

Dec. 12, noon-1 p.m.

“Billing Codes and What They Mean”

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INDIVIDUAL BEHAVIOR CHANGE INTERVENTIONS

Are you fully engaged in the changing of patient life style behaviors? One of the final steps in providing this needed service is the ability to have your patient encounters recorded and tracked. The recording process must involve the proper assignment of a **procedure code** with appropriate **diagnoses**. Our purpose today is to discuss the recording process and the potential for billing of your services to willing third party payers.

Six (6) new procedure codes have been established in 2008 to help us record these services as follows:

CPT: (NonMedicare/NonMedicaid Insured Patients)

Alcohol and/or Substance Abuse Structured Screening & Brief Intervention (SBI) Services;

99408 15-30 Minutes – UW Health Charge \$69.00

99409 More Than 30 Minutes – UW Health Charge \$136.00

HCPCS Level II: (Medicare Insured Patients)

G0396 15-30 Minutes - Medicare Allowed (WI) \$25.34

G0397 More Than 30 Minutes – Medicare Allowed (WI) \$49.63
(Description for these codes not currently available)

(Medicaid Insured Patients)

H0049 Alcohol and/or Drug Screening

**H0050 Alcohol and/or Drug Service, Brief Intervention,
Per 15 Minutes** (i.e. Intervention of 30 minutes = 2 units)

Diagnosis codes: (ICD-9-CM for Physicians)

The diagnosing of interventional encounters is challenging because there are at least two objectives involved. The first objective is to assign a diagnosis at the conclusion of the intervention that reflects your professional judgment of the patient's life style. The second objective is to provide a "nonlabeling" description of the patient's life style to the third party payer.

INDIVIDUAL BEHAVIOR CHANGE INTERVENTIONS Cont'd

Diagnosis codes that can be considered for completing the recording process are as follows:

V65.42 Counseling on Substance Use and Abuse

V79.1 Screening for Alcoholism

This second diagnosis may be too labeling to be acceptable for recording or sharing with the third party payers.

Conclusion: Currently I have no information source that presents suggestions on the proper diagnosing of these encounters involving life style screenings. Similarly Wisconsin Medicaid has not registered any plan to compensate these encounters using the above codes. Medicare is prepared to pay for interventions billed using the G codes listed above starting in 2008.

Questions and concerns?