



**Xerox State Healthcare 2 Pillsbury Street Suite 200 Concord, NH 03301**

**TO: All FQHC's, FQHC Look-A-Likes, and Non-Hospital Based RHC's**  
**FROM: Xerox and NH Medicaid**  
**DATE: October, 2016**  
**SUBJECT: BILLING CLARIFICATION - SBIRT - SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT**

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This notice is to clarify that the substance use disorder service of Screening, Brief Intervention, and Referral to Treatment (SBIRT) (a) must be performed in conjunction with a physician visit, (b) is considered to be part of the encounter, and (c) should not be billed separately, or in addition to an encounter. If the screening results in a positive screen and a referral is made, the SBIRT is still considered to be part of the encounter. Additionally, if a clinician is pulled into the visit when the SBIRT is taking place, this is also part of the encounter and neither the clinician nor the SBIRT can be billed separately.

This billing clarification is in response to inquiries from FQHC's and is based on extensive research about FQHC billing requirements, the state plan requirements around rate setting, and confirmation from the Centers for Medicare and Medicaid Services (CMS) of the above.

Please note that behavioral health encounters may be billed in addition to medical encounters, but that criteria for these services must be met as outlined in the FQHC provider billing manual at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov). Below is some basic information from the billing manual. Please consult the website for further details.

Claims for behavioral health visits must be billed using the encounter code T1015, along with one or more pertinent procedure codes that identify each specific service provided during the visit. Claims must reflect a face-to-face visit provided by an FQHC/RHC for patients enrolled as a primary care patient. Claims submitted with only the encounter code will be denied payment.

Primary care providers cannot bill a behavioral health encounter. A behavioral health encounter means care provided by a Medicaid recognized psychotherapy provider.

Valid CPT codes for behavioral health encounters at an FQHC/RHC include:

- 90791: Diagnostic evaluation
- 90792: Diagnostic evaluation with medical services
- 90832: 30 minute psychotherapy with patient and/or family member
- 90834: 45 minute psychotherapy with patient and/or family member
- 90837: 60 minute psychotherapy with patient and/or family member
- 90846: Family psychotherapy without patient present
- 90847: Family psychotherapy with patient present

We encourage you to continue the work you have been doing with the Bureau of Drug and Alcohol Services (BDAS) to make this critical service available to your patient populations.

If you have any questions about billing, please contact NH Medicaid Provider Relations at 1-866-291-1674. If you have questions about the above billing policy, please contact Betsy Hippensteel at 603-271-9414.