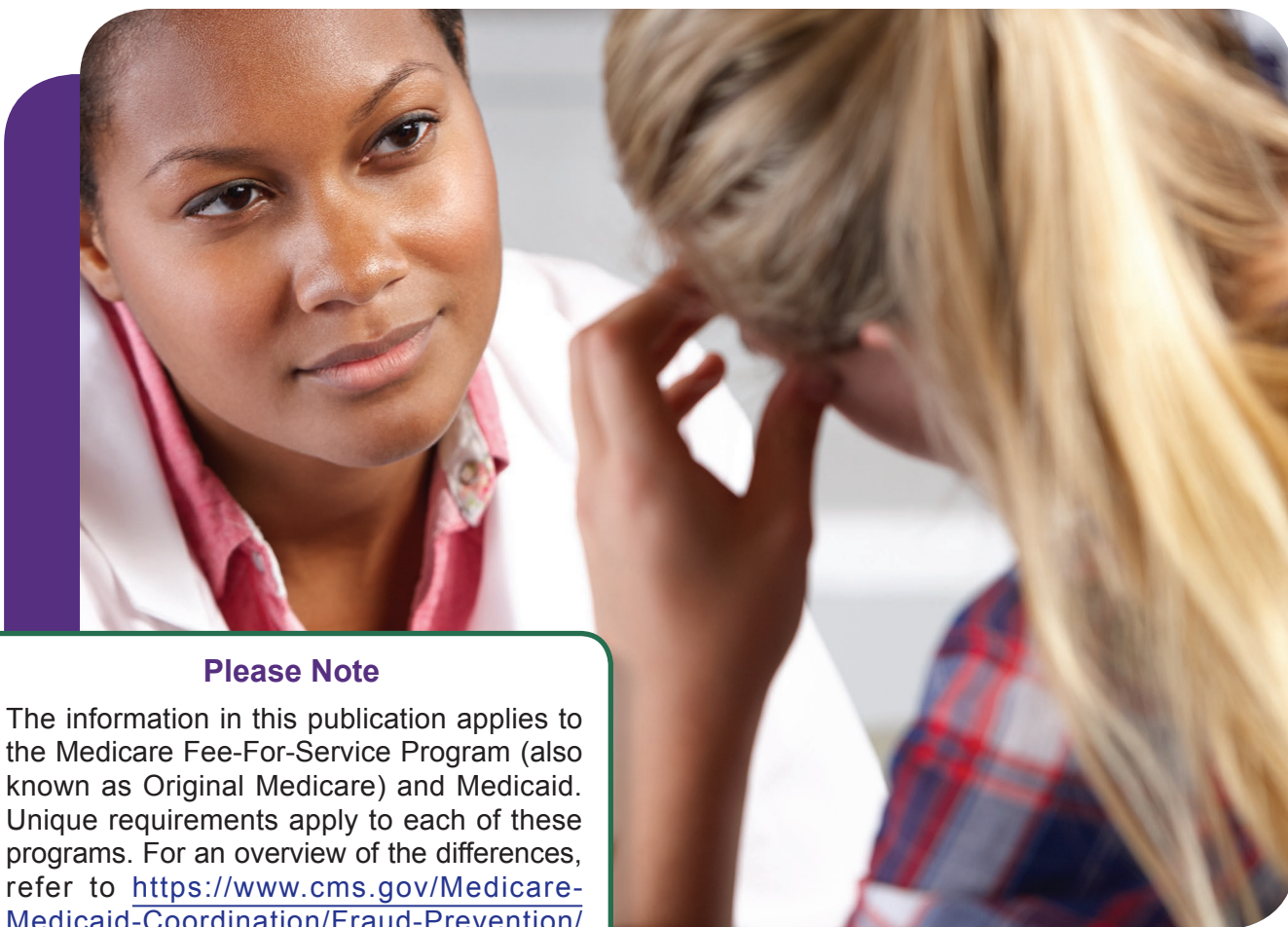


DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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



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. For an overview of the differences, refer to [https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/MedicareMedicaid-infograph\[July-2015\].pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/MedicareMedicaid-infograph[July-2015].pdf) on the Centers for Medicare & Medicaid Services (CMS) website.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are an evidence- and community-based practice designed to identify, reduce, and prevent problematic substance use disorders.

This fact sheet provides the following information about Medicare and Medicaid coverage of SBIRT services:

- ✓ Who may provide SBIRT services;
- ✓ When will Medicare/Medicaid cover SBIRT services;
- ✓ How must I document SBIRT services;
- ✓ How can I bill SBIRT services
- ✓ Dual eligibles; and
- ✓ Resources.

NOTE: Medicare also covers Alcohol Misuse Screening and Counseling as a preventive service. For more information, visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7633.pdf> on the CMS website.

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:



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



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



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

Benefits of SBIRT Services

You may easily use SBIRT services in primary care settings, enabling you to systematically screen and assist people who may not seek help for a substance use problem. SBIRT services:

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

For more information on the benefits of SBIRT services, refer to http://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf on the Internet.

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/screening-tools> on the Internet.

SBIRT Under Medicare

Who May Provide SBIRT Services Under Medicare?

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.



Table 1 provides information about 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
Physician	<ul style="list-style-type: none"> ✓ 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. 	<p>42 Code of Federal Regulations (CFR) 410.20 https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol2/pdf/CFR-2014-title42-vol2-sec410-20.pdf</p> <p>“Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 30) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</p>
Physician Assistant (PA)	<ul style="list-style-type: none"> ✓ Licensed by the State to practice as a PA and one of the following: <ul style="list-style-type: none"> ◦ 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). 	<p>42 CFR 410.74 https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol2/pdf/CFR-2014-title42-vol2-sec410-74.pdf</p> <p>“Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 190) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</p>

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

Supplier Type	Qualifications	Resources
<p>Nurse Practitioner (NP)</p>	<p>If an NP obtained Medicare billing privileges as an NP for the first time on or after January 1, 2003, the NP should:</p> <ul style="list-style-type: none"> ✓ 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. <p>If an NP obtained Medicare billing privileges for the first time between January 1, 2001, and January 1, 2003, the NP should:</p> <ul style="list-style-type: none"> ✓ 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. <p>If an NP obtained Medicare billing privileges for the first time before January 1, 2001, the NP should:</p> <ul style="list-style-type: none"> ✓ 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. 	<p>42 CFR 410.75 https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol2/pdf/CFR-2014-title42-vol2-sec410-75.pdf</p> <p>“Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 200) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</p>

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

Supplier Type	Qualifications	Resources
<p>Clinical Nurse Specialist (CNS)</p>	<ul style="list-style-type: none"> ✓ 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. 	<p>42 CFR 410.76 https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol2/pdf/CFR-2014-title42-vol2-sec410-76.pdf</p> <p>“Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 210) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</p>
<p>Clinical Psychologist (CP)</p>	<ul style="list-style-type: none"> ✓ 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. 	<p>42 CFR 410.71 https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol2/pdf/CFR-2014-title42-vol2-sec410-71.pdf</p> <p>“Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 160) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</p>

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

Supplier Type	Qualifications	Resources
<p>Clinical Social Worker (CSW)</p>	<ul style="list-style-type: none"> ✓ 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: <ul style="list-style-type: none"> ◦ 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. 	<p>42 CFR 410.73 https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol2/pdf/CFR-2014-title42-vol2-sec410-73.pdf</p> <p>“Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 170) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</p>
<p>Certified Nurse-Midwife</p>	<ul style="list-style-type: none"> ✓ 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. 	<p>42 CFR 410.77 https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol2/pdf/CFR-2014-title42-vol2-sec410-77.pdf</p> <p>“Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 180) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</p>

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 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf> on the CMS website.

How Must I Document SBIRT Services Under Medicare?

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 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 codes reported on the health insurance claim;
- ✓ Make past and present diagnoses accessible for the treating and/or consulting physician; and
- ✓ Sign all services provided/ordered.

Medicare Telehealth Includes 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, visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243327.html> and <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth> on the CMS website.



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 Under Medicare?

The following graphic describes the most common alcohol and substance abuse assessment and interventions services codes. For more information about reimbursement for SBIRT, refer to http://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf on the Internet.

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	

SBIRT Under Medicaid

Who May Provide SBIRT Services Under Medicaid?

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 <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-11-27-2013-Prevention.pdf> on the Internet.

Who May Provide SBIRT Services for Medicaid Beneficiaries?

In 2013, CMS expanded the types of providers who may screen for risky substance use behaviors to include community health workers and other non-licensed practitioners. The service must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under State law.

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 Under Medicaid?

Documentation for SBIRT services must 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 <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> on the Internet.

How Can I Bill SBIRT Services Under Medicaid?

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 billing codes G0396 and G0397 with evaluation and management codes and behavioral health codes in Chapter 12, Section C (15). Find more information at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html> on the Internet. For more information about reimbursement for SBIRT, refer to http://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf on the Internet.

Dual Eligibles

For individuals who participate in both the Medicare and Medicaid programs (dual eligibles), Medicare-participating providers should bill Medicare as usual and the Medicare Administrative Contractor (MAC) will transfer the claim to Medicaid after determining the Medicare-approved amount and authorizing payment as 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 “Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs” at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469.html> on the CMS website.

Resources

For more information about substance abuse and mental health services, visit <http://www.integration.samhsa.gov/clinical-practice/sbirt> on the Internet. Table 2 provides additional resources.

Table 2. Resources

Resource	Website
Program Contact Information	<p>Medicaid: Contact your State Medicaid Agency https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html</p> <p>Medicare: Contact your local MAC https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map</p>
Medicare Learning Network® (MLN) Guided Pathways (GPs)	<p>Provider Specific Medicare Resources https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf</p> <p>All Other GP Resources https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html</p>
SBIRT Services	<p>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” https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1013.pdf</p>

Table 2. Resources (cont.)

Resource	Website
Telehealth	Expansion of Medicare Telehealth Services for Calendar Year (CY) 2013 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7900.pdf



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