Questions / Answers from 5/15 SBIRT Coding Webinar

1. Q. Do Medicaid managed care providers cover SBIRT?
   A. Yes

2. Q. Are there template forms that can be used to do the documentation?
   A. OASAS is working on a draft set of templates. OASAS will provide when complete.

3. Q. Has any thought been given to include the 4Ps or 4Ps plus in the approved tools for OASAS reimbursement by Medicaid? This is the ACOG recommended tool for use with pregnant women.
   A. OASAS is in the process of reviewing these proposed screens and will provide decision and feedback soon

4. Q. Must the supervising physician be certified for an RN or LPN to bill for SBIRT?
   A. I assume you mean “certified” to mean having taken the 4-hour training, No, it is not required but is recommended.

5. Q. Can we bill for screening if the result is negative?
   A. Yes, if it is a Medicaid patient. If it is a patient with private insurance, both a screen AND brief intervention must be provided.
   Q. What if it takes less than 15 minutes to administer and interpret it?
   A. There is no time frame for the screen. The brief intervention is what has the time requirements.

6. Q. Billing for Article 28 should we be using our normal rate code?
   A. Yes. If the patient is seen in the ER, bill using the ER rate code, if patient is seen in the clinic, bill the clinic rate code.

7. Q. Many times a MCO denies when procedure codes do not match from a primary commercial payer EOB. Is there a crosswalk for CPT codes used by Commercial payers to Medicaid/Managed Care?
   A. There is no crosswalk between CPT codes used by Commercial payers to Medicaid/Managed Care.

8. Q. What H codes should be used for patients with primary commercial plans and secondary Medicaid/MCO?
   A. The H codes, H0049 and H0050 should be used for Medicaid Managed Care and Medicaid fee for service patients

9. Q. Are there specific OASAS approved screening tools that providers are to use for reimbursement?
   A. Yes. The approved screening instruments can be found on the OASAS SBIRT web page at https://www.oasas.ny.gov/admed/sbirt/index.cfm. Go to “OASAS-Approved Evidence Based Alcohol and Substance Screening Instruments.”

10. Q. Can H0049 be billed if there's a positive pre-screen but negative full-screen for a commercial insurance that doesn't qualify the 99408 and does the H0049 have a time requirement?
    A. Yes, a full screen can be billed to H0049 whether the screen is positive or negative. No there
is no time frame for the screens.

11. Q. I'm a CASAC and working in a medical office specializing in primary care. Am I eligible to bill Medicaid for screening?
   A. Yes, you can bill under the license of the Provider types eligible to perform and bill for SBIRT under their license. See https://www.health.ny.gov/health_care/medicaid/program/update/2016/2016-04.htm#sbirt

12. Q. When is CPT H0001 used?
   A. H0001 is used for alcohol and/or drug assessment. It is longer and takes more time than H0049 which is alcohol and/or drug screening.

13. Q. We are an outpatient substance abuse facility does the two screenings per year, apply for our type of services?
   A. No. If an individual presents twice in a calendar year at a SUD facility, it is recommended that they receive an assessment to determine if they have a SUD diagnosis. As is stated on pg. 11 of the OASAS Ambulatory Patient Groups (APG) Policy and Medicaid Billing Guidance manual https://www.oasas.ny.gov/admin/hcf/apg/documents/apgmanual.pdf “Screening is not intended to be provided to all individuals or where it is known that the individual is appropriate for admission (e.g. a court order); has an assessment from another program; or presents with circumstances that indicate that a substance use disorder (SUD) problem may be present.”

   Q. Also, is the screening prior to an intake/assessment?
   A. Yes, the screening is for pre-admission

14. Q. it takes less than 15 minutes to administer/interpret screen, can we bill Medicaid/Medicare? –
   A. Yes, the screen is not time sensitive