



# SBIIRT

## Screening, Brief Intervention and Referral to Treatment

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## **SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT**

## Focusing on Risky Behavior

For every one person that is dependent on alcohol, six or more are at-risk or have already experienced problems as a result of their use.<sup>1</sup> Approximately 40% of the patients admitted to trauma centers have a positive BAC.<sup>2</sup> If drug use is included, approximately 60% of patients seen in trauma centers are under the influence of alcohol or drugs when admitted.<sup>3</sup> Also, among patients that have screened positive for alcohol or other drug misuse, abuse or dependence, 26% have a negative toxicology screen.<sup>2</sup> McGlynn and her colleagues at RAND found that only 16% of traumatically injured inpatients had any medical record indication that substance use had been assessed. **They found that 7% are intoxicated at admission and another 20% screen positive for alcohol misuse or abuse.**<sup>4</sup>

Because of the role alcohol plays in contributing to illness, injury and even death, it is important to have protocols in place to take advantage of a “teachable moment” by implementing screening and brief intervention as part of routine care.

## What is SBIRT?

**Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based approach to identify problematic use and to reduce substance abuse and dependence. SBIRT is unique in that it screens for all types of substance use, not just substance dependence. Each part of the SBIRT process provides information and assistance that is tailored to the individual patient and their needs.

Traditional substance disorder treatment assists individuals who are struggling with diagnosed conditions such as alcohol or drug dependence or abuse. The SBIRT model begins with a focus on risk and targets individuals who might be at risk of developing or having a substance use disorder. SBIRT concentrates on opportunities to help individuals understand hazardous use while helping them reduce or eliminate it.

## **The Core Components of SBIRT include:**

**Screening** is the first step in the SBIRT process. Screening provides a simple method of identifying patients who are using drugs and/or drinking at risky levels as well as those who are already experiencing alcohol and/or substance use-related problems, including dependence. Screening provides specific information and feedback to the patient about their use of alcohol and/or substance use. Also, it provides the opportunity to educate the patient about their use and the consequences it has/will generate and an opportunity to change their behavior to prevent progression. Once screening has been conducted, the next step is to provide an appropriate intervention tailored to the patient.

**Brief Intervention (BI)** is a time-limited, patient-centered strategy that focuses on changing a patient's behavior by increasing insight and awareness regarding substance use. A five- to ten-minute discussion provides the patient with personalized feedback that shows concern for their use. Frequently addressed topics include how substances can interact with medications, cause/exacerbate health problems, or interfere with personal responsibilities. Typically BIs are given to patients that are at low to moderate risk that do not need specialized treatment.

The essential elements of Brief Intervention include:

1. Providing information and feedback about screening results.
2. Understanding the patients' views of their use and then coaching the patients to change their perceptions about their use.
3. Encouraging the patients to discuss their views, their likes and dislikes about use, and how they may consider changing.
4. Advising patients in clear but respectful terms to decrease or abstain from substances.
5. Teaching behavior change skills that will reduce substance use as well as the chances of negative consequences.
6. Establishing a method for follow-up with the patient. Follow up can be done in another visit or by phone.

Often multiple brief interventions (or extended brief interventions) are useful. These interventions consist of multiple sessions to educate and motivate individuals to change risky or harmful behavior. This is designed for individuals who are experiencing negative consequences of substance use that need to connect their substance use with problems in their life and develop a plan for changing their behavior.

- Patients discuss their substance use and its effects. Motivational interviewing techniques are used to help patients discuss the positive and negative effects of substance use. This process helps them to decide if they would like to make a change in their behavior.
- Patients are also encouraged to examine how ready they are to reduce or abstain from substance use.
- If a patient is ready to change, a plan and reasonable goals are set.

The format of multiple brief Intervention sessions can be very flexible. As an individual moves through stages of change extra help can be given to the participant that is tailored to their specific goals. Encouragement is provided when goals are met or for whatever attempts are made.

**Referral to Treatment** for patients that are identified as possibly dependent on a substance consists of assisting patients with accessing specialized treatment, selecting treatment facilities and obtaining authorizations from insurance and transportation. After a referral is made, follow-up phone calls with the participant or treatment staff are part of the collaboration to ensure care.

## **Is SBIRT Effective? YES**

Research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening. Interventions such as SBIRT have been found to:

- Reduced healthcare costs,<sup>5</sup>
- Decrease the frequency and severity of drug and alcohol use,<sup>6</sup>
- Reduce the risk of trauma, and
- Increase the percentage of patients who enter specialized substance abuse treatment.

Researchers analyzed controlled trials on treating alcohol use disorders and found that alcohol screening and brief intervention was the single most effective treatment method of more than 40 methods studied. Additional studies and reports have produced similar results showing that substance use screening and intervention is effective at helping people recognize unhealthy patterns and change their behaviors.<sup>6</sup>

Studies also have been completed showing that brief intervention is effective.

- People who received screening and brief intervention from their physician experienced 20% fewer emergency department visits, 33% fewer nonfatal injuries, 37% fewer hospitalizations, 46% fewer arrests and 50% fewer motor vehicle crashes.
- Additionally, economic analyses showed that screening and brief counseling of nondependent, risky alcohol users allowed for a cost savings of \$4.30 in future healthcare costs for every dollar invested in intervention.<sup>7</sup>

As a result of the above studies, many healthcare organizations, government agencies, and provider associations have chosen to implement guidelines and accreditation standards that mandate, endorse or recommend substance abuse screening and brief intervention. The American Medical Association (AMA), along with seventeen other associations, recommends training in screening and brief intervention and demonstration of clinical competency. Likewise, major medical associations that disseminate evidence-based clinical practice guidelines for their members recommend routine use of substance use assessment and intervention. Federal agencies, such as the Veterans Administration (VA), Department of Defense (DoD), White House Office of National Drug Control Policy (ONDCP), U.S. Preventive Services Task Force and the Institute of Medicine also have made significant recommendations for the adoption of screening and brief intervention.<sup>6-11</sup>

## Is SBIRT Reimbursable? YES

The AMA has approved two codes (based on time devoted to the service): 99408 and 99409. Use of these codes requires documentation in the clinical record.

### CPT (Commercial Insurance)\*

- 99408 Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- 99409 greater than 30 minutes

Services provided under codes 99408 or 99409 are separate and distinct from all other Evaluation & Management (E/M) services performed during the same clinical session (i.e., date of service). (Modifier-25, indicating an additional separate and distinct E/M service during the same clinical session, may be coded for some health plans).

A physician or other qualified health professional uses a validated screening instrument such as the AUDIT or DAST and delivers an intervention as indicated by the score on the screening instrument. The instrument used and the nature of the intervention are recorded in the clinical documentation for the encounter.

If based on the screening instrument, an intervention is not needed; the work effort of performing the survey is included in the selection of the appropriate E/M service. Code 99408 is the most likely service level for most patients.

*\* Actual reimbursement rates vary due to insurance plan coverage.*

### Medicare

The Centers for Medicare & Medicaid Services created codes G0396 and G0397 for reporting comparable services for Medicare fee-for-service schedule (FFS) patients. Medicare does not reimburse for screening, but does pay for assessment.

- G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- G0397 greater than 30 minutes

### Medicaid

CMS has also created SBI codes for Medicaid:

- H0049 Alcohol and/or drug screening.
- H0050 Alcohol and/or drug services, brief intervention, per 15 – 30 minutes.

New York State has approved payment for all Medicaid beneficiaries who are 10 years of age and older in hospital outpatient and emergency departments, free-standing diagnostic and treatment centers (D&TCs), including School-Based Health Centers (SBHCs), office-based primary care practitioners and other clinic settings, including clinics licensed or operated by the Office of Mental Health (OMH) or the Office of Alcoholism and Substance Abuse Services (OASAS).

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**SBIRT is the future.**

**Addressing substance use  
or better patient care**



NEW YORK STATE  
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
*Addiction Services for Prevention, Treatment, Recovery*

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For more information about SBIRT, including how it can work within your healthcare setting, visit <http://www.oasas.ny.gov/AdMed/sbirt/index.cfm> or contact OASAS at [SBIRTNY@oasas.ny.gov](mailto:SBIRTNY@oasas.ny.gov)

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