
Physicians Plus	Yes	Yes these are covered codes and we would accept either code.
United Health Care	Yes	G0442 Annual alcohol misuse screening, 15 minutes: Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed. 99408 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes: Payable when billed separately or with an E&M service appended with Modifier 25. Denied as inclusive when billed with a preventive care visit. No modifier 25 allowed.
Unity	Yes	Yes, Unity has no preference on HCPCS or CPT code.
WEA Trust	Yes	Alcohol screening is part of the USPSTF preventive service mandate and is covered. Please use the most specific code to reflect the service provided. Either code
WPS	Yes	WPS prefers the 99408 code but we are set up to accept both codes and the service is covered.

Screening, Brief Intervention (SBI) Services



Smoking Cessation CPT® Codes

Behavior Change Interventions, Individual

- **99406** Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- **99407**...intensive, greater than 10 minutes
- Check with payers to determine coverage and bundling rules



Medicare: Smoking Cessation Counseling

- **G0436** Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
- **G0437** Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
- Frequency limit: 2 cessation attempts per year; each attempt includes a maximum of 4 intermediate or intensive sessions, up to 8 sessions in a 12-month period



Medical Necessity

ICD-9 Diagnosis coding

- **305.1** Tobacco use disorder (tobacco dependence)
- **V15.82** History of tobacco use

ICD-10-CM Diagnosis coding

- **F17.2-** Nicotine dependence...
 - Further classified by status and product:
 - In remission, withdrawal, uncomplicated, with nicotine-induced disorders
 - Cigarettes, chewing tobacco, other

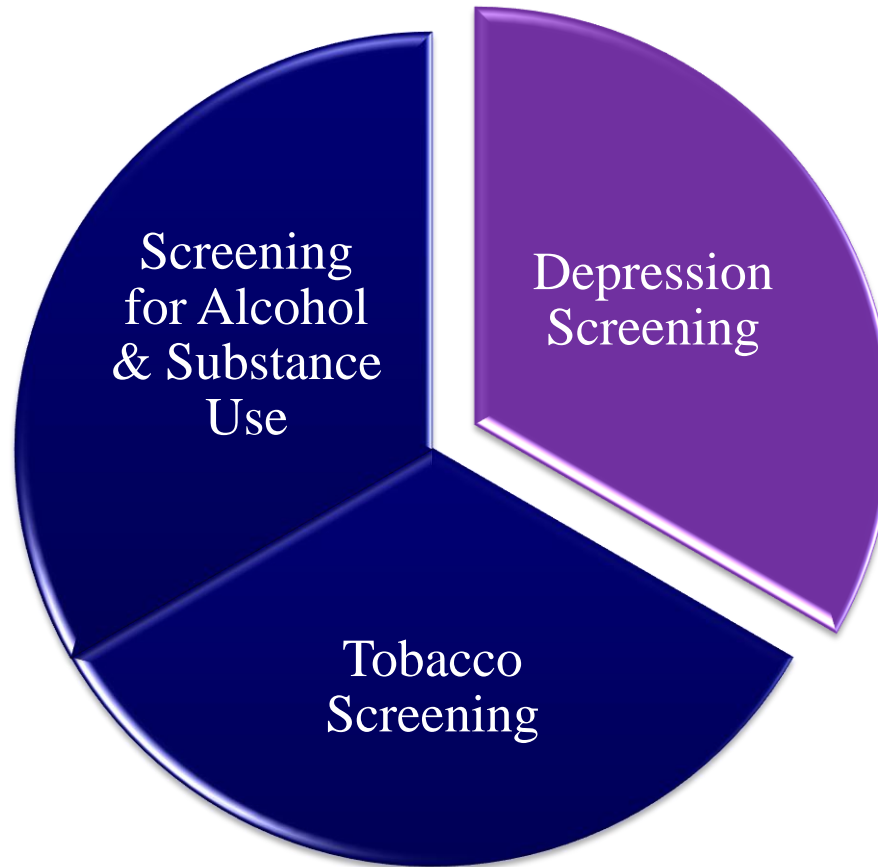


Medicaid: Tobacco Cessation

- Tobacco cessation services are reimbursed as part of an E/M office visit
- Ancillary staff can provide tobacco cessation services only when under the direct, on-site supervision of a Medicaid-enrolled physician
 - BadgerCare Plus reimburses up to a level two office visit (CPT code 99212) when ancillary staff provide the service and bill under the supervising physician
 - Which is remarkable considering incident to rules for Medicare only allow up to a 99211



Screening, Brief Intervention (SBI) Services



Medicare: Depression Screening

- Depression screening for Medicare is an evaluation in the primary care office by clinical staff who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment
- Service provided when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up
- Does not include treatment



Medicare Billing

- **G0444** Annual, depression screening for adults, 15 minutes
- Medicare co-insurance/deductible waived
- Only covered once per 12-month period
- Self help materials, phone calls and web-based counseling not payable by Medicare



Depression Screening Documentation

- No specific documentation requirements
- Recommended items include:
 - ✓ Type of screening tool used
 - ✓ Results of the screening
 - ✓ Impression/plan
 - ✓ If screening is positive, documentation of planned treatment and/or referral to mental health services
- No specific ICD-9 code is required to be reported with G0444



Depression Screening FAQs

- 1. What if the screening for depression does not meet the 15 minutes, per the code descriptor?**
 - CMS response: “CMS’ intent is that HCPCS code G0444 cover up to 15 minutes. The screening does not have to be exactly 15 minutes long.”
- 2. Is there a specific tool for depression screening?**
 - CMS does not identify specific depression screening tools. Rather, the decision to use a specific tool is at the discretion of the clinician in a primary care setting



Depression Screening Bundling

- G0444 is **bundled** into G0438 (Annual Wellness Visit) & G0402 (Initial Preventive Physical Exam), therefore may not be reported on the same day
- For the depression screening in the AWWV: the depression screening is defined as a review of the beneficiary's potential risk factors for depression and is included in the health risk assessment



Do others pay for G0444?

Payer	Coverage?	Comments
Anthem	Yes	G0444 is a covered service and does not bundle with Evaluation and Management codes at this time.
CIGNA	Yes	A Guide to CIGNA's Preventive Health Coverage for Health Care Professionals may be found on www.cignaforhcp.com .
Humana	Yes	If the Depression screening is identified as significant, separately identifiable evaluation and the appropriate modifier is appended, it is allowed separately. Medical notes should support the billing of this separately, subject to the terms of the member's contract.
Network Health	Not always	Network Health does not provide coverage for G-codes for our commercial plan members. Our Medicare Advantage plan does accept these codes following Medicare Guidelines.
UHC	Yes	Always preventive regardless of dx
Unity	Yes	None
WEA Trust	Yes	This service requires 15 minutes of screening time. Any depression screening less than 15 minutes would be considered a component of the preventive E/M service.
WPS	Yes	WPS provides coverage for G0444 for the contracts that are subject to the ACA provision.

Other Considerations

Screening Same Day as Other Visits

- Check CCI edits
 - These change quarterly!
 - Some services may be redundant and result in bundling
- Modifier 25 is not appropriate for problem visit (99201-99215) and preventive visit on same day
 - Per WPS Medicare
 - Other payers may want the modifier on the E/M
- Exceptions for FQHCs, RHCs



Preventive Medicine Services

- Age appropriate CPT codes for new or established patients (codes 99381-99397)
- CPT guidelines describes the services as:
 - *“Comprehensive preventive medicine evaluation and management...including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic services.”*
- SBIRT services **are included** in these codes
- Check payer policies for specific criteria



Pediatric Preventive Medicine

- AKA: Well Child Checks (WCC)
 - Age appropriate CPT codes for new or established patients (99381-99384 and 99391-99394)

Includes (not separately billable):

- Age & gender appropriate history and exam
- Counseling, anticipatory guidance, risk factor reduction interventions (i.e. smoking cessation)
- Ordering of lab and diagnostic procedures



References

- Medicare Claims Processing Manual Chapter 100-04 Ch. 18 -Preventive and Screening Services
- Medicare Preventive Services Quick Reference Guide
- Guidance provided by U. S. Preventive Services Task Force
- WPS Medicare tools, tips, and resources (including MLN) for AWW & IPPE
- WMGMA Medicare/Medicaid and Third Party Payer workgroup minutes



Thank you for your time and attention!

Questions?

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DISCLAIMER: The information presented and responses to the questions posed are not intended to serve as coding or legal advice. Many variables affect coding decisions and any response to the limited information provided in a question is intended only to provide general information that might be considered in resolving coding issues. All coding must be considered on a case-by-case basis and must be supported by appropriate documentation in the medical record. Therefore, the Wisconsin Medical Society recommends consulting directly with payers to determine specific payers' guidance regarding appropriate coding and claim submission. The CPT codes that are utilized in coding claims are produced and copyrighted by the American Medical Association (AMA). Specific questions regarding the use of CPT codes may be directed to the AMA.



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