

BILLING and REIMBURSEMENT



WHY IT'S IMPORTANT

Alcohol is a leading cause of preventable deaths

U.S. life expectancy is shorter than in other developed countries and has decreased for several years in a row. This decrease is largely being driven by more deaths in middle age, and alcohol, along with drug use and suicide, is a leading contributor. Screening in primary care settings can identify patients with unhealthy alcohol use; brief counseling and other interventions can reduce unhealthy alcohol consumption and improve health outcomes.

REVENUE

Approved billing codes allow reimbursement

Screening with standardized tools, brief intervention, and counseling for unhealthy alcohol use are reimbursable services that can generate revenue for your practice. Here's an example:

- A provider takes care of 2,000 adults and screens them all within a year.
- If 100-200 patients each have 2-4 brief counselling visits, it could generate from ≈\$16,000 to ≈\$41,000 for the practice (assuming payer mix = Medicare 35%, Medicaid 10%, BCBS 40%, State Health Plan 10%, no pay 5%).

In the sidebar to the right you'll find codes and information for reimbursement. The fees shown are based on local data from 2019 and can change over time.

QUALITY AND PERFORMANCE INCENTIVES

Screening & brief intervention quality measures

MIPS (Merit-based Incentive Payment System)

MIPS is 1 of 2 tracks under the Quality Payment Program, which moves Medicare Part B providers to a performance-based payment system. Not participating in MIPS (for Medicare Part B providers who are MIPS eligible clinicians) can lead to negative payment adjustments. *There is a MIPS related measure (#431):

- % of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.

HEDIS (Healthcare Effectiveness Data and Information Set)

HEDIS is one of health care's most widely used performance improvement tools. From NCQA, the HEDIS measure information on Unhealthy Alcohol Use Screening and Follow-Up is the % of members 18 years or older who were screened for unhealthy alcohol use using a standardized tool and, if screen was positive, appropriate care.

Two rates are reported:

1. **Screening:** % of members who were screened using a standardized tool for unhealthy alcohol use (*# screened for unhealthy alcohol use/Adults ≥18*)
2. **Counseling or Other Follow-Up:** % of members who received brief counseling or other follow-up care within 2 months of a positive screening (*# who received follow-up care/Adults ≥18 who screened positive*)



Medicare Reimbursement Codes

G0442: (Prevention) Annual screening in adults, 15 min. No coinsurance; no deductible for patient. \$17.47

G0443: (Prevention) Up to four brief (15 min) face-to-face counseling sessions per year for adults who screen positive for unhealthy alcohol use; No coinsurance; no deductible for patient. \$25.69

G0396: Alcohol and/or substance use disorder structured screening and brief intervention services, 15-30 min. \$35.08

G0397: Alcohol and/or substance use disorder structured screening and brief intervention services, >30 min. \$65.88

Commercial Insurance or Medicaid Reimbursement Codes

99408: Alcohol and/or substance use disorder structured screening and brief intervention services; 15-30 min. \$29.81

99409: Alcohol and/or substance use disorder structured screening and brief intervention services; >30 min. \$58.60

Health Risk Assessment Codes

96160: Patient-focused health risk assessment instrument with scoring and documentation, per standardized instrument. \$3.02 (Medicare) or \$3.74 (Medicaid)
cannot be billed along with 99408-99409 or other codes that cover screening

Tips

Time-based coding: if ≥50% of an E&M visit was spent face-to-face in counseling, then providers can bill **99213** (15 min visit), **99214** (25 min), or **99215** (40 min)

*must document total time spent and that at least half was spent counseling on...

Modifiers: The alcohol-specific codes can be used in addition to an E&M code on the same day. Some insurance may require modifier 59 (e.g., after 99408 or 99409) or modifier 25 (after E&M code).