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BOOKLET

KNOWLEDGE • RESOURCES • TRAINING

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) SERVICES

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network

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Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to delivering early intervention treatment services for persons with substance use disorders, and those at risk of developing a substance use disorder.

This booklet gives the following information about Medicare and Medicaid coverage of SBIRT services:

- Eligible providers
- Covered SBIRT services
- Documenting SBIRT services
- Billing SBIRT services
- Dually eligible Medicare-Medicaid beneficiaries
- Resources

NOTE: Medicare also covers Alcohol Misuse Screening and Counseling (screening once per year for adults who use alcohol but do not meet dependency criteria; if misuse is detected, Medicare covers up to four brief face-to-face counseling sessions per year if the patient is alert and competent during counseling).

Different requirements apply to Medicare and Medicaid. For an overview of the differences, refer to the Medicare and Medicaid Basics booklet.

Medicare covers several mental health services. For more information, refer to the Medicare Mental Health booklet.

WHAT IS SBIRT?

SBIRT is early intervention for individuals with non-dependent substance use to help before the person needs more extensive or specialized treatment. This approach differs from specialized treatment of individuals with more severe substance misuse or those who meet criteria for a substance use disorder.

BENEFITS OF SBIRT SERVICES

SBIRT services are easy to use in primary care settings. You can systematically screen people who may not seek help for a substance use issue and offer access to SBIRT treatment services:

- Reduce health care costs
- Decrease severity of drug and alcohol use
- Reduce risk of physical trauma
- Reduce the percent of patients who go without specialized treatment

For more information, refer to SBIRT: Opportunities for Implementation and Points for Consideration.

SBIRT has three major components:

Screening:
Screen or assess a patient for risky substance use behaviors with standardized assessment tools to identify the appropriate level of care (in Medicare, known as Medicare Structured Assessment). Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief Intervention:
Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Engage the patient showing risky substance use behaviors in a short conversation to increase awareness, give feedback, motivation, and advice. Medicare covers up to five counseling sessions. Each State determines the Medicaid amount, duration, and scope of services beneficiaries get.

Referral to Treatment: Refer patients whose assessment or screening shows a need for additional services to brief therapy or additional treatment through specialty care.

SBIRT ASSESSMENT AND SCREENING TOOLS

The first element of SBIRT is assessment or screening. You may use tools that include the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) Manual and the Drug Abuse Screening Test (DAST). The Substance Abuse and Mental Health Services Administration (SAMHSA) Screening Tools webpage includes more information on SBIRT assessment and other screening tools.

Substance Use Disorders: The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) no longer uses the terms substance abuse and substance dependence. Instead, it refers to substance use disorders, which are classified as mild, moderate, or severe. The level of severity is determined by the number of diagnostic criteria an individual meets. For facts on common substance use disorders, refer to substance use disorder information from SAMHSA.

SBIRT UNDER MEDICARE

Eligible Providers Under Medicare

Medicare pays for medically reasonable and necessary SBIRT services in physicians' offices and outpatient hospital settings. In these settings, you assess and identify individuals with, or at risk for, substance use-related issues and furnish limited interventions or treatment. Medicare has specific qualifications for authorized SBIRT suppliers.

Table 1. Health Care Suppliers Eligible to Give SBIRT Services

Provider Type & Reference	Qualifications
Physicians (medical doctors [MDs] and doctors of osteopathy [DOs]), particularly psychiatrists 42 Code of Federal Regulations (CFR) § 410.20 Medicare Benefit Policy Manual, Chapter 15, Section 30	✓ Legally authorized to practice medicine in the State where you furnish services ✓ Performs services within the scope of their licenses as defined by State law
Physician Assistant (PA) 42 CFR § 410.74 Medicare Benefit Policy Manual, Chapter 15, Section 190	✓ Licensed by the State where you practice and one of the following criteria: • Graduated from a PA educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant (or its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs and the Committee on Allied Health Education and Accreditation) • Passed the national certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA)

Table 1. Health Care Suppliers Eligible to Give SBIRT Services (cont.)

Provider Type & Reference	Qualifications

Nurse Practitioner (NP)
 	
42 CFR § 410.75
 	
Medicare Benefit Policy Manual, Chapter 15, Section 200
	✓ Registered nurse (RN) licensed and authorized by the State where you furnish NP services according to State law:
	
	• Got Medicare NP billing privileges for the first time since January 1, 2003, and:
	
	  ○ Are NP-certified by a recognized national certifying body with established NP standards
	
	  ○ Has a master's degree in nursing or a Doctor of Nursing Practice Doctoral degree
	
	• Got Medicare NP billing privileges for the first time before January 1, 2003, and meets certification requirements
	
	• Got Medicare NP billing privileges for the first time before January 1, 2001

Clinical Nurse Specialist (CNS) 42 CFR § 410.76 Medicare Benefit Policy Manual, Chapter 15, Section 210	✓ Registered Nurse (RN) licensed and authorized by the State where you furnish CNS services according to State law ✓ Doctor of Nursing Practice or master's degree in a defined clinical nursing area from an accredited educational institution ✓ Certified as a CNS by a recognized national certifying body with established CNS standards
Clinical Psychologist (CP) 42 CFR § 410.71 Medicare Benefit Policy Manual, Chapter 15, Section 160	✓ Has a doctoral degree in psychology ✓ Licensed or certified by the State where you practice at the independent level according to State law, and directly furnish diagnostic, assessment, preventive, and therapeutic services to patients
Clinical Social Worker (CSW) 42 CFR § 410.73 Medicare Benefit Policy Manual, Chapter 15, Section 170	✓ Has a master's or doctor's degree in social work ✓ Performed at least 2 years of supervised clinical social work ✓ Licensed or certified as a CSW by the State where they perform the services, except, in the case of an individual in a State that does not provide for licensure or certification, the CSW must: • Be licensed or certified at the highest level of practice under State laws where they perform services • Has at least 2 years or 3,000 hours of post-master's degree supervised clinical social work practice under the supervision of a master's degree-level social worker in an appropriate setting, such as a hospital, Skilled Nursing Facility (SNF), or clinic

Table 1. Health Care Suppliers Eligible to Give SBIRT Services (cont.)

Provider Type & Reference	Qualifications
Certified Nurse-Midwife (CNM) 42 CFR § 410.77 Medicare Benefit Policy Manual, Chapter 15, Section 180	✓ RN legally authorized to practice as a nurse-midwife in the State where you furnish services ✓ Successfully completed a nurse-midwives program and clinical experience accredited by an accrediting body approved by the U.S. Department of Education ✓ Certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council

Independently Practicing Psychologists (IPPs)
 	
Medicare Benefit Policy Manual, Chapter 15, Section 80.2
	✓ Psychologist who is not a CP
	✓ Meets one of the following criteria:
	  • Practices independently of an institution, agency, or physician's office and is licensed or certified to practice psychology in the State or jurisdiction where you furnish the services
	  • Practicing psychologist who furnishes services in a jurisdiction that does not issue licenses

Medicare-Covered SBIRT Services

Per the Social Security Act (SSA) § 1862(a)(1)(A), Medicare only covers reasonable and necessary SBIRT services that meet the required diagnosis or treatment of illness or injury (that is, when you **provide the service to evaluate or treat patients with signs or symptoms of illness or injury**).

Medicare pays for these services under the Medicare Physician Fee Schedule (PFS) and the hospital Outpatient Prospective Payment System (OPPS). For more information on Medicare's SBIRT OPPS payment services, refer to the Medicare Claims Processing Manual, Chapter 4, Section 200.6.

Documenting Medicare SBIRT Services

The patient's medical record must support all Medicare claims. The medical record for covered SBIRT services must:

- Be complete and legible
- Record start and stop times or total face-to-face time with the patient (because some SBIRT HCPCS codes are time-based)
- Document the patient's progress, response to changes in treatment, and diagnosis revision
- Document the rationale for ordering diagnostic and other ancillary services or ensure it is easily inferred

- For each patient encounter, document:
  - Assessment, clinical impression, and diagnosis
  - Date and legible provider identity
  - Physical examination findings and prior diagnostic test results
  - Plan of care
  - Reason for encounter and relevant history
- Identify appropriate health risk factors
- Make past and present diagnoses accessible for the treating and consulting physicians
- Sign all services furnished or ordered

NOTE: Incomplete records place you at risk of a Medicare partial or full payment denial.

Physicians, PAs, CNMs, CNSs, and NPs may review and verify (sign and date), instead of re-documenting notes already made in a patient's medical record. These notes may have already been made by physicians; residents; nurses; medical, physician assistants; and advanced practice registered nurse students; or other members of the medical team, including as applicable, notes documenting the physician's, PA's, CNM's, CNS's, and NP's presence and participation in the service.

Billing SBIRT Services

The following graphic describes the most common alcohol and substance abuse assessment and intervention service codes.

SBIRT Codes and Descriptors

HCPCS Code G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5–14 minutes	5-14 MIN
HCPCS Code G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	15-30 MIN
HCPCS Code G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	30 MIN

> **MEDICARE TELEHEALTH MAY INCLUDE SBIRT SERVICES**
>
> You can furnish SBIRT services via telehealth if you meet all requirements. See the Telehealth Services booklet for more information.

Drugs to Treat Opioid Use Disorders

Medicare Part D sponsors **must** include coverage for Part D drugs when medically necessary, by including the drug on the formulary or by exception for treating opioid use disorder. Coverage is not limited to single entity products such as Buprenorphine but must include combination products when medically necessary, for example, Buprenorphine Naloxone, and long acting Naltrexone.

The Centers for Medicare & Medicaid Services (CMS) requires sponsors to have a transition policy to prevent interruptions in therapeutic treatment with Part D drugs when new enrollees transition into the benefit. This transition policy, along with CMS' non-formulary exceptions and appeals requirements, helps ensure all Medicare enrollees have timely access to medically necessary opioid use disorder Part D drug therapies.

A Part D drug is defined as a drug that may be dispensed only upon a prescription if it is helping treat a medically accepted indication. See Medicare Prescription Drug Benefit Manual, Chapter 6.

Methadone is not a Part D drug when you write a prescription to treat opioid use disorder because a retail pharmacy cannot dispense it for this purpose. For more information on treatment medications authorized by the Food and Drug Administration under an investigational use in the treatment of opioid use disorder, refer to 42 CFR § 8.12(h)(2).

NOTE: Methadone is a Part D drug when indicated for pain. State Medicaid Programs may include the costs of methadone in their bundled payment to qualified Opioid Treatment Programs or hospitals dispensing methadone for opioid use disorder. For more information, refer to the Medicare Prescription Drug Benefit Manual, Chapter 6, Section 10.8.

> **OPIOID TREATMENT PROGRAMS**
>
> Beginning January 1, 2020, CMS pays certified Opioid Treatment Programs (OTPs) through bundled payments for opioid use disorder (OUD) treatment services under Medicare Part B. Covered services include FDA-approved opioid agonist and antagonist medication-assisted treatment medications and their administration (if applicable), substance use counseling, individual and group therapy, toxicology testing, intake, and periodic assessments.
>
> A list of OTP providers is available here: https://dpt2.samhsa.gov/treatment/directory.aspx.

SBIRT UNDER MEDICAID

States may cover SBIRT as a Medicaid State plan service. Several Medicaid statutory authorities may cover SBIRT including, but not limited to: 42 CFR § 440.50 – physicians' services; 42 CFR § 440.60 – services of other licensed practitioners; 42 CFR § 440.130(c) – preventive services; and 42 CFR § 440.130(d) – rehabilitative services.

Additionally, SSA § 1905(r) – the Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit gives a comprehensive selection of preventive, diagnostic, and treatment services for eligible children under the age of 21. Medicaid includes this mandatory benefit to ensure children get early detection and care to treat or avoid health problems.

States must arrange for children to get health screening services at regular intervals, as well as diagnostic services when needed. States must also furnish services or items within the categories of Medicaid-covered benefits listed in SSA § 1905(a) if that service or item is necessary and "corrects or ameliorates" defects and physical and mental illnesses or conditions.

For preventive and rehabilitative services, a physician or other licensed practitioner of the healing arts must recommend the service within the scope of their practice under State law.

When State Medicaid plans cover SBIRT, the States establish the practitioners and their qualifications for furnishing services. In many instances, qualifications for practitioners offering substance use disorder treatment include, but are not limited to those:

- Licensed or certified to perform substance use disorder services by the State where they perform the services
- Qualified to perform the specific substance use disorder services furnished
- Supervised by a licensed practitioner of the healing arts (in some instances, when a qualified unlicensed professional furnishes the services)
- Working within their State scope-of-practice act

Documenting Medicaid SBIRT Services

You must comply with the State's Medicaid SBIRT documentation policy. You can often find the State's documentation policy in its Medicaid Provider Manual. For more documentation information, providers should refer to their State Medicaid agency.

Billing SBIRT Services Under Medicaid

If a State chooses to cover SBIRT under its Medicaid Program, the State may choose which codes you use to bill brief intervention services, for example, HCPCS codes:

HCPCS Code G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	15-30 MIN
HCPCS Code G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	>30 MIN
HCPCS Code G0442	Annual alcohol misuse screening, 15 minutes	15 MIN
HCPCS Code G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	15 MIN
HCPCS Code G0444	Annual depression screening, 15 minutes	15 MIN
HCPCS Code H0049	Alcohol and/or drug screening	
HCPCS Code H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	15 MIN

Check with your State Medicaid agency about which billing codes to use.

The Medicaid National Correct Coding Initiative (NCCI) Policy Manual, Chapter 12, Section C(16), available on the Medicaid NCCI Reference Documents webpage, contains information about billing codes G0396 and G0397 with evaluation and management codes and behavioral health codes included.

MEDICAID TELEMEDICINE MAY INCLUDE SBIRT

If the State permits it, you may furnish SBIRT via telemedicine. Refer to the Medicaid Telemedicine webpage.

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DUALLY ELIGIBLE MEDICARE-MEDICAID BENEFICIARIES

For individuals enrolled in both the Medicare and Medicaid Programs (Dual Eligibles), Medicare-participating providers should bill Medicare as usual and their Medicare Administrative Contractor (MAC) will transfer the claim to Medicaid after determining the appropriate Medicare-approved amount. Medicare providers must enroll in the State Medicaid Program to get payment from the program. States must accept the claim and determine if it will pay the cost-sharing amounts.

States accept claims for all Medicare-covered services for certain Dual Eligible populations and pay cost-sharing amounts according to the State plan payment method.

NOTE: Nominal Medicaid cost sharing may apply for Dual Eligibles. However, you may not balance-bill certain Dual Eligibles when the Medicare and Medicaid payments fall below the approved Medicare rate.

For more information, refer to the Dually Eligible Beneficiaries Under Medicare and Medicaid booklet.

RESOURCES

Table 2. SBIRT Resources

Resource	Website
CMS Opioid Treatment Programs (OTPs)	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program eCFR.io/Title-42/cfr8_main
Medicare Mental Health	CMS.gov/outreach-and-educationmedicare-learning-network-mlnmlnproductsmln-publications/2020-01-3
Medication Assisted Treatment for Opioid Use Disorders	eCFR.gov/cgi-bin/text-idx?SID=f3ef8b3f99e9c01be0320c185cf6ff43&mc=true&node=pt42.1.8&rgn=div5
MLN Matters® Article, SE1013, Summary of Medicare Reporting and Payment of Services for Alcohol and/or Substance (Other than Tobacco) Abuse Structured Assessment and Brief Intervention (SBIRT) Services	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1013.pdf
MLN Matters Article SE1604, Medicare Coverage of Substance Abuse Services	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1604.pdf
Opioid Treatment Programs (OTP) Medicare Billing and Fact Sheet	CMS.gov/outreach-and-educationmedicare-learning-network-mlnmlnproductsmln-publications/2020-02

Table 2. SBIRT Resources (cont.)

Resource	Website
Opioid Treatment Programs (OTPs) Medicare Enrollment Fact Sheet	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/MLN6325432
Program Contact Information	Medicaid: Contact your State Medicaid Agency Medicare.gov/Contacts (select your State, then choose "State Medical Assistance Office") Medicare: Contact your local MAC Go.CMS.gov/MAC-website-list
Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT)	SAMHSA.gov/sbirt/resources
SAMHSA OTP Directory	Dpt2.samhsa.gov/treatment/directory.aspx
Stopping the Misuse of Fentanyl and Other Synthetic Opioids	GAO.gov/multimedia/GAO-18-205/infographic/summary
Substance Abuse and Mental Health Services Administration (SAMHSA)	SAMHSA.gov

Table 3. Hyperlink Table

Embedded Hyperlink	Complete URL
Alcohol Misuse Screening and Counseling	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#ALC_MISUSE
Medicare and Medicaid Basics	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909330
Medicare Mental Health	https://www.cms.gov/outreach-and-educationmedicare-learning-network-mlnmlnproductsmln-publications/2020-01-3
SBIRT: Opportunities for Implementation and Points for Consideration	https://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf

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Table 3. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Substance Abuse and Mental Health Services Administration (SAMHSA) Screening Tools	https://www.integration.samhsa.gov/clinical-practice/screening-tools
SAMHSA	https://www.samhsa.gov/find-help/disorders
42 Code of Federal Regulations (CFR) § 410.20	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_120
Medicare Benefit Policy Manual, Chapter 15	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
42 CFR § 410.74	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_174
42 CFR § 410.75	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_175
42 CFR § 410.76	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_176
42 CFR § 410.71	https://www.ecfr.gov/cgi-bin/text-idx?SID=97f4a4258441805018c1459e4e67bdfd&mc=true&node=se42.2.410_171&rgn=div8
42 CFR § 410.73	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_173
42 CFR § 410.77	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_177
Social Security Act (SSA) § 1862(a)(1)(A)	https://www.ssa.gov/OP_Home/ssact/title18/1862.htm
Medicare Claims Processing Manual, Chapter 4	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf
Telehealth Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243327

Table 3. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicare Prescription Drug Benefit Manual, Chapter 6	https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf
42 CFR § 8.12(h)(2)	https://www.ecfr.gov/cgi-bin/text-idx?SID=f3ef8b3f99e9c01be0320c185cf6ff43&mc=true&node=pt42.1.8&rgn=div5#se42.1.8_112
42 CFR § 440.50	https://www.ecfr.gov/cgi-bin/text-idx?SID=9bcdc670ed491077fb0481abc164c27f&mc=true&node=pt42.4.440&rgn=div5#se42.4.440_150
42 CFR § 440.60	https://www.ecfr.gov/cgi-bin/text-idx?SID=9bcdc670ed491077fb0481abc164c27f&mc=true&node=pt42.4.440&rgn=div5#se42.4.440_160
42 CFR § 440.130(c)	https://www.ecfr.gov/cgi-bin/text-idx?SID=9bcdc670ed491077fb0481abc164c27f&mc=true&node=pt42.4.440&rgn=div5#se42.4.440_1130
42 CFR § 440.130(d)	https://www.ecfr.gov/cgi-bin/text-idx?SID=9bcdc670ed491077fb0481abc164c27f&mc=true&node=pt42.4.440&rgn=div5#se42.4.440_1130
SSA § 1905(r)	https://www.ssa.gov/OP_Home/ssact/title19/1905.htm
SSA § 1905(a)	https://www.ssa.gov/OP_Home/ssact/title19/1905.htm
State Medicaid Agency	https://www.medicaid.gov/state-overviews
Medicaid NCCI Reference Documents	https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative/medicaid-ncci-reference-documents
Medicaid Telemedicine	https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html
Dually Eligible Beneficiaries Under Medicare and Medicaid	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469