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Medicaid Policies for Alcohol SBI Reimbursement

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PURPOSE

The purpose of this report was to review existing reimbursement policies by state Medicaid agency, including the District of Columbia (D.C.), in order to understand similarities and differences associated with financial compensation for alcohol screening and brief intervention (SBI) services. Alcohol SBI is an evidence-based practice known to help reduce at-risk alcohol consumption among patients who drink too much.¹ Although alcohol SBI was designed to be a population-based approach to address unhealthy alcohol consumption, its current utilization is limited.² Implementation of the practice into routine clinical care remains a challenge at the health system level even with support from federal resources (e.g., SBIRT: Screening, Brief Intervention, and Referral to Treatment). One way to encourage the uptake of alcohol SBI/SBIRT among providers is to ensure that the service is reimbursable by third-party payers. However, reimbursement opportunities vary by state and payer, and in some locations are non-existent. Information about the current status of policies will assist in the development of policies and incentives to encourage healthcare providers and systems to submit claims for alcohol SBI/SBIRT and potentially increase the routine uptake of the service in clinical care.

PROCEDURE

Existing Medicaid reimbursement policies from each state and D.C. were reviewed through June 15, 2017. A reimbursement policy was defined as any documented mechanism supporting the practice of and/or guidance for financial reimbursement for alcohol SBI/SBIRT. The review included a variety of documents such as service letters or memorandums, policy manuals, provider manuals, and remittance advice information. Trends were tabulated by category in an Excel file. Content among each category was gathered by a one individual and verified by a second reviewer.

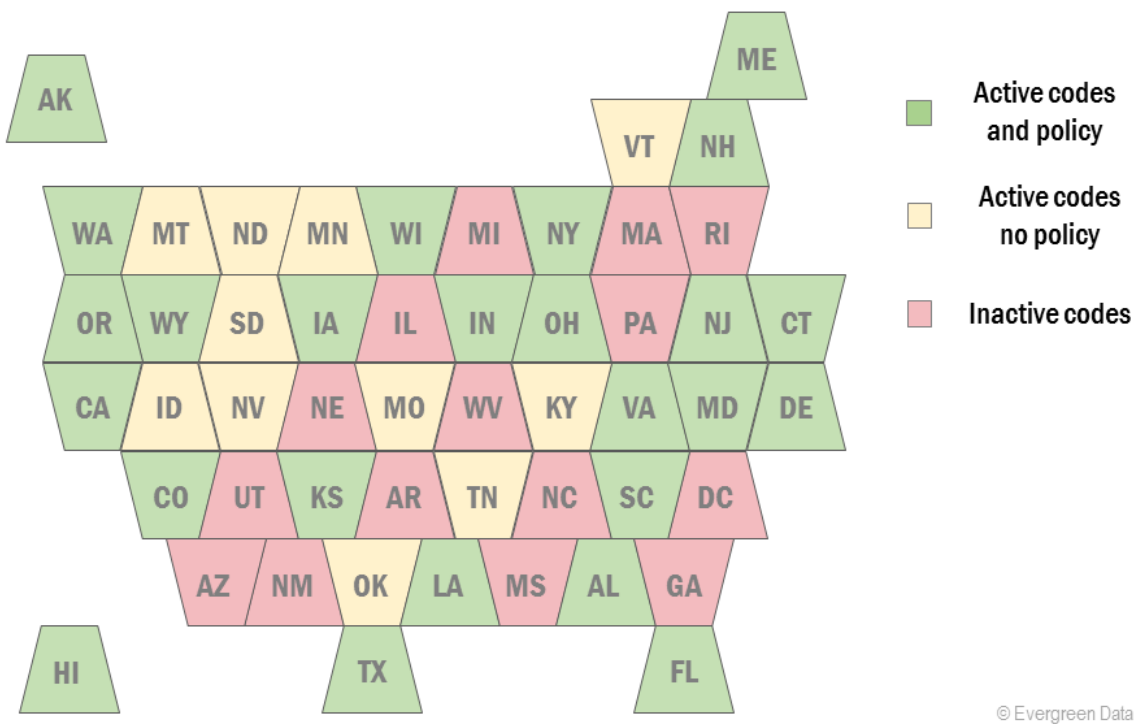
¹ Jonas, D. E., Garbutt, J.C., Amick, H. R., Brown, J. M., Brownley, K. A., Council, C. L., Viera, A. J...Richmond, E. M. (2012). Behavioral counseling after screening for alcohol misuse in primary care: A systematic review and meta-analysis for the U.S. Preventive Service Task Force, *Annals of Internal Medicine*, 157, 645-54. doi: 10.7326/0003-4819-157-9-201211060-00544

² Glass, J. E., Andréasson, S., Bradley, K. A., Wallhead Fin, S., Williams, E. C., Bakshi, A. S.,...Saitz, R. (2017) Rethinking alcohol interventions in health care: A thematic meeting of the International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA), *Addiction Science in Clinical Practice*, 12, 1-16. doi: 10.1186/s13722-017-0079-8

RESULTS

The status of Medicaid reimbursement for alcohol SBI/SBIRT by state, including D.C., is illustrated below in Figure 1. As of June 15, 2017, SBI/SBIRT reimbursement codes were inactive for 14 states and D.C. Eleven states had active reimbursement codes but did not have a policy. The remaining 25 states were found to have active reimbursement codes for alcohol SBI/SBIRT and an associated reimbursement policy.

Figure 1. Medicaid Reimbursement for Alcohol SBI by State and the District of Columbia



Policies ranged from very detailed to very little information related to billing and allowable reimbursement specific to alcohol SBI/SBIRT. States with active reimbursement codes and an accompanying policy for alcohol SBI/SBIRT ($n = 25$) commonly outlined information related to authorized provider types, approved facilities, utilization codes, allowable billing units, and required screening tools to use when conducting the service and submitting claims for payment. Nearly half of the states with active reimbursement codes and an accompanying policy ($n = 11$) required provider training in order to be eligible for reimbursement with some ($n = 7$) mandating a required training time which ranged from one to four hours. Seven states

outlined specific age groups of patients who were eligible for the service with three states allowing patients as young as 10 years to be eligible. The remaining 18 states did not indicate allowable age groups associated with reimbursement.

Medicaid-Approved Providers

States with active alcohol SBI/SBIRT reimbursement codes and an accompanying policy always permitted physicians to receive payment. Additionally, a majority of states ($n = 21$) allowed mid-level providers (i.e., nurse practitioner, physician assistant) to be reimbursed. Among advance practice nurse specialties, seven states also indicated certified nurse-midwives and three states specified psychiatric nurse practitioners as authorized for reimbursement. Registered nurses and licensed practical nurses were eligible among considerably fewer states, as well as dentists and dental hygienists. Fifteen states also authorized behavioral health providers to be reimbursed for alcohol SBI/SBIRT services. Of these, many allowed psychologists and most authorized licensed mid-level behavioral health providers (i.e., counselors, marriage and family therapists, social workers). Addiction counselors were eligible for reimbursement in four states with health educators eligible in two of those states. An overall breakdown of approved provider types who are eligible for Medicaid reimbursement specific to alcohol SBI/SBIRT is illustrated below in Table 1.

Table 1: Medicaid-Approved Providers for Alcohol SBI

	Medical									Behavioral Health					
	MD	PA	NP	CNM	RN	LPN	DDS	DC	CHAP	PhD	LSW	LPC	MFT	AC	HE
AL	●	●	●	●											
AK	●	●	●						●	●		●	●		
CA	●	●	●							●					
CO	●	●	●							●	●	●	●		
CT	●	●	●												
DE	●									●					
FL	●														
HI	●														
IA	●	●	●	●											
IN	●	●	●							●	●	●	●		
KS	●	●	●		●		●			●	●	●	●	●	●
LA	●										●				
ME	●	●	●		●										
MD	●	●	● ⁺	●			●			●	●	●	●		
NH	●	●	●												
NJ	●		● [*]					●							
NY	●	●	●	●	●	●				●	●	●	●	●	●
OH	●	●	●		●	●				●	●	●	●		
OR	●	●	●							●	●	●	●		
SC	●	●	●	●											
TX	●	●	●	●	●						●	●			
VA	●		● [*]								●	●	●		
WA	●	●	●		●	●	● ^{>}			●	●	●	●	●	
WI	●	●	●							●	●	●	●	●	
WY	●		● ^{*+}	●											

Note. MD = Physician, PA = Physician Assistant, NP = Nurse Practitioner, CNM = Certified Nurse-Midwife, RN = Registered Nurse, LPN = Licensed Practical Nurse, DDS = Dentist, DC = Chiropractor, CHAP = Community Health Aid Program, PhD = Psychologist, LSW = Licensed Social Worker, LPC = Licensed Professional Counselor, MFT = Marriage & Family Therapist, AC = Addiction Counselor, HE = Health Educator

*includes psychiatric nurses *includes nurse anesthetists >includes dental hygienists

Medicaid-Approved Service Locations

Most states with active reimbursement codes and an accompanying Medicaid policy specific to alcohol SBI/SBIRT indicated clinic types that were required for alcohol SBI/SBIRT to be delivered to patients in order to obtain payment for services. Approved facilities most commonly included primary care clinics, federally qualified health centers, and rural health clinics. More expansive policies also covered alcohol SBI/SBIRT services delivered in hospitals, urgent care clinics, and local health departments. Three states specified maternal health clinics as eligible. An overview of all approved facilities is shown below in Table 2. Because the focus of this review was specific to settings where individuals may receive primary health care, additional approved service locations associated with substance abuse treatment centers were excluded.

Table 2: Medicaid-Approved Service Locations for Alcohol SBI

	Facility Type										
	Clinic	FQHC	RHC	Hosp	MHC	UCC	THC	HD	School	Shelter	Home
AL		<input type="checkbox"/>									
AK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				
CA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>				
CO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
CT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
DE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
FL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			
HI	<input type="checkbox"/>										
IA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
IN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
KS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>					
LA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ME	<input type="checkbox"/>										
MD	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>			
NH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		
OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
OR	not specified										
SC	not specified										
TX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>
VA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
WA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
WI	<input type="checkbox"/>			<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>
WY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

Note: Clinic = Outpatient Clinic, FQHC = Federally Qualified Health Center, RHC = Rural Health Center, Hosp = Hospital, MHC = Maternal Health Clinic, UCC = Urgent Care Center, THC = Tribal Health Clinic, HD = Health Department, School = School Clinic, Shelter = Homeless Shelter, Home = Patient's Home

Medicaid-Approved Billing Codes

States with Medicaid reimbursement policies for alcohol SBI/SBIRT varied in the billing service codes required to process claims for payment. Twelve states utilized Current Procedural Terminology (CPT) code 99408; eleven of those also used 99409 for reimbursement. Additionally, ten states utilized the Healthcare Common Procedure Coding System (HCPCS). Two states utilized both CPT and HCPCS. One state created five local procedure codes to accommodate more flexible billing for the service (e.g., brief intervention 3-20 minutes). An

overview of states with Medicaid reimbursement policies for alcohol SBI/SBIRT by billing service code is shown below in Table 3.

Table 3: Medicaid-Approved Billing Service Codes for Alcohol SBI

	Billing Service Code								
	99408	99409	96160	G0396	G0397	H0002	H0004	H0049	H0050
AL								Δ	Δ
AK	Δ	Δ							
CA								Δ	Δ
CO						Δ*	Δ*	Δ	Δ
CT	Δ	Δ							
DE	Δ	Δ							
FL							Δ		
HI				Δ	Δ				
IA	Δ	Δ							
IN	Δ	Δ							
KS	Δ	Δ						Δ	Δ
LA	not indicated								
ME	Δ	Δ							
MD	5 local procedure codes								
NH	not indicated								
NJ	Δ	Δ							
NY								Δ	Δ
OH				Δ	Δ				
OR	Δ	Δ	Δ						
SC						Δ	Δ		
TX	Δ							Δ	
VA	Δ	Δ							
WA	Δ	Δ							
WI						Δ	Δ	Δ	Δ
WY								Δ	Δ

Note: 99408 = CPT: Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention (15-30 minutes), 99409 = CPT: Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention (>30 minutes), 96160 = CPT: Health behavior and assessment/intervention procedures, G0396 = HCPCS: Alcohol and/or substance use structured screening and brief intervention (15-30 minutes), G0397 = HCPCS: Alcohol and/or substance use structured screening and brief intervention (>30 minutes), H0002 = HCPCS: Alcohol and/or drug screening to determine eligibility for Tx program, H0004 = HCPCS: Behavioral health counseling and therapy per 15 mins (alcohol and/or drug services), H0049 = HCPCS: Alcohol and/or drug screening, H0050 = HCPCS: Alcohol and/or drug service, brief intervention, per 15 mins
*special codes for pregnant women

Medicaid-Approved Billing Units

Several states indicated a finite number of billing units allowed for alcohol SBI/SBIRT per Medicaid beneficiary as shown below in Table 4. Most units were designated per calendar year with considerable variation across states with reimbursement policies. Alcohol SBI/SBIRT reimbursement services in three states were specific to pregnant beneficiaries or those in the 12-month post-partum period only.

Table 4: Medicaid-Approved Billing Units for Alcohol SBI

	Alcohol Screening per Year			Brief Intervention (BI) per Year						BI per Pregnancy	
	1	2	3	1	2	3	4	6	16	2	
AL	●*				●						●
AK	●+			●+							
CA	●					●					
CO		●			●						
CT	not indicated			not indicated							
DE	●>			not indicated							
FL	not indicated			not indicated							
HI	not indicated			not indicated							
IA		●		●							
IN	●~		●	not indicated							
KS	●								●		
LA	●*			not indicated							
ME	not indicated			not indicated							
MD	●						●				
NH	not indicated			not indicated							
NJ	not indicated			not indicated							
NY		●						●			
OH	●			not indicated							
OR	not indicated			not indicated							
SC	●^~				●^~						
TX		●					●				
VA			●			●					
WA	not indicated			not indicated							
WI	●						●				
WY	not indicated						●				

Note: *pregnant beneficiaries only, +per service date, >per evaluation, ~every 3 years, ^specifies fiscal year, ~service is for pregnant beneficiaries and those in 12-month post-partum period only

Medicaid-Approved Screening Tools

Most states required authorized providers to use an approved screening tool for alcohol SBI/SBIRT payment claims to Medicaid. Five states allowed any validated or evidence-based screening tool to be used for reimbursement; seven states authorized at least two types of screening tools for use. Table 5 illustrates the variation across state policies of preferred alcohol screening tools required for use when submitting Medicaid reimbursement claims for alcohol SBI/SBIRT.

Table 5: Medicaid-Approved Screening Tools for Alcohol SBI

	Preferred Alcohol Screening Tool						
	AUDIT	ASSIST	CRAFFT	DAST	NIAAA	POSIT	Other
AL	◇	◇	◇	◇		◇	
AK	◇			◇			
CA	◇		◇				
CO	◇	◇	◇	◇		◇	
CT							Any validated screening tool
DE	◇			◇			
FL	not indicated						
HI		◇					Any evidence-based tool
IA	◇			◇			
IN	not indicated						
KS	◇			◇	◇		
LA	◇			◇			
ME	◇		◇	◇			Any nationally recognized tool
MD							Any validated screening tool
NH	◇			◇			
NJ	◇			◇			
NY	◇	◇	◇	◇	◇		T-ACE, TWEAK, NIDA
OH			◇				NIDA, Kettering Health Network SBIRT Assessment Orders
OR	◇		◇	◇			
SC							Institute for Health & Recovery's Integrated Screening Tool
TX	◇	◇	◇	◇			CAGE, Binge drinking questionnaire
VA	◇	◇	◇	◇			MAST, T-ACE, TWEAK, 4P's
WA							Any evidence-based tool
WI	◇	◇	◇	◇		◇	
WY		◇					

DISCUSSION

Financial reimbursement for providers (i.e., physicians, medical groups, hospitals) offers a business case to potentially increase uptake of alcohol SBI/SBIRT into routine practice among primary care settings. However, Medicaid spending is a significant and complex budgetary component of state fiscal plans and Medicaid laws allow states substantial freedom to develop payment methods and regulations for services. Thus, considerable variation across states exists with regard to compensation for alcohol SBI/SBIRT (see Appendix). Such decisions can have broad effects on the delivery system and access to care.³ These issues highlight the importance of collaboration among key stakeholders when establishing reimbursement policy for alcohol SBI/SBIRT in order to ensure quality services for Medicaid beneficiaries and to address feasibility issues among provider groups so that maximal use of the service is realized.

Lenient state reimbursement policies exist (e.g., Kansas, New York, Washington) and stand as models for other states to consider in order to increase utilization of alcohol SBI/SBIRT and reach those who may be at-risk for unhealthy alcohol use. Reimbursement that allows an assortment of healthcare providers to deliver the service from a variety of clinical settings to an unlimited age range of beneficiaries is important to support the intended population-wide, preventive approach to alcohol SBI/SBIRT. Policies providing guidance with regard to recommended alcohol screening tools can ensure that providers are effectively assessing current alcohol use and risk among patients so that appropriate follow-up can be offered. Further, policies that allow coverage of alcohol SBI/SBIRT services based on clinical need, rather than restricted to allowable units billed per year or health condition (e.g., pregnancy or postpartum period), permits providers and health systems to incorporate the service effectively and appropriately into clinical workflows. Efficient and accessible training resources are also recommended to bolster provider confidence and ability to provide the service. Finally, although some policies lacked specific claims submission information, it was no guarantee of payment outcomes. Simplicity in reimbursement regulations may also incentivize utilization of alcohol SBI/SBIRT services in primary care.

³ Library of Congress. (2004, October). Medicaid Reimbursement Policy. (Congressional Research Service RL32644). Retrieved from: <http://www.markmerlis.com/RL32644.pdf>

Appendix: Medicaid Reimbursement Details for Alcohol SBI by State

	Provider Type	Approved Facilities	Billing Service Codes	Allowable Billing Units (Per Year)	Preferred Screening Tool
AL	MD, PA, NP, CNM	FQHC	H0049 H0050	1 screen (pregnant beneficiaries only)	AUDIT, ASSIST, CRAFTT, DAST, POSIT
				2 BI 2 BI per pregnancy	
AK	MD, PA, NP, CHAP, PhD, LPC, MFT	Clinic, FQHC, RHC, Hosp, Tribal	99408 99409	1 screen per service day	AUDIT, DAST
				1 BI per service day	
CA	MD, PA, NP, PhD	Clinic, FQHC, RHC, THC	H0049 H0050	1 screen	AUDIT, CRAFTT
				3 BI	
CO	MD, PA, NP, PhD, LSW, LPC, MFT	Clinic, FQHC, RHC, Hosp	H0002 ^Δ H0004 ^Δ H0049 H0050	2 screen	AUDIT, ASSIST, CRAFTT, DAST, POSIT
				2 BI	
CT	MD, PA, NP	Clinic, FQHC, Hosp, UCC	99408 99409	not indicated	Any validated screening tool
DE	MD, PhD	Clinic, FQHC, RHC, Hosp, UCC, HD	99408 99409	1 screen per evaluation	AUDIT, DAST
				not indicated	
FL	MD	Clinic, FQHC, RHC, HD	H0004	not indicated	not indicated
HI	MD	Clinic	G0396 G0397	not indicated	ASSIST, or any evidence-based tool
IA	MD, PA, NP, CNM	FQHC, RHC, Hosp, MHC	99408 99409	2 screen	AUDIT, DAST
				1 BI	
IN	MD, PA, NP, PhD, LSW, LPC, MFT	Clinic, FQHC, RHC	99408 99409	1 screen every 3 yrs 3 screen	not indicated
				not indicated	
KS	MD, PA, NP, RN, DDS, PhD, LSW, LPC, MFT, AC, HE	Clinic, FQHC, RHC, Hosp, UCC	99408 99409 H0049 H0050	1 screen	AUDIT, DAST, NIAAA
				16 BI	
LA	MD, LSW	Clinic, FQHC, RHC, Hosp	not indicated	1 screen (pregnant beneficiaries only)	AUDIT, DAST
				not indicated	
ME	MD, PA, NP, RN	Clinic	99408 99409	not indicated	AUDIT, CRAFTT, DAST, Any nationally recognized tool
MD	MD, PA, NP ⁺ , CNM, DDS, PhD, LSW, LPC, MFT	Clinic, FQHC, Hosp, HD	5 local codes	1 screen	Any validated screening tool
				4 BI	
NH	MD, PA, NP	Clinic, FQHC, RHC, Hosp	not indicated	not indicated	AUDIT, DAST

	Provider Type	Approved Facilities	Billing Service Codes	Allowable Billing Units (Per Year)	Preferred Screening Tool
NJ	MD, NP*, DC	Clinic, FQHC, RHC, Hosp	99408 99409	not indicated	AUDIT, DAST
NY	MD, PA, NP, CNM, RN, LPN, PhD, LSW, LPC, MFT, AC, HE	Clinic, FQHC, RHC, Hosp, MHC, School	H0049 H0050	2 screen	AUDIT, ASSIST, CRAFFT, DAST, NIAA, T-ACE, TWEAK, NIDA
				6 BI	
OH	MD, PA, NP, RN LPN, PhD, LSW, LPC, MFT	Clinic, FQHC, RHC, Hosp	G0396 G0397	1 screen	CRAFFT, NIDA, Kettering Health Network SBIRT Assessment Orders
				not indicated	
OR	MD, PA, NP, PhD, LSW, LPC, MFT	not specified	99408 99409 96160	not indicated	AUDIT, CRAFFT, DAST
SC	MD, PA, NP, CNM	not specified	H0002 H0004	1 screen per fiscal year, pregnant and 12 mo. post-partum beneficiaries only	Institute for Health & Recovery's Integrated Screening Tool
				2 BI per fiscal year, pregnant and 12 mo. post-partum beneficiaries only	
TX	MD, PA, NP, CNM, RN, LSW, LPC	Clinic, FQHC, RHC, Hosp, Home	99408 H0049	2 screen	AUDIT, ASSIST, CRAFFT, DAST, CAGE, Binge drinking questionnaire
				4 BI	
VA	MD, NP*, LSW, LPC, MFT	Clinic, FQHC, RHC	99408 99409	3 screen	AUDIT, ASSIST, CRAFFT, DAST, MAST, T-ACE, TWEAK, 4P's
				3 BI	
WA	MD, PA, NP, RN, LPN, DDS ² , PhD, LSW, LPC, MFT, AC	Clinic, FQHC, RHC, Hosp, MHC, UCC, THC, Shelter	99408 99409	not indicated	Any evidence-based tool
WI	MD, PA, NP, PhD, LSW, LPC, MFT, AC	Clinic, Hosp, School, Home	H0002 H0004 H0049 H0050	1 screen	AUDIT, ASSIST, CRAFFT, DAST, POSIT
				4 BI	
WY	MD, NP ⁺ , CNM	Clinic, FQHC, RHC, Hosp, UCC, HD	H0049 H0050	not indicated	ASSIST
				4 BI	

Note. **Provider Type:** MD = Physician, PA = Physician Assistant, NP = Nurse Practitioner, CNM = Certified Nurse-Midwife, RN = Registered Nurse, LPN = Licensed Practical Nurse, DDS = Dentist, DC = Chiropractor, CHAP = Certified Health Aide Program, PhD = Psychologist, LSW = Licensed Social Worker, LPC = Licensed Professional Counselor, MFT = Marriage & Family Therapist, AC = Addiction Counselor, HE = Health Educator *includes psychiatric nurses *includes nurse anesthetists ^includes dental hygienists. **Approved Facilities:** Clinic = Outpatient Clinic, FQHC = Federally Qualified Health Center, RHC = Rural Health Center, Hosp = Hospital, MHC = Maternal Health Clinic, UCC = Urgent Care Center, THC = Tribal Health Clinic, HD = Health Department, School = School Clinic, Shelter = Homeless Shelter, Home = Patient's Home. **Billing Service Codes:** ²special codes for pregnant women