

Reimbursement and Coding for SBIRT Services

Contributing Authors

Terry A. Fletcher, CPC, CCC, CEMC, CCS, CCS-P, CMC, CMSCS, ACS-CA, SCP-CA, QMGC, QMCRC, QMPM
Christine Hall, CHC, CPC, CPB, CPMA, CRC, CEMC, CPC-I

Billing for SBIRT Services

The Centers for Medicare & Medicaid Services and many insurance plans cover annual (at a minimum) screening, brief intervention and referral to treatment, or SBIRT, services for adults who use alcohol, tobacco and other drugs, including cannabis (*Tables 1 and 2*).

Table 1. CPT and HCPCS Codes for SBIRT Services

Payer	Code	Description
Commercial	CPT code 96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument
	CPT code 99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services; 15 to 30 minutes
	CPT code 99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services; greater than 30 minutes
Medicare	HCPCS code G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 15 to 30 minutes
	HCPCS code G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes
	HCPCS code G0442	Annual alcohol misuse screening, 5 to 15 minutes
	HCPCS code G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
	HCPCS code G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 5 to 14 minutes
	HCPCS code G2086*	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
	HCPCS code G2087*	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
	HCPCS code G2088*	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)
Medicaid	HCPCS code H0049	Alcohol and/or drug screening
	HCPCS code H0050	Alcohol and/or drug services, brief intervention, per 15 minutes

AUDIT = Alcohol Use Disorders Identification Test; DAST = Drug Abuse Screening Test; HCPCS = Healthcare Common Procedure Coding System; SBIRT = screening, brief intervention and referral to treatment.

*Do not bill HCPCS codes G2086-G2088 more than once per month per patient. These codes describe treatment for one or more substance use disorders.¹

Table 2. ICD-10-CM Codes for SBIRT Services

ICD-10-CM Code	Description
F10.10-F10.99	Alcohol abuse, Dependence of Use
Z13.89	Encounter for screening for other disorder
Z13.9	Encounter for screening, unspecified
Z71.4-	Alcohol abuse counseling and surveillance
Z71.5-	Drug abuse counseling and surveillance

ICD-10-CM = International Classification of Diseases, 10th Revision, Clinical Modification; SBIRT = screening, brief intervention and referral to treatment.

Documenting SBIRT Services

The patient's medical record should support the code reported on the claim. Incomplete records may result in denial of payment. According to CMS, the patient's medical record must meet the following criteria¹:

- Be complete and legible
- Record start and stop times or total face-to-face time with the patient (Some SBIRT codes are time based.)
- Document the patient's progress, response to treatment changes and diagnosis revision
- Document the rationale for ordering diagnostic and other ancillary services or ensure the rationale is easily inferred
- For each patient encounter, document the following:
 - Assessment, clinical impression and diagnosis
 - Date and legible clinician identity
 - Physical exam findings and prior diagnostic test results
 - Plan of care
 - Encounter reason and relevant history
- Identify appropriate health risk factors
- Make past and present diagnoses accessible for treating and consulting physicians
- Have signatures for all services provided or ordered

Patient documentation, including the history of present illness, social history, family history, review of systems and physical exam, can be done by ancillary staff (i.e., nonphysicians and non-advanced practice providers).² The American Medical Association notes, "Historically, Medicare required the physician to re-document ancillary staff's entries of the HPI to

receive payment for the service. Further, Medicare had not issued guidance on the allowability of patient entries into the medical record. However, [CMS] addressed these matters in the 2019 Calendar Year Physician Fee Schedule."² In 2021, CMS made additional changes to allow residents, nurses, clinical staff and other clinical team members to review and verify collected information for the physician rather than requiring duplicate entries. This charting cannot be included in a time-based service if the evaluation and management level is determined using time thresholds.

Substance Use During Pregnancy

ALCOHOL MISUSE SCREENING AND BEHAVIORAL COUNSELING DURING PREGNANCY

In 2011, CMS released the Healthcare Common Procedure Coding System codes G0442 and G0443 to cover alcohol misuse screening and behavioral counseling interventions for Medicare beneficiaries, including pregnant women (*Table 3*).³ This coverage aligns with the U.S. Preventive Services Task Force's B recommendation that supports screening and behavioral counseling interventions for unhealthy alcohol use in adults 18 years or older, including pregnant women, in the primary care setting.⁴ When CMS and the Department of Health and Human Services gather information from the USPSTF's A&B recommendations, these guidelines first apply to Medicare beneficiaries and then typically filter to commercial and private insurance plans, including plans under the Patient Protection and Affordable Care Act marketplace exchanges.

Table 3. Codes for Alcohol Misuse Screening and Behavioral Counseling

Screening		
HCPCS code G0442	Annual alcohol misuse screening, 5 to 15 minutes	Average payment: \$18.64 ⁵
Diagnosis		
ICD-10-CM code Z13.39	Encounter for screening examination for mental health and behavioral health disorders	
Brief Intervention		
HCPCS code G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Average payment: \$25.75 ⁵

HCPCS = Healthcare Common Procedure Coding System; ICD-10-CM = International Classification of Diseases, 10th Revision, Clinical Modification.

The National Coverage Definition for screening and behavioral counseling interventions in primary care to reduce alcohol misuse states the following⁶:

Effective for claims with dates of service on or after October 14, 2011, CMS will cover annual alcohol screening, and for those that screen positive, up to four brief, face-to-face behavioral counseling interventions per year for Medicare beneficiaries, including pregnant women:

- who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence (defined as at least three of the following: tolerance, withdrawal symptoms, impaired control, preoccupation with acquisition and/or use, persistent desire or unsuccessful efforts to quit, sustains social, occupational, or recreational disability, use continues despite adverse consequences); and
- who are competent and alert at the time that counseling is provided; and
- whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.

Inclusion of the phrase “including pregnant women” in the coverage language reflects increasing concern about alcohol misuse during pregnancy.

Alcohol misuse screening and behavioral counseling are considered part of the preventive medicine coverage for Medicare beneficiaries and do not come with a deductible or copay attached. It is important to note that Medicare will only reimburse counseling services if the patient's screening result is positive. Other payers may have similar reimbursement rules. The National Coverage Definition also makes it clear that patients must be “competent and alert at the time that counseling is provided” so they can actively participate and understand what they are meant to accomplish.⁶

CMS does not explicitly state that annual alcohol misuse screening can be done by clinical staff

under the direction of a physician. Medicare allows many screening services to be performed by other clinicians under a physician's supervision, so it seems likely that clinical staff would be allowed to perform this screening. Then again, the individual Medicare Administrative Contractor has discretion in this matter.

Requirements for Coverage

Medicare only covers alcohol misuse screening and behavioral counseling interventions if they are provided in a primary care setting. CMS defines this as a setting “in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”⁶

Primary care clinicians include physicians and other health care professionals (e.g., nurses, nurse practitioners, physician assistants) who provide a range of health services covering prevention, wellness and treatment for common illnesses.⁷ Under the Medicare policy, the provider specialty types shown in *Table 4* may submit claims for HCPCS codes G0442 and G0443 with their taxonomy identifiers.³

Table 4. Provider Specialty Types That May Submit Claims for G0442 and G0443³

CMS Specialty Code	Specialty Type
01	General practice
08	Family practice
11	Internal medicine
16	Obstetrics/Gynecology
37	Pediatric medicine
38	Geriatric medicine
42	Certified nurse midwife
50	Nurse practitioner
89	Certified clinical nurse specialist
97	Physician assistant

CMS = Centers for Medicare & Medicaid Services.

In addition, claims for G0442 and G0443 must be submitted with one of the following place of service codes³:

- Physician's office – POS code 11
- Outpatient hospital – POS code 22
- Independent clinic – POS code 49
- State or local public health clinic – POS code 71

Guidance for Reporting HCPCS Codes G0442 and G0443

- ▶ For HCPCS codes G0443 and G0442, reimbursement depends on a timeline and a progression. Screening is the first step, a positive finding is the second step and behavioral counseling is the third step. If the patient does not screen positive, counseling will not be covered. Keep in mind that G0443 will not be paid unless a claim for screening (G0442) has been submitted prior to the claim for counseling. In addition, G0443 is not applicable to patients whose levels or patterns of consumption **do** meet the criteria for alcohol dependence, as noted in the coverage language.⁶
- ▶ The National Correct Coding Initiative **does** allow HCPCS code G0442 to be bundled into a same-day office visit and other E/M services. When appropriate, you may be able to add the modifier

-25 to the office visit code to allow for payment for both the office visit and screening services. However, it is rare for Medicare to pay for both on the same date unless the office visit is for other problems addressed and is unrelated to the alcohol misuse screening. Some coders will attest to the modifier -59 on G0442, but doing so has yielded similar results to using the modifier -25.

- ▶ It is also important to note that if alcohol misuse screening or behavioral counseling is performed on the same date as a Medicare annual wellness visit (initial or subsequent) or the once-per-lifetime initial preventive physical exam, there is no edit. It is an additional preventive service line item.

SOCIAL DETERMINANTS OF HEALTH

Various social determinants of health, such as socioeconomic status, access to food and transportation, housing, education and social support, can significantly influence an individual's likelihood of engaging in substance use behaviors, as well as their ability to access health care services.^{8,9} It is important for family physicians to address their patients' social determinants of health in addition to providing routine prenatal and perinatal care.

Table 5. ICD-10-CM Codes to Identify Social Determinants of Health¹⁰

ICD-10-CM Code	Description
Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z58	Problems related to physical environment
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstances
Z65	Problems related to other psychosocial circumstances

ICD-10-CM = International Classification of Diseases, 10th Revision, Clinical Modification.

You can capture data on the social needs of your patient population using the ICD-10-CM codes included in categories Z55-Z65 (Table 5).¹⁰ These codes identify nonmedical factors that may influence a patient's health status. Office visits (CPT codes 99212-99215) should be reported separately from global maternity care with the appropriate diagnoses. Keep detailed documentation on why social determinants of health are a factor during the patient's pregnancy and the assessment and plan of care to help the patient overcome these challenges.

References

1. Centers for Medicare & Medicaid Services. SBIRT services. MLN904084. February 2023. Accessed July 14, 2023. https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/sbirt_factsheet_icn904084.pdf
2. American Medical Association. Ancillary staff: Who can document components of E/M services? 2022. Accessed July 14, 2023. <https://www.ama-assn.org/practice-management/medicare-medicare/ancillary-staff-who-can-document-components-em-services>
3. Centers for Medicare & Medicaid Services. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse. MLN Matters Number: MM7633. Revised June 4, 2012. Accessed June 28, 2023. <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/MM7633.pdf>
4. U.S. Preventive Services Task Force. Unhealthy alcohol use in adolescents and adults: screening and behavioral counseling interventions. Final recommendation statement. November 13, 2018. Accessed July 14, 2023. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions>
5. Centers for Medicare & Medicaid Services. Medicare Physician Fee Schedule Look-up Tool. Updated July 3, 2023. Accessed July 20, 2023. <https://www.cms.gov/medicare/physician-fee-schedule/search>
6. Centers for Medicare & Medicaid Services. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse. 210.8. Reviewed October 2011. Accessed June 28, 2023. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=347>
7. Centers for Medicare & Medicaid Services. Primary care. Accessed June 28, 2023. <https://innovation.cms.gov/key-concept/primary-care>
8. Galea S, Vlahov D. Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. *Public Health Rep.* 2002;117(Suppl 1):S135-S145.
9. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Access to health services. Accessed July 14, 2023. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>
10. Centers for Medicare & Medicaid Services Office of Minority Health. Using Z codes: the social determinants of health (SDOH) data journey to better outcomes. Revised June 2022. Accessed July 14, 2023. <https://www.cms.gov/files/document/zcodes-infographic.pdf>

A note about language: The words we use matter, especially when discussing alcohol and substance use disorders. The authors have made an effort to use destigmatizing and inclusive language throughout this resource to help reduce stigma and negative bias.

Although the term "women" may be used in this publication, the American Academy of Family Physicians recognizes that family physicians treat people of all gender identities, including people who are cisgender, transgender, gender nonbinary or otherwise gender expansive. The AAFP believes all people should have equitable access to respectful, high-quality and safe health care. In this resource, the term "women" is intended to be used inclusively.

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