

DMAS (Medicaid) Reimbursement for Substance Use Screening and Brief Intervention Services (SBI)

CPT Codes and Reimbursement Rates (rates as of 7/1/11)

- 99408 Alcohol and/or substance use structured screening and brief intervention services

15 – 30 minutes	Over 21 yrs	\$25.41
15 – 30 minutes	Under 21 years	\$32.21

- 99409 Alcohol and/or substance use structured screening and brief intervention services

> than 30 minutes	Over 21 yrs	\$49.32
> than 30 minutes	Under 21 years	\$62.53

Covered services

- Substance use screening and brief intervention services.
 - ✓ **The provider must use a DMAS approved screening instrument.**
 - ✓ Brief intervention is a required component of this service.
 - ✓ This service does not require pre-approval.
- The annual limit for each member is 3 screening & brief intervention sessions per calendar year per provider.
 - ✓ To determine if sessions have been used, access the Automated Response System (ARS) through the internet or access MediCall by telephone. Information regarding accessing ARS or MediCall ARS is available in Chapter I of the Psychiatric Services Provider Manual posted on the DMAS website: www.virginiamedicaid.dmas.virginia.gov.

Non-covered services

- As a best practice, DBHDS encourages providers to screen individuals for both substance use and mental health disorders. Women should also be screened for intimate partner violence (IPV).
 - ✓ **DMAS (Medicaid) will not reimburse providers for mental health or IPV screens unless they are part of a DMAS approved substance abuse screening tool.**
- Providers will be reimbursed only for the time they spend face to face with the patient.
 - ✓ **Providers may bill DMAS (Medicaid) for the time they spend screening, discussing the screening results and providing recommendations to an individual. Providers may not bill for the time an individual spends completing a self administered tool.**

Documentation

- DMAS (Medicaid) requires that the provider document what was done and sign and date the chart note.
- If a woman is pregnant, be sure to document it. This information must be provided whether she is Fee-for-Service Medicaid, FAMIS Plus, FAMIS or FAMIS MOMS.
- DBHDS recommends that providers include the following information in their note:
 - ✓ Which DMAS approved screening tool was used
 - ✓ The results of the screening
 - ✓ The nature of the brief intervention provided by the provider
 - ✓ The individuals response to the intervention
 - ✓ Any referrals made
 - ✓ The outcome of referrals and any follow-up care which is provided.

VA Medicaid Approved SBI Providers*

- Physicians
- Licensed Nurse Practitioners
- Licensed Professional Counselors
- Licensed Social Workers
- Licensed Psychiatric Clinical Nurse Specialists
- Licensed Marriage and Family Therapist
- Licensed Substance Abuse Practitioners
- Clinics
- Federally Qualified Health Centers
- Rural Health Clinics

*Licensed providers may delegate administration of the tool but must review the tool with the client and provide the counseling.

Medicaid Managed Care

In order to be reimbursed for substance abuse screening and brief intervention services provided to a Managed Care Organizations (MCO) enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid/FAMIS fee-for-service individuals. For more information, please contact the MCO directly. MCO contact information is available on the DMAS website at

http://dmasva.dmas.virginia.gov/Content_atchs/mc/mcguide_p2.pdf.