Ask the Expert:
billing medicaid for drug screening

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Beginning in January of 2007, doctors will have the ability to bill Medicaid for drug and alcohol screening and intervention. This is a major improvement in the way our public health system addresses drug use and addiction and supports President Bush's goal of providing treatment to more addicts. ONDCP Deputy Director for Demand Reduction, Dr. Bertha Madras, sheds some light on this ground-breaking effort.

Q. *Dr. Madras, what exactly are these new changes to Medicaid and how will they help make America's drug problem smaller?*

Dr. Madras: Today, there are over 20 million Americans who need treatment for substance abuse. The majority of Americans see a healthcare provider at least once a year. These new Medicaid codes will now equip health care professionals with two key procedures to identify these at-risk populations: they help them recognize their unhealthy behavior early and provide them with strategies to reduce and treat substance use.

Q. How will this new initiative help someone I may know who has a drug and alcohol problem?

Dr. Madras: If this person is fortunate enough to encounter a health care provider who uses the coded screening and brief intervention procedures, they will become acutely aware that they have a problem that needs attention, and immediately learn a simple set of skills to reduce or eliminate unhealthy use of substances. If they are addicted, they will be referred to treatment.

Q. What exactly are "CMS codes?"

Dr. Madras: CMS refers to the Centers for Medicaid and Medicare Services which designates a portion of the Healthcare Common Procedure Coding System (HCPCS) codes. In 2006, there were 5,212 of these codes. The first new "CMS code" describes a verbal screening tool that identifies and scores risky substance use. If a score falls in the "problem" use range, a second procedural code is used to engage the person in a brief intervention. This scripted brief intervention significantly reduces substance use, accidents, trauma, other adverse events, as well as health care costs. These new codes provide a mechanism for states, if they choose to do so, to reimburse health care professionals for using these highly effective tools.

Q. Why can't drug addicts just go straight to a local treatment center for help?

Dr. Madras: Only a small percentage of addicts willingly seek treatment on their own. The vast majority do not seek treatment because they don't think they have a problem. They are unaware, in denial or ambivalent about seeking help. These procedural codes will make it possible for a healthcare professional to uncover the extent of an addict's problem and steer them into appropriate treatment. It's important to recognize that the procedures cast a much broader net, and are effective in reducing problem substance use, as well as "collateral damage" associated with drug intoxication and impairment.

Q. Can screening and brief intervention provide other benefits?

Dr. Madras: It may improve medical conditions that are worsened by substance abuse (e.g. diabetes, high blood pressure); it may prevent medical conditions that emerge with abuse or addiction (cancer, heart, lung, circulatory problems, infections); it may have a positive influence on family members and friends of the abuser or addicted; it may improve function at school; it may improve workplace performance and atmosphere; it may free up precious, limited health care dollars for other needed procedures or interventions.

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