

Don't Leave Money on the Table: Maximize Reimbursements for Preventative Services

As physician practices and medical groups reopen after the COVID-19 shutdown, the business-side of healthcare is focused on identifying opportunities to make up for the revenue lost during the closure.

While your practice may already be performing preventative care services, you may not be documenting and billing them accurately, and therefore, you may be leaving money on the table. A second look at how your practice is delivering and being reimbursed for preventative care services will allow your practice to eliminate gaps in preventative care processes, improve patient outcomes, and add additional revenue.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocols are reportable for screening and counseling related to smoking, obesity, and alcohol use. Reimbursement for SBIRT services depends on accurate and efficient documentation as well as using the correct CPT codes.

Whether you're extending your service lines or optimizing current processes, reimbursement depends on your ability to:

- Implement new systems and processes
- Grasp the extent of your EHR's functionality and its limitations
- Communicate and train providers and staff effectively
- Understand preventative care services and corresponding CPT codes
- Discern revenue opportunities by payers

Workflow Analysis and Redesign: Key Steps

Following are the key steps to analyzing your current workflow and implementing a redesign:

- Document and diagram current workflows with input from providers and staff. Be sure to include staff who handle paperwork or are involved in manual processes outside of your EHR, as these areas generally offer opportunities for improvement.
- Identify inefficiencies and diagram your redesigned workflow.
- Implement the new workflow and continue to monitor and adjust specific areas as needed.

Be aware that your assessments may result in changes to your clinical protocols.

In understanding the roles of clinicians and staff, it's as essential to know how your health IT systems can aid with efficient and effective SBIRT workflow and documentation.

Many electronic health records (EHR) already have components, functionalities, and workflows that can help you identify, document, treat, and track patient behavior and outcomes related to tobacco and alcohol use, as well as obesity counseling.

Some of the features you should look for and use in your systems include:

- Documentation for smoking and/or tobacco use, alcohol intake, and obesity status
- Automated alerts for at-risk patients and overdue care
- Workflows that extend care beyond the face-to-face encounter, e.g., providing counseling and support to patients at home or work, arranging for services outside of the office encounter, etc.
- Templates that incorporate preventative services and corresponding CPT code
- Means to populate the EHR with patient reported data (e.g., health behaviors, values, psychosocial issues, goals, etc.)
- Ability for patients to update their clinical information via patient portal
- Secure patient data exchange (if sending PHI outside of your health system; including to third-party support services such as a tobacco quitline)

Perhaps most critically, you must ensure that SBIRT clinical activity is not only documented but coded correctly and tied to billing.

Communicate and train clinicians and staff

It doesn't matter how great your workflows and documentation processes are if your clinicians and staff don't follow them.

Further, you must share and train clinicians and staff on who qualifies for screening, referral options, and potential treatment programs as well as how to document these services properly.

Here are three ways to effectively communicate with clinicians and staff to ensure SBIRT programs for tobacco cessation, alcohol use, and obesity counseling are implemented and running as efficiently as possible:

1. Provide scripts, screenshots, and an overview of workflows to facilitate the integration of excessive use and cessation treatment into medical settings.
2. Provide in-person as well as online training about programs and clinical workflows.
3. Seek input from those on the frontline. Those clinicians and staff who handle screening, referrals, and treatment will likely have the best feedback on efficient workflows.

Resources for Billing Codes and Fee Schedules

As part of your clinician and staff training program, you should familiarize yourself with the SBIRT model and resources developed by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), part of the U.S. Department of Health and Human Services.

[Click here](#) to view financing resources, including the American Medical Association approved [CPT codes and fee schedule](#) for alcohol and substance abuse (other than tobacco).

Despite improved documentation and coverage, few providers bill for cessation services. However, the [American Lung Association has developed a billing guide](#) for tobacco screening and cessation services.

Accurate documentation can also have downstream revenue impacts on your HEDIS measures and MIPS reimbursement rates.

Optimizing SBIRT Services Key to Increased Revenue

Expanding your practice's service line to include more preventative care and brief interventions and treatments can help better serve your patients while increasing revenue.

Further, poor documentation and lack of understanding of accurate billing practices for SBIRT services often prevent physician practices and medical groups from receiving the maximum reimbursement amounts.

Beyond SBIRT services, you can use this as a guideline to help your practice maximize reimbursement for colorectal cancer, pre-diabetes, and PrEP screenings as well.

Contact us to discuss how our high-touch team of experts, who get the nuances of the complex SBIRT and preventative care billing environment, can help your practice replace lost revenue.