DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are an evidence-based practice designed to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model calls for community-based screening for health risk behaviors. SBIRT offers an opportunity to identify problem drinking and substance abuse, and trigger intervention.

Please note: The information in this publication applies to the Medicare Fee-For-Service Program (also known as Original Medicare) and Medicaid. Unique requirements apply to each of these programs.

This fact sheet provides health care professionals with an overview of Medicare and Medicaid coverage of SBIRT services, including who may perform the services, documentation requirements, billing and coding guidance, payment information, and resources for additional information.

Benefits of SBIRT Services

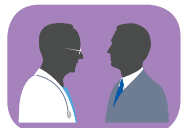
SBIRT services aim to prevent the unhealthy consequences of alcohol and drug use among those who may not reach the diagnostic level of a substance use disorder, and helping those with the disease of addiction enter and stay with treatment. You may easily use SBIRT services in primary care settings, enabling you to systematically screen and assist people who may not be seeking help for a substance use problem, but whose drinking or drug use may cause or complicate their ability to successfully handle health, work, or family issues. For more information on the benefits of SBIRT services, refer to http://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf on the Internet.

What Is SBIRT?

SBIRT is an early intervention approach that targets individuals with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment. This approach differs from the primary focus of specialized treatment of individuals with more severe substance use, or those who meet the criteria for diagnosis of a substance use disorder.

SBIRT consists of three major components:

1. **Structured Assessment (Medicare) or Screening (Medicaid):** Assessing or screening a patient for risky substance use behaviors using standardized assessment or screening tools;



2. **Brief Intervention:** Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback and advice; and

3. **Referral to Treatment:** Providing a referral to brief therapy or additional treatment to patients whose assessment or screening shows a need for additional services.

SBIRT Assessment and Screening Tools

The first component to the SBIRT process is screening. Screening tools include the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) Manual and the Drug Abuse Screening Test (DAST). For more information on SBIRT assessment and screening tools, as well as examples of tools, visit http://www.integration.samhsa.gov/clinical-practice/sbirt/screening-page on the Internet.

SBIRT Under Medicare

Who May Provide SBIRT Services?

Medicare pays for medically reasonable and necessary SBIRT services when you furnish them in physicians' offices and outpatient hospitals. In these settings, you assess for and identify individuals with, or at-risk for, substance use-related problems and furnish limited interventions/treatment.

To bill Medicare overall, suppliers of SBIRT services must be:

- ✓ Licensed or certified to perform mental health services by the State in which they perform the services;
- ✓ Qualified to perform the specific mental health services rendered; and
- ✓ Working within their State Scope of Practice Act.

In addition to the three requirements listed above, Table 1 provides more information on the specific qualifications for suppliers authorized under Medicare to furnish SBIRT services.

Table 1. Health Care Suppliers Eligible to Provide SBIRT Services

Supplier Type	Qualifications	Resources
P **Physician**	✓ Legally authorized to practice medicine by the State in which he or she performs his or her services; and ✓ Performs his or her services within the scope of his or her license as defined by State law.	42 Code of Federal Regulations (CFR) 410.20 at http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec410-20.pdf "Medicare Benefit Policy Manual" (Publication 100-02: Chapter 15, Section 30) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
PA **Physician Assistant (PA)**	✓ Licensed by the State to practice as a PA; and ◦ Graduated from a physician assistant 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); or ◦ Passed the national certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA).	42 CFR 410.74 at http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec410-74.pdf "Medicare Benefit Policy Manual" (Publication 100-02: Chapter 15, Section 190) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

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

Supplier Type	Qualifications	Resources
NP **Nurse Practitioner (NP)**	If an NP obtained Medicare billing privileges as an NP for the first time on or **after January 1, 2003**, the NP should: ✓ Be a registered professional nurse authorized by the State in which he or she furnishes the services to practice as an NP according to State law; ✓ Be certified as an NP by a recognized national certifying body that has established standards for NPs; and ✓ Possess a master's degree in nursing or a Doctor of Nursing Practice (DNP) degree. If an NP obtained Medicare billing privileges for the first time **between January 1, 2001, and January 1, 2003**, the NP should: ✓ Be a registered professional nurse authorized by the State in which he or she furnishes the services to practice as an NP according to State law; and ✓ Be certified as an NP by a recognized national certifying body that has established standards for NPs. If an NP obtained Medicare billing privileges for the first time **before January 1, 2001**, the NP should: ✓ Be a registered professional nurse authorized by the State in which he or she furnishes the services to practice as an NP according to State law.	42 CFR 410.75 at http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec410-75.pdf "Medicare Benefit Policy Manual" (Publication 100-02: Chapter 15, Section 200) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

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

Supplier Type	Qualifications	Resources
CNS **Clinical Nurse Specialist (CNS)**	✓ A registered nurse currently licensed to practice in the State where he or she practices; ✓ Authorized to furnish the services of a CNS according to State law; ✓ Possesses a master's degree in a defined clinical area of nursing from an accredited educational institution or a DNP degree; and ✓ Certified as a CNS by a recognized national certifying body that has established standards for a CNS.	42 CFR 410.76 at http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec410-76.pdf "Medicare Benefit Policy Manual" (Publication 100-02: Chapter 15, Section 210) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
CP **Clinical Psychologist (CP)**	✓ Possesses a doctoral degree in psychology; ✓ Licensed or certified – based on the doctoral degree in psychology – by the State in which he or she practices; ✓ Furnishes diagnostic, assessment, preventive, and therapeutic services directly to individuals at the independent practice level of psychology; and ✓ Legally authorized to perform the services under applicable licensure laws of the State in which he or she furnishes the services. **NOTE:** In general, Medicare covers CP services in the same manner as physician's services.	42 CFR 410.71 at http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec410-71.pdf "Medicare Benefit Policy Manual" (Publication 100-02: Chapter 15, Section 160) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

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

Supplier Type	Qualifications	Resources
CSW **Clinical Social Worker (CSW)**	✓ Possesses a master's or doctor's degree in social work; ✓ Performed at least 2 years of supervised clinical social work; and ✓ Licensed or certified as a CSW by the State in which he or she performs the services, except, in the case of an individual in a State that does not provide for licensure or certification: ◦ Licensed or certified at the highest level of practice provided by the laws of the State in which the services are performed; and ◦ Completed 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.	42 CFR 410.73 at http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec410-73.pdf "Medicare Benefit Policy Manual" (Publication 100-02: Chapter 15, Section 170) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
CNM **Certified Nurse-Midwife**	✓ A registered nurse currently licensed to practice in the State where he or she practices; ✓ Successfully completed a program of study and clinical experience for nurse-midwives from an accredited educational institution; and ✓ Certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.	42 CFR 410.77 at http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec410-77.pdf "Medicare Benefit Policy Manual" (Publication 100-02: Chapter 15, Section 180) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

When Will Medicare Cover SBIRT Services?

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

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 payment for SBIRT services, refer to the "Medicare Claims Processing Manual" (Publication 100-04: Chapter 4, Section 200.6) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

How Must I Document SBIRT Services?

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

- ✓ Create complete, legible medical records;
- ✓ Denote start/stop time or total face-to-face time with the patient (because some SBIRT Healthcare Common Procedure Coding System [HCPCS] codes are time-based codes);
- ✓ Document the patient's progress, response to changes in treatment, and revision of diagnosis;
- ✓ Document the rationale for ordering diagnostic and other ancillary services, or ensure that it can be easily inferred;
- ✓ For each patient encounter, document:
  - Assessment, clinical impression, and diagnosis;
  - Date and legible identity of observer/provider;
  - Physical examination findings and prior diagnostic test results;
  - Plan of care; and
  - Reason for encounter and relevant history;
- ✓ Identify appropriate health risk factors;
- ✓ Include documentation to support all Current Procedural Terminology (CPT) and International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes reported on the health insurance claim;

Expansion of Medicare Telehealth to Include SBIRT Services

Beginning January 1, 2013, Medicare telehealth services include SBIRT services. All eligibility criteria, conditions of payment, payment, or billing methods that apply to Medicare telehealth services also apply to Medicare SBIRT services provided with telehealth. For more information on telehealth services, refer to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf and visit http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth on the CMS website.

- ✓ Make past and present diagnoses accessible for the treating and/or consulting physician; and
- ✓ Sign all services provided/ordered.

NOTE: In the event of a claims audit, incomplete records place you at risk of partial/full denial of Medicare payments.

How Can I Bill SBIRT Services?

In the 2008 Medicare PFS, Medicare created two HCPCS codes to allow you to appropriately report and get payment for alcohol and substance abuse assessment and intervention services. The following graphic describes the alcohol and substance abuse assessment and interventions services codes.

How Must I Bill and Code SBIRT Services?

Medicare

HCPCS Code G0396 — Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST), and brief intervention 15 to 30 minutes

HCPCS Code G0397 — Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST), and intervention, greater than 30 minutes

Does Medicare’s Outpatient Mental Health Treatment Limitation Apply for Medicare SBIRT Services?

If you performed the service after **January 1, 2014**, the limitation does not apply. Otherwise, yes.

Historically, regardless of the actual expenses a beneficiary incurred during treatment of mental, psychoneurotic, and personality disorders while not an inpatient of a hospital, Medicare limited the amount recognized for Part B deductible and payment purposes to 62.5 percent of the Medicare-approved amount for those services. The limitation was called the outpatient mental health treatment limitation (the limitation).

Medicare phased out the limitation over a 5-year period from 2010 to 2014. The 62.5 percent limitation applied until January 1, 2010. Table 2 describes the phase-out for the limitation effective January 1, 2010, to January 1, 2014.

Table 2. Phasing Out Medicare's Outpatient Mental Health Treatment Limitation

Effective for the Year(s)	Applicable Limitation Percentage	Medicare Pays	Patient Pays
January 1, 2010 – December 31, 2011	68.75%	55%	45%
January 1, 2012 – December 31, 2012	75%	60%	40%
January 1, 2013 – December 31, 2013	81.25%	65%	35%
January 1, 2014 – onward	100%	80%	20%

NOTE: No national policy establishes whether the limitation applies to SBIRT services. Your local Medicare Administrative Contractor (MAC) determines the application of the limitation to the SBIRT services. Find contact information for your local MAC at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map on the CMS website.

SBIRT Under Medicaid

Who May Provide SBIRT Services?

Screenings

States may include screening to identify problem drinking and substance use as a preventive service in their Medicaid State Plan. For preventive screenings, a physician or other licensed practitioner of the healing arts must recommend the service, within the scope of their practice under State law. For more information about Medicaid's coverage of preventive services refer to http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-11-27-2013-Prevention.pdf on the Medicaid website.

What's New In Medicaid?

On July 15, 2013, CMS published a final rule revising the regulatory definition of preventive services at 42 CFR 440.130(c) to make it consistent with the statutory provision at Section 1905(a)(13) of the Act that governs preventive services. This change would allow other types of staff (such as community health workers or other non-licensed practitioners) to screen for risky substance use behaviors. The former regulation stated, "Preventive services means services provided by a physician or other licensed practitioner of the healing arts within the scope of his practice …".

Other Services

For other services, such as brief intervention, States establish the qualifications of the practitioner when they cover a service in their Medicaid State Plan. In many instances, qualifications for practitioners offering substance use treatment include, but are not limited to:

- ✓ Licensed or certified to perform substance use services by the State in which they perform the services;
- ✓ Qualified to perform the specific substance use services rendered;
- ✓ Supervised by a licensed practitioner of the healing arts (in some instances, when a qualified non-licensed professional renders the services); and
- ✓ Working within their State Scope of Practice Act.

When Will Medicaid Cover SBIRT Services?

Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Medicaid covers periodic screening (well child exams) as defined by statute for eligible children and youth. One required element of this screening is a comprehensive health and developmental history including assessment of physical and mental health development. Part of this assessment includes an age-appropriate mental health and substance use health screening.

For adults, State Medicaid agencies may, but are not required to, include SBIRT services in their Medicaid program. As indicated above, if States cover SBIRT, payment for these services depends on a variety of factors including qualified practitioner, documentation, or other payment rules established by the State.

How Must I Document SBIRT Services?

Documentation for SBIRT services should comply with a State's Medicaid policy. You can often find information regarding documentation in the State's Medicaid provider manual. For additional information regarding documentation, providers should contact their State Medicaid agency. For contact information on each State's Medicaid agency, visit http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html on the Medicaid website.

How Can I Bill SBIRT Services?

If a State chooses to cover SBIRT under its Medicaid program, it has options for which codes can be used. For example, HCPCS codes G0396, G0397, H0049, and H0050. The National Correct Coding Initiative (NCCI) Policy Manual contains information about the billing of codes G0396 and G0397 with evaluation and management codes and behavioral health codes in Chapter 12, Section C (15). To find that information, visit http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html on the Internet.

Dual Eligibles

For individuals who participate in the Medicare and Medicaid programs (dual eligibles), Medicare-participating providers should bill Medicare as usual and the MAC will transfer the claim to Medicaid after determining the Medicare-approved amount and authorizing payment, if appropriate. The Medicare provider must enroll in the State Medicaid Program if he or she wants to receive payment from the program. States must accept the claim and determine if the State payment will pay for the cost-sharing amounts.

States will accept claims and pay cost-sharing amounts, in accordance with their approved payment method as set out in the State plan, for all Medicare-covered services for certain dual eligible populations.

NOTE: Nominal Medicaid cost sharing applies for all dual eligibles, if applicable to the rendered service. However, you may not balance-bill certain dual eligibles when the Medicare and Medicaid payments fall below the approved Medicare rate.

For more information on dual eligibles, refer to “Medicaid Coverage of Medicare Beneficiaries (Dual Eligibles) At a Glance” at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf on the CMS website.

Resources

Table 3 provides resources for additional information.

Table 3. Resources

Resource	Website
MAC Contact Information	http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map
Medicare Learning Network® (MLN) Guided Pathways (GPs)	The MLN GPs help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the “MLN Guided Pathways: Provider Specific Medicare Resources” booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website. For all other GP resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.
Outpatient Mental Health Treatment Limitation	“Medicare Claims Processing Manual” (Publication 100-04: Chapter 5, Section 100.4; Chapter 9, Section 60; and Chapter 12, Section 210 & Section 210.1 E) http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html MLN Matters® Article MM6686, “Outpatient Mental Health Treatment Limitation” http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6686.pdf
SBIRT Services	MLN Matters® Special Edition 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” http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1013.pdf

Table 3. Resources (cont.)

Resource	Website
Substance Abuse and Mental Health Services Administration's (SAMHSA) website	http://www.integration.samhsa.gov/clinical-practice/sbirt You may also scan the Quick Response (QR) code on the right with your mobile device.
Telehealth	MLN Matters® Article MM5895, "Summary of Policies in the 2008 Medicare Physician Fee Schedule (MPFS) and the Telehealth Originating Site Facility Fee Payment Amount" http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM5895.pdf

This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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