Medicaid Substance Abuse Funds Going Unused

BY ALICIA AULT
Associate Editor, Practice Trends

WASHINGTON — More than $260 million in Medicaid funds set aside to pay physicians to conduct brief screening and interventions for substance abuse are practically untouched, according to federal experts in the White House Office of National Drug Control Policy.

The Centers for Medicare and Medicaid Services designated the matching funds in January for states that adopt Medicaid codes for substance abuse Screening and Brief Intervention (SBI). But so far, only nine states (Iowa, Indiana, Maine, Maryland, Minnesota, Montana, Oklahoma, Oregon, and Virginia) have begun using the codes, Bertha Madras, Ph.D., deputy director for demand reduction at the White House Office of National Drug Control Policy (ONDCP) said at a meeting to discuss the program. Wisconsin and Washington are reimbursing for SBI in limited circumstances.

The CMS established G codes for SBI in 2006 and followed with H codes. Last year, the American Medical Association established current procedural terminology codes for SBI; they were published for the first time in the 2008 CPT manual.

For CPT 99408, which involves screening and a brief intervention of 15-30 minutes, the reimbursement is $33.41. For SBI longer than 30 minutes (CPT 99409), the rate is $65.51.

Dr. Madras did not say how much money has been reimbursed by Medicaid and Medicare, but indicated that the codes are vastly underused.

The ONDCP has been seeking ways to encourage more physicians to conduct SBIs. At the meeting, Dr. Madras cited recently released figures from the Substance Abuse and Mental Health Services Administration showing that 19.9 million people abuse drugs in the United States, but that 93% of those who are addicted do not seek treatment.

Dr. Madras said that so far, about 700,000 people have been screened. Almost a quarter were positive for alcohol or drug use; 70% needed a brief intervention and about 16% were referred to treatment, she said. According to self-reports 6 months later, at least a third of those who received treatment said their health status improved.

Citing several recent developments, she said that screening is gaining currency.

At the beginning of 2008, the Federal Employees Health Benefits Plan, which covers 8 million employees and dependents, notified its carriers that the CPT codes for screening and intervention were added and available for use.

In June, the Department of Veterans Affairs directed all VA medical centers to routinely screen for alcohol use and provide brief interventions.

Screening for alcohol intoxication is required at level I and II trauma centers; patients with positive screens should be offered interventions, according to criteria adopted by the American College of Surgeons' Committee on Trauma. The committee decided to institute SBI because alcohol use is the single most important risk factor associated with serious injury, said Dr. John Fildes, who represented the ACS committee at the meeting.

Screening and brief intervention protocols are also incorporated into the latest edition of the Advanced Trauma Life Support manual, which was released in October, said Dr. Fildes, professor of surgery at the University of Nevada, Las Vegas.

The ACS Committee on Trauma hopes to expand SBI to all level II and III trauma centers and have drug and alcohol intoxication data included in the National Trauma Data Bank, Dr. Fildes said.

Health insurer Aetna Inc. is aiming to have more of its participating primary care physicians offer screening and brief interventions, said Dr. Hyong Un, national medical director for behavioral health at the company. According to Dr. Un, Aetna has the systems in place to pay claims with the SBI codes and its behavioral health specialists will work with primary care physicians in an effort to encourage screening.

The National Institute on Drug Abuse is developing a resource guide for physicians that will be posted on the agency's Web site, said Dr. Wilson Compton, NIDA director of the division of epidemiology, services, and prevention research.

Some online training is already available at www.mdalcoholtraining.org. The curriculum is sponsored by the National Institute on Alcohol Abuse and Alcoholism and Boston University. ■