Screening, Brief Intervention & Referral to Treatment (SBIRT) Providers

SBIRT Code Update

Screening, Brief Intervention & Referral to Treatment is a tool used in the primary care setting to identify substance use risk and to briefly counsel and intervene as needed. Referrals to treatment centers should be made when necessary. Training is required to provide SBIRT services. More information can be found in the SBIRT **billing manual.**

Beginning January 1, 2014, SBIRT claims must have one (1) of five (5) screening/counseling ICD-9 diagnosis codes present on the claim. The screening/counseling diagnosis codes can be used inconjunction with most other diagnosis codes. Screening, Brief Intervention & Referral to Treatment claims containing a substance use disorder or mental health diagnosis code will no longer be paid, effective January 1, 2014.

The required codes outlined below can be found in the SBIRT **billing manual.**

Required ICD-9 Diagnosis Codes for SBIRT	
V82.9	Screening for Unspecified Condition
V28.9	Unspecified Antenatal Screening
V65.40	Other Counseling, Not Otherwise Specified (NOS)
V65.42	Other Counseling, Substance Use and Abuse
V65.49	Other Specified Counseling

Please contact Alex Stephens at Alex.Stephens@state.co.us with questions.

Substance Use Disorder (SUD) Providers

SUD Integration into Behavioral Health Organization (BHO)

Beginning January 1, 2014, the substance use disorder benefit currently available as Medicaid fee-for-service (FFS) will be integrated to an existing managed care delivery system currently operated by the Behavioral Health Organizations (BHOs). The BHOs are responsible for administering the Community Mental Health Services program and provide or arrange for the medically necessary mental health care for their members. All Medicaid eligible clients are automatically enrolled into a BHO depending on their geographic region, and must receive their mental health care and SUD treatment services from a contracted BHO provider.

As a result of SUD integration on January 1, 2014, providers seeking to render SUD treatment services to Medicaid clients must enroll with the BHO in their service area. Please refer to the following table to determine which BHO or BHO(s) serve(s) your area.

Please contact Alex Stephens at Alex.Stephens@state.co.us with questions and concerns.

County	BHO	Provider Relations Contact Information
Denver	Access Behavioral Care (ABC) coaccess.com	Main Number: 303-751-9030 pns@coaccess.com or Ellen Koontz 720-744-5212 ellen.koontz@coaccess.com
Adams, Arapahoe, Douglas	Behavioral Healthcare Inc. (BHI) bhicares.org	BHI Director of Provider Relations Teresa Summers 720-490-4413

Procedure Code	Description	Total CO Medicaid Allowable	Maximum Allowable Units Per Date of Service
H2000 TS	Post Service Evaluation means an evaluation conducted using a standardized norm-referenced assessment at the end of the child's time on the waiver. The evaluations will be conducted prior to the child aging out of the program to provide information on the child's overall progress while on the waiver.	$20.08	6

The Home and Community Based Services (HCBS) Children's billing manual and Prior Authorization Request (PAR) will be updated to reflect the additional services. Please refer to 10 C.C.R. 2505-10 § 8.519.7 for additional information on the requirements of providing the above new services. Please contact Candace Bailey at Candace.Bailey@state.co.us with questions.

Expansion of Consumer Directed Attendant Support Services (CDASS)

The Department is expanding the provision of CDASS into the Home and Community Based Services – Brain Injury (HCBS-BI) waiver effective January 1, 2014, pending approval from CMS. The HCBS Adult billing manual and PAR will be updated to reflect the addition of CDASS by January 2014 with the following services:

Procedure Code	Modifier	Service Description
T2025	U6	Consumer Directed Attendant Support Services
T2040	U6	CDASS Per Member/Per Month (PMPM)

Please contact Colin Laughlin at Colin.Laughlin@state.co.us with HCBS-BI waiver questions or Candie Dalton at Candie.Dalton@state.co.us with CDASS questions.

Psychological Testing for Individuals Seeking Services from Community Centered Boards (CCB)

Community Centered Boards (CCBs) are the designated case management agencies for and provide additional services to individuals with developmental disabilities. Among other requirements, in order to access services coordinated and/or provided by CCBs, the individual seeking services must provide an assessment of intellectual functioning or adaptive behavior.

This assessment may be determined through psychological testing. Please refer to the table below for the two (2) covered procedure codes which may be used for the testing.

Procedure Code	Description	Total CO Medicaid Allowable	Maximum Allowable Units Per Date of Service
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	$61.67	5
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	$28.35	8