



## Preventive Services

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This section provides guidance to states on the Patient Protection and Affordable Care Act (ACA), Section 4106 for clinical preventive services and adult vaccines and includes information for billing services rendered by providers. Medi-Cal covers and provides reimbursement for all United States Preventive Services Task Force (USPSTF) preventive services assigned a grade of A or B and approved adult vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP), without cost-sharing.

The USPSTF is an independent panel of experts in primary care and prevention that systematically review the evidence of effectiveness of and develops recommendations for clinical preventive services. The USPSTF was created for ranking evidence about the effectiveness of treatments or screening. The Centers for Disease Control and Prevention (CDC) supports the ACIP, a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States.

A list of the preventive services and vaccines can be found on the USPSTF A and B Recommendations page of the U.S. Preventive Services Task Force website ([www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm)) and on the Adult Immunization Schedules page of the CDC website ([www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html)).

A crosswalk of USPSTF and ACIP recommendations to appropriate codes and modifiers will be developed to ensure providers bill appropriately for these services. Some specific policies and procedures are included in this section to ensure adherence to the recommendations and to Department of Health Care Services (DHCS) policy.

### **Screening, Brief Intervention and Referral to Treatment (SBIRT)**

The USPSTF recommendation requires clinicians in primary care settings to screen adults 18 years of age or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse and/or provide referrals to mental health and/or alcohol use disorder services. Counseling interventions in the primary care setting can positively affect unhealthy drinking behaviors in adults engaging in risky or hazardous drinking. Based on this recommendation, Screening, Brief Intervention and Referral to Treatment (SBIRT) services for alcohol misuse is a Medi-Cal benefit and is targeted at alcohol misuse only.

Providers who meet the requirements (described below) to screen and provide brief intervention for alcohol misuse/abuse, may be reimbursed using HCPCS code H0049 for alcohol screening and code H0050 for brief interventions. These codes are reimbursable in connection with alcohol abuse only and not for drug-related services.

Definitions

SBIRT provides comprehensive, integrated delivery of early intervention and treatment services for persons with alcohol abuse disorders and those who are at risk of developing these disorders. Primary care settings provide opportunities for early intervention with at-risk drinkers before more severe consequences occur.

Brief Intervention means a provider interaction with a recipient that is intended to encourage healthy behavior. Brief intervention may include an initial intervention, a follow-up intervention and/or a referral.

Follow-up intervention means services to reassess a recipient's status, assess progress and promote or sustain a reduction in alcohol use. Follow-up services may also be used to assess a recipient's need for additional services.

Alcohol use disorder means that a recipient meets the criteria in the Diagnostic and Statistical Manual (DSM) for a substance use disorder resulting from alcohol use.

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**Reimbursement**

A full screen, using a Medi-Cal approved screening instrument, and billed with HCPCS code H0049, is limited to one unit per recipient per year, any provider. A pre-screen or brief screen is not reimbursable.

Brief intervention services may be provided on the same date of services as the full screen, or on subsequent days, using HCPCS code H0050. The brief intervention is limited to three sessions per recipient per year, any provider.

For Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) providers, the costs of providing SBIRT services are included in the all-inclusive prospective payment systems (PPS) rate. SBIRT services that meet the definition of an FQHC/RHC visit, as defined in the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)* section of the appropriate Part 2 manual, are reimbursable.

For Indian Health Service (IHS), Memorandum of Agreement (MOA) 638 Clinics, SBIRT services that meet the definition of a visit, as defined in the *Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics* section of the appropriate Part 2 manual, are reimbursable.

SBIRT services may be provided on the same day as other Evaluation and Management (E&M) services.

Any claims reimbursed for more than the maximum units per year are subject to recovery by DHCS.

Refer to the Screening, Brief Interventions, and Referral to Treatment (SBIRT) page of the DHCS website ([www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx](http://www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx)) for a list of approved screening instruments.

## Provider Requirements

Primary care providers (PCPs) may offer SBIRT in the primary care setting as long as they meet the following requirements:

1. SBIRT services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including the following:
  - Licensed Physician
  - Physician Assistant
  - Nurse Practitioner
  - Psychologist
2. All licensed health care providers must be trained in order to provide SBIRT services or supervise individuals who provide them. A minimum of four hours of SBIRT training is required.
3. All non-licensed providers must be trained in SBIRT services in order to provide these services and must meet the following requirements:
  - Be under the supervision of a licensed and trained SBIRT services provider.
  - Complete a minimum of 60 documented hours of professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of four hours of training that is directly related to SBIRT services.
  - Complete a minimum of 30 documented hours of face-to-face recipient contact within their respective field. (This requirement is in addition to the 60 hours of professional experience described above.) This may include internships, on the job training or professional experience. This contact may include, but does not have to be directly related to, SBIRT services training.
4. Providers must develop policies and procedures that require PCPs and health care team members who provide SBIRT services to attest that they have obtained the required training on SBIRT. The PCP is not required to offer the training directly to its providers. DHCS may request verification of the required documentation as part of its audit and oversight responsibilities.
5. DHCS requires the use of the following validated screening tools: the Alcohol Use Disorder Identification Test (AUDIT) or Alcohol Use Disorder Identification Test–Consumption (AUDIT-C).

Refer to the Screening, Brief Interventions, and Referral to Treatment (SBIRT) page of the DHCS website ([www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx](http://www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx)) for a list of resources to help facilitate this required training.