



Alcohol and Drug Misuse (SBIRT)

Measure Basic Information

Name and date of specifications used: OHA developed these specifications in collaboration with OHSU and CCOs, based on coding recommendations developed by CMS and SAMHSA, while using HEDIS® specifications for identifying ambulatory outpatient care services to identify unique outpatient recipients by plan.

URL of Specifications: N/A

Measure Type:

HEDIS PQI Survey Other Specify: OHA-developed

Measure Utility:

CCO Incentive Core Performance CMS Adult Set CHIPRA Set State Performance
Other Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2016 - December 31, 2016.

2013 Benchmark: 13%; from Metrics & Scoring Committee consensus.

2014 Benchmark: 13%; from Metrics & Scoring Committee consensus

2015 Benchmark: 12%; from Metrics & Scoring Committee consensus. The benchmark was lowered slightly to accommodate the inclusion of adolescents into the measure. Twelve percent is a weighted benchmark based on the percentage of adolescents in the population and the prevalence of adolescent substance use.

2016 Benchmark: 12%; from Metrics & Scoring Committee consensus.

Incentive Measure changes in specifications from 2015 to 2016:

- Added exclusion to numerator for SBIRT screening and/or brief intervention services provided in emergency department settings; these services are captured in the Hospital incentive metric while the CCO incentive metric focuses on SBIRT in outpatient settings.

Denied Claims: Included (numerator only) Not included (denominator only). See page 3 for details.

Member type: CCO A CCO B CCO G

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim



that was denied because it included codes not on the prioritized list might still be counted toward the measure.

OHA is following HEDIS guidelines for Effectiveness of Care, Access/Availability of Care, Experience of Care, and Utilization measures to determine which services count.

Measure Details

Data elements required denominator: Unique count of members age 12 years as of December 31 of the measurement year who received an outpatient service between January 1- December 31 of the measurement year as identified by the following CPT codes:

- Office or other outpatient visits: 99201-99205, 99211-99215, 99241-99245
- Home visits: 99341-99345, 99347-99350
- Preventive medicine: 99383-99384, 99385-99387, 99393-99394, 99395-99397, 99401-99404, 99408, 99409, 99411, 99412, 99420, 99429, G0396, G0397, G0402, **G0442, G0443, T1015, and diagnosis codes V20.2, and Z00.129.**

Note: the member only needs to be 12 by December 31st of the measurement year; some qualifying members could be age 11 on the date of their outpatient service.

Note: OHA will report a combined adult (ages 18+) and adolescent (ages 12-17) rate for public reporting and for the purposes of the incentive payment, but OHA will also provide CCOs with separate adult and adolescent rates for quality improvement purposes.

Required exclusions for denominator: None.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Unique counts of members age 12 years as of December 31 of the measurement year with one or more screening, brief intervention, and referral to treatment (SBIRT) services. SBIRT services are defined by the following codes:

CPT	HCPCS	ICD-9	ICD-10
99408, 99409, 99420*	G0442, G0443, G0396, G0397	V79.1**, V82.9	Z13.89**, Z13.9

*99420 must be used in combination with one of the listed diagnosis codes for inclusion in the measure.

**V79.1 and Z13.89 may be used as standalone codes, i.e., they do not need to be paired with CPT 99420 for inclusion in the numerator¹.

¹ Note per decision from the CCO Technical Advisory Group, ICD-10 diagnosis code Z13.89 will no longer be standalone compliant in measurement year 2017.



Required exclusions for numerator: Exclude SBIRT screening and/or brief intervention services provided in emergency department settings. OHA uses the HEDIS Ambulatory care ED visits method to identify claims for exclusion:

ED Value Set	
CPT	UB Revenue
99281-99285	0450, 0451, 0452, 0456, 0459, 0981

OR

ED Procedure Code Value Set	With	ED Procedure Code POS Value Set
CPT		POS
10030-69979*		23

*Total of 5,775 CPT codes are included in the HEDIS 2016 'ED Procedure Code' Value Set.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: None.

What are allowable gaps in enrollment: N/A

Define Anchor Date (if applicable): None.

For More Information: The SBIRT Guidance Document, Technical Assistance Webinar slides, and other supporting documents can be found at <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

Additional information on SBIRT initiatives in Oregon can be found at
<http://www.oregon.gov/oha/amh/Pages/sbirt.aspx>

Version Control

8/2/16 – Added G0442 & G0443 to the codes for identify the denominator. These numerator-qualifying codes were already included in the denominator calculation in the previous years, but were left out from the denominator codes in the specification by mistake, i.e. this update has no impact to OHA's calculations.

3/2/2016 – Correction of 'ED POS Value Set' on page 3.

1/11/2016 – Preventive medicine denominator codes were updated due to a scrivener's error.