Hawai'i Department of Human Services
Med-Quest Division

September 2023

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

A Guide for Healthcare Providers to Effectively Use SBIRT in the Clinical Setting

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Prepared for the Med-QUEST Division of the Hawai'i Department of Human Services by Health Management Associates

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Introductions

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Introductions

1. **Your name**
2. **Organization**
3. **Role**
4. **If you were an Olympic athlete, what sport would it be for?**

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How comfortable are you in describing Screening, Brief Intervention, and Referral to Treatment (SBIRT) with providers?

1- Not at all comfortable

2- Slightly comfortable

3- Neutral

4- Comfortable

5- Very comfortable

5

Agenda

01 Manual Introduction

02 Review Manual Sections

03 Screening and Brief Intervention Best Practices

04 Details on Billing

05 Questions

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Objectives:

- Define SBIRT and explain its importance in patient care
- List key considerations when implementing SBIRT in their clinical setting
- Apply key principles of motivational interviewing to patient care
- Describe how SBIRT is coded to make it a billable, sustainable service

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Introduction to the Manual

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Manual Contents

01 Introduction: Why SBIRT?
02 Considerations
03 Talking Points
04 Training & Education
05 Recommended Workflows
06 Screening
07 Brief Intervention
08 Referral to Treatment
09 Billing & Coding
10 Appendices

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- Easy to use
- Not too long
- Tailored to providers

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Manual Sections

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Introduction: The "Why"

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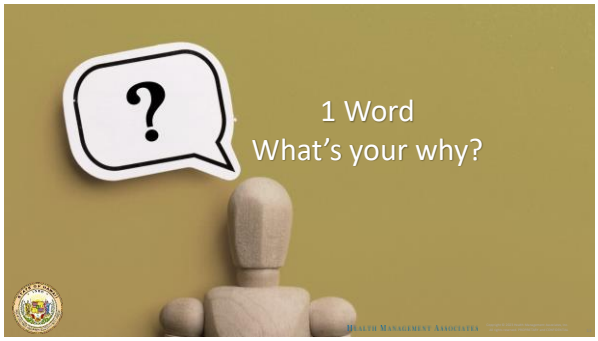

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Why has Med-QUEST created this Statewide Provider Manual on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for you?

30% of individuals in Hawaii with an SUD have Med-QUEST insurance

Kiyokawa, M., & Quattlebaum, T. H. N. (2022). Implications for a System of Care in Hawai'i: Primary Care Integration of Substance Use Disorder Treatment. *Hawai'i journal of health & social welfare*, *81*(12 Suppl 3), 62–68.

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Why is screening for SUD so important?

Patients often don't reflect upon their circumstances or readily offer information about their substance use unless asked by an interested, non-judgmental clinician.

Is screening really the most important motivator for patients?

Yes. It helps reinforce concepts like safer or no use, mitigates risky behavior (harm reduction), and encourages seeking specialized care for severe SUD.

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But why should SUD screening be universal? Why not just some patients?

Deciding to screen some patients but not others may introduce the risk of racial, ethnic, socioeconomic, gender, age, and other biases resulting in missed opportunities to identify and intervene.

It also normalizes SUD one of several chronic diseases that we screen for.

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Why SBIRT?

Because it's Evidence-based

SBIRT is evidence-based universal screening and intervention that helps prevent more severe problems.

Big Goals!

To encourage early intervention, MQD set a goal of an annual SBIRT **screening for 90 percent** of its beneficiaries 12 years and older presenting for care in a primary care office, clinic, or ED **by 2028**

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"How does this SBIRT program differ from the prior iterations that MQD has rolled out?"

"How do I create an SBIRT template if it's not presently part of my electronic health record (EHR)."

"How do I perform SBIRT efficiently?"

"It's challenging to find SUD specialists to refer to."

"How do I train my staff in SBIRT and streamline it into our office workflow?"

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Considerations

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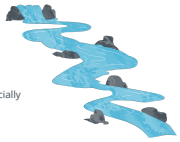
Clinical Directors:
Regarding Workflow

- How often will you screen, and at what types of visits?
- Who will perform the prescreen & screen?
- How will EHR documentation occur?
- How will you bill for SBIRT?
- Who in your organization needs SBIRT training, especially in brief interventions?
- What evidence-based practices (e.g., medications for addiction treatment) can you provide within your organization?
- To whom can you refer for a higher level of SUD treatment?



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Talking Points

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Provider Specific Talking Points

Screening can be delegated to other members of the care team.

Most individuals screened for substance use disorder (SUD) do not require referral to a SUD treatment center.

Screening is impactful. It prompts a patient to reflect on their use of substances and the impact of using. It also provides an opportunity to discuss harm reduction.

Clinicians must be aware of substance misuse and SUDs because they impact other behavioral and physical health conditions.

Brief Interventions (BI) are effective, evidence-based. BI reduce substance use and can be provided in multiple care settings, including primary care.

Screening and brief interventions are a billable service with MQD, Medicare, and many commercial plans.

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One more thing...

"Treatment" isn't confined to the formal SUD treatment system. It can occur in primary care, emergency department, inpatient, and general behavioral health settings through medication-assisted treatment (MAT) and brief treatment.

Pro Tip

Integrating behavioral health and SUD treatment into the primary care settings is easier and more impactful with an evidence-based model such as collaborative care.

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Training & Education

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Training and Education
SBIRT Training

MQD is **NOT** mandating SBIRT training for reimbursement. However, MQD recommends that clinical and non-clinical staff take advantage of free virtual training to support quality and fidelity to the SBIRT model. MQD recommends two SBIRT trainings developed with funding from SAMHSA:

University of Missouri Kansas City created free online training for medical and behavioral health clinicians that includes 3.5 hours of continuing medical, nursing, and social work education credit. Access the training **HERE** or by using the QR code on the right.

Pacific Southwest Addiction Technology Transfer Center Network, created a free, four-hour, self-paced online course. It provides 4.0 hours of continuing education credits for behavioral health clinicians, including psychologists. Access the training **HERE** or by using the QR code on the right.

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Additional Training Resources

In addition to the recommended SBIRT training, these are other resources on addiction and early-life trauma. These trauma-informed training programs include best-practice approaches for SUD patients, many who have experienced early-life trauma. Increased knowledge of both will help staff better understand the value of SBIRT.

Knowledge about how substances affect the brain helps to reduce stigma and resistance to screening and brief intervention.

Health Knowledge Substance Use Disorder Basics
Courses cover introductory topics in the substance use disorder field

The Science of Addiction Neuroscience 101
An overview of the neurobiology of addiction.

TED MED – How childhood trauma affects health across a lifetime by Nadine Burke Harris
Explains how the repeated stress of abuse, neglect, and parents struggling with mental health or substance abuse issues has tangible effects on the development of the brain and greatly increases their risk of chronic disease.

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Recommended Workflows

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Recommended High-Level Workflows

In planning for SBIRT implementation, workflow development is crucial for any primary care office or emergency department. Each facility has its resources and operations, requiring workflow to be customized to be facility-specific.

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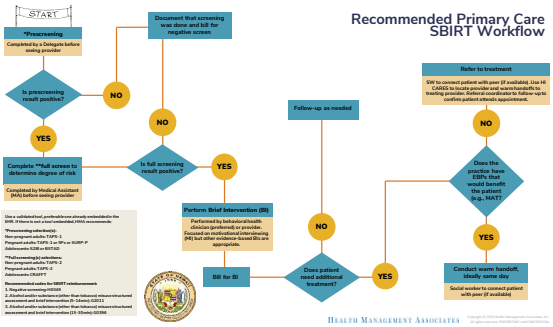
Recommended Primary Care SBIRT Workflow
START
*Prescreening
Completed by a Delegate before seeing provider
Is prescreening result positive?
NO
YES
Document that screening was done and bill for negative screen
Complete **full screen to determine degree of risk
Completed by Medical Assistant (MA) before seeing provider
Is full screening result positive?
NO
YES
Perform Brief Intervention (BI)
Performed by behavioral health clinician (preferred) or provider. Focused on motivational interviewing (MI) but other evidence-based BIs are appropriate.
Bill for BI
Follow-up as needed
NO
Does patient need additional treatment?
YES
Refer to treatment
SW to connect patient with peer (if available). Use HI CARES to locate provider and warm handoff to treating provider. Referral coordinator to follow-up to confirm patient attends appointment.
NO
Does the practice have EBPs that would benefit the patient (e.g., MAT)
YES
Conduct warm handoff, ideally same day
Social worker to connect patient with peer (if available)
Use a validated tool, prehaids are already embedded in the EHR. If there is not a tool embedded, HMA recommends:
*Prescreening selection(s):
Non-pregnant adults: TAPS-1
Pregnant adults: TAPS-1 or SBIRT-P
Adolescents: S2BI or B3TLoD
**Full screening(s) selections:
Non-pregnant adults: TAPS-2
Pregnant adults: TAPS-2
Adolescents: CRAFFT
Recommended codes for SBIRT reimbursement:
1. Negative screening: G0328
2. Alcohol and/or substance (other than tobacco) misuse: structured assessment and brief intervention (5-15min): G2011
3. Alcohol and/or substance (other than tobacco) misuse: structured assessment and brief intervention (15-30min): G0396
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Screening
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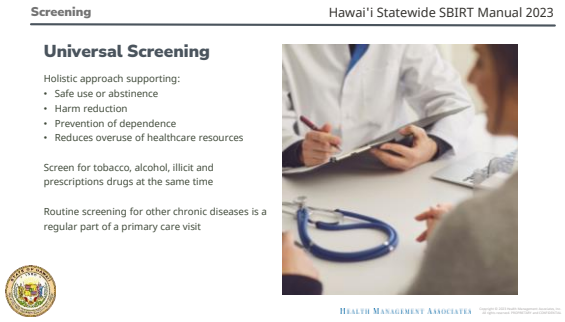
Screening
Hawai'i Statewide SBIRT Manual 2023
Universal Screening
Holistic approach supporting:
• Safe use or abstinence
• Harm reduction
• Prevention of dependence
• Reduces overuse of healthcare resources
Screen for tobacco, alcohol, illicit and prescriptions drugs at the same time
Routine screening for other chronic diseases is a regular part of a primary care visit
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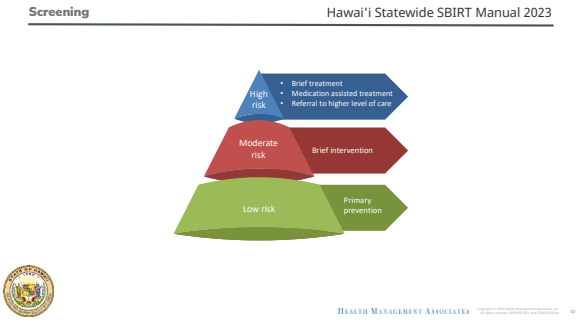
Screening
Hawai'i Statewide SBIRT Manual 2023
High risk
• Brief treatment
• Medication assisted treatment
• Referral to higher level of care
Moderate risk
Brief intervention
Low risk
Primary prevention
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Introduction to Screening

How the screening is introduced and discussed is critical for ensuring patients are comfortable with answering questions honestly and openly so the provider can determine the severity of risky behavior.

Hi, I'm _____. Nice to meet you. If it's okay with you, I'd like to ask you a few questions to help you get better medical care.

The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses not prescribed.

I'll also ask you about illicit or illegal drug use—this helps us to provide more comprehensive care for you. Everything discussed today is confidential.

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Approach and Validated Tools

Once introduced, prescreening can be performed. Pre-screenings are brief screens with 2 – 5 questions identifying individuals with possible risky substance use. Validated prescreening tools are sensitive, so you can generally rule out risky behavior for those who screen negative.

However, prescreening tools are less specific, so those who screen positive will require a full screening to determine where they are on the spectrum of substance use—from risky behavior to dependence.

MQD Recommended Prescreen Tools for SUD

Name	Population	Description
TAPS-1 (Tobacco, Alcohol, Prescription medication, and other Substance use)	Adults, including pregnant people	Five-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs that is adapted from the NIDA quick screen. If the prescreen is positive, the online version flows directly to the full-screen TAPS-2.
SPs (Parents, Peers, Partner, Pregnancy, and Past)	Pregnant people	Five-item screen for alcohol and drug use. Integrated version (PDF): An integrated version also screens for tobacco use, depression, and violence.
S2BI (Screening to Brief Intervention)	Adolescents 12-17	Three-item screen that asks about the frequency of use in the last year of substances most commonly used by adolescents: tobacco, alcohol, and marijuana. Patients who admit to using any of these substances will be asked about other substances (prescription drugs, illegal drugs, inhalants, herbs, or synthetic drugs) The online version calculates risk. Anything other than "no risk" should receive a full screen.

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Recommended Full Screen Tools for SUD

Name	Population	Description
TAPS – 2 (Tobacco, Alcohol, Prescription medication, and other Substance use)	Adults, including pregnant people	Full screen PDF for tobacco, alcohol, and specific illicit and prescription drugs that is adapted from the NIDA-modified ASSIST. If the TAPS-1 is positive, the online version automatically flows to TAPS-2.
CRAFFT 2.1 (Car, Relax, Alone, Forget, Friends, Trouble)	Ages 12-26, including pregnant people	Full screen PDF is available in numerous languages and validated for adolescents from diverse socioeconomic and racial/ethnic backgrounds. The latest Version, 2.1, includes vaping as a method for using marijuana, and version 2.1+N contains questions about tobacco and nicotine use. If the tool is self-administered before seeing the healthcare professional, it is more likely to elicit honest responses.

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- Screening tool for adults and pregnant people
- Companion full screen tool is TAPS-2

In the PAST 12 MONTHS, how often have you used tobacco or any other nicotine delivery product (i.e., e-cigarette, vaping or chewing tobacco)?

Daily Or Almost Daily | Weekly | Monthly | Less Than Monthly | Never

5% complete

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TAPS-1 Hawai'i Statewide SBIRT Manual 2023

In the PAST 12 MONTHS, how often have you had 5 or more drinks (men)/4 or more drinks (women) containing alcohol in one day?

Daily Or Almost Daily | Weekly | Monthly | Less Than Monthly | Never

10% complete

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CRAFFT – Substance Abuse Screen for Adolescents & Young Adults Hawai'i Statewide SBIRT Manual 2023

- **C** Have you ever ridden in a **CAR** driven by someone (including self) who was high or had been using alcohol or drugs?
- **R** Do you ever use alcohol or drugs to **RELAX,** feel better about yourself, or fit in?
- **A** Do you ever use alcohol or drugs while you are by yourself or **ALONE?**
- **F** Do you ever **FORGET** things you did while using alcohol or drugs?
- **F** Do your **FAMILY or friends** ever tell you that you should cut down on your drinking our drug use?
- **T** Have you ever gotten in **TROUBLE** while you were using alcohol or drugs? Scoring: Two or more positive items indicates the need for further assessment

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5 Ps Hawai'i Statewide SBIRT Manual 2023

- **P**arents - Did either of your parents ever have a problem with alcohol or drugs?
- **P**eers - Do any of your friends have problems with alcohol or drug use?
- **P**artner - Does your partner have a problem with alcohol or drugs?
- **P**ast - Have you ever drunk beer, wine, or liquor?
- **P**regnancy
  - In the month before you knew you were pregnant, how many cigarettes did you smoke?
  - In the month before you knew you were pregnant, how many beers/how much wine/how much liquor did you drink?
  - In the past year, how many times did you take illicit drugs or drugs not prescribed for you?

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Screening Hawai'i Statewide SBIRT Manual 2023

- Screening can be self-administered or by the provider or delegate.
- Studies show patients may be more honest when they complete the screening themselves.
- Whether self-administered or not, screening is the first step in the identification and/or prevention of high-risk substance use.

Tourangeau, R., Smith, T. W. (1996). Asking sensitive questions: The impact of data collection mode, question format, and question context. Public opinion quarterly, 60(2), 275-304. https:// doi.org/10.1086/297751

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Brief Intervention

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Brief Intervention (BI)

- Effective tool for moderate to high-risk substance misuse
- Can be short and done over several visits
- Increases patient's insight and motivation for change
- Can be done by a prescriber or behavioral health provider

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Three Components of Brief Interventions

1. **Understanding the patient's view of their substance use, such as:**
   - How the person thinks about their substance use and what role it plays in their life
     - *"I'm curious, what role do you feel alcohol plays in your life?"*
   - Asking the patient to develop a pro and con list
2. **Giving information and feedback**
   - Ask for permission to give feedback
     - *"Is it okay if I provide some feedback about your alcohol use?"*
   - Providing information and education about the health risks
3. **Giving advice and negotiating a change plan**
   - Upon receiving permission, provide clear advice to the patient to change
     - *"What do you think about reducing your alcohol use? What would that look like to you?"*
   - Goals should be patient-generated

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ENGAGING WITH:

Open Ended Questions
Affirmations
Reflections
Summaries

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Examples of open-ended questions

- When do find yourself drinking?
- What are the pros of drinking for you?
- What about your drinking concerns you?
- What changes would you consider making with regard to your drinking?

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OARS: Affirmations

- Positive statements about the person: strengths and accomplishments
- Not praise or compliments
- Descriptive, not evaluative

Is the statement an MI adherent affirmation?

"You're a great parent."

"The way you carefully think through things with your children shows how much you care about them."

"I'm sure you can do this."

"You cut back on smoking last month. That's a strong sign that you can take on hard change."

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Write down 3 affirmations to use in the following scenario

What has been worrying you lately when thinking about your health?

I love my family and I am doing the best I can to be there for them. I work a lot and that's hard, but I cook dinners and help the children with their homework and my dad with his finances when I can. I yell at my kids too much. I wish they would listen to me, is that too much to ask? My health takes a back seat to all of this. I forget my medicine. Sometimes I have a drink or two at night to relax. I think all this is making me feel terrible.

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OARS: Reflection

- A reflection is a statement that holds up a mirror to your conversation
- It lets the person hear what they've said
- It may be the first time this has ever happened to them
- Check for accurate understanding
- Shape the direction of the conversation
- Keeps the person focused on the change, increasing the likelihood the change will happen

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Let's try...

"I don't have a problem with alcohol. I know it would be better to drink less, but it helps me relax."

- *"You don't see any difficulties in your life as a result of your drinking."*
- Audience examples

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OARS Summary

- **Summarizing** ensures shared understanding and reinforces key points made by the client.
  - *"So, you tend to drink when you're stressed. You would like to make a change, and you're nervous about making a change."*
  - Audience examples

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Referral to Treatment

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Of those screened for SUD, on average, what percentage of people will likely need a referral to treatment?

A. <1%

B. 5%

C. 15%

D. 30%

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Referral to Treatment

Referral to treatment is necessary when a patient is identified as having a high or severe risk of substance use disorder. Of those screened, **about five percent** are likely to need a referral to assess level of care and treatment.

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Referral to Treatment Best Practices

- Use level of care assessment
- Develop a referral network, ideally in your community
- Create a referral process
- Refer to an ADAD-contracted treatment provider
- Call HI CARES
- Suggest self-help groups
- Additional detailed information available in the SBIRT Manual

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SBIRT Best Practice Example

- Kai has an appointment today with his PCP. As part of the rooming workflow, the medical assistant screens him for substance use disorder using TAPS-1, an evidenced-based tool
- Kai scores at an elevated risk, and the medical assistant alerts the PCP
- The PCP uses motivational interviewing as a brief intervention. As part of the motivational interviewing, the PCP asks Kai if he is concerned about his alcohol use and anything he would like to change about it
- Kai admits he has been drinking more since the pandemic and he would like to cut down. The PCP asks if Kai would like to meet with social worker in the office, and Kai agrees
- Upon completion of the PCP visit, the social worker comes to the exam rooms and meets with Kai

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Billing & Coding

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Billing and Coding

- Effective billing for SBIRT is critical for substance use screening and intervention sustainability.
- Billing for SBIRT is like billing for any other services provided to patients and can be billed on top of any other services provided during the same visit.
- Billing for SBIRT services is based on the actual time spent providing the screening, brief intervention, and referral services.
- Commercial plans may have different requirements for billing, but the most common billing codes are shown on the next slide.
- These codes should typically be billed using the modifier 25 to signify a "significant, separately identifiable" additional service was provided in addition to the primary billing code for the visit.

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Settings

Individuals present for healthcare in various settings, therefore SBIRT should be provided in numerous settings to reach the largest number of people. SBIRT services can be provided in multiple outpatient and inpatient settings. These include, but are not limited to:

Outpatient
- School
- Outpatient office
- FQHC
- Rural Health Clinic

Hospital
- Outpatient hospital clinic
- Emergency Department **
- Inpatient

**For SBIRT services in the emergency department, either the provider or the hospital, but not both, may bill for the provided service.

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Diagnosis Codes

Assigning an accurate diagnosis code when performing SBIRT services is important to facilitate payment for providing the service and to allow for accurate tracking of individuals screened for substance use. The two codes below (Table 6) are recommended when screening for substance use. If a diagnosis of a substance use disorder is ultimately made, that specific SUD diagnosis should also be added.

Recommended Diagnosis Codes

ICD-10 Code	Description
Z71.41	Alcohol abuse screening, counseling, and surveillance
Z71.51	Drug abuse screening, counseling, and surveillance

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Services and Billing Codes

Description	Time	HI Medicaid Code	Medicare Code	Commercial Code
Negative Screening		H0049	None	None
Alcohol and/or substance (other than tobacco) misuse structured assessment and brief intervention	5-14 minutes	G2011	G2011	None
Alcohol and/or substance (other than tobacco) misuse structured assessment and brief intervention	15-30 minutes	G0396	G0396	99408
Alcohol and/or substance (other than tobacco) misuse structured assessment and brief intervention	31+ minutes	G0397	G0397	99409

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Inpatient Considerations

- SBIRT services will be carved out from All Patients' Refined Diagnostic Related Groups (APR-DRG) payments
- Since professional fees are **excluded** from the contracted payment rate with MQD, hospitals can bill for SBIRT services the same as other professional fees

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Who Can Bill for SBIRT?

A range of professionals can bill for providing SBIRT services. Whether a professional can bill for SBIRT is determined by the individual payer (Medicare, Medicaid, or commercial).

The professionals listed in this table can independently bill Medicaid for providing SBIRT services if they are participating providers.

Licensed Providers Eligible for Medicaid Reimbursement
Physicians
Physician Assistants
Nurse Practitioners
Licensed Clinical Psychologists
Licensed Clinical (Master) Social Workers
Licensed Professional Counselors
Licensed Marriage and Family Therapists
Certified Nurse Midwife

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Delegates

Other non-licensed clinical staff are also able to provide SBIRT services. These individuals, known as **delegates**, act under the direct supervision of an independently licensed professional (listed on previous slide) and may bill under the NPI number of that licensed professional if they are appropriately trained to provide the SBIRT service and directly supervised. Some of these professions include but are not limited to:

- Certified drug and alcohol counselors
- Nurses
- Medical assistants
- Community health workers

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- 16-year-old Kainoa presents to his primary care provider for follow up of his asthma.
- As part of the workflow, the medical assistant completes a brief, three-question SUD screen using the SB2I
- Kainoa has a negative screen
- Is this billable? If so, what billing code and diagnosis should be used?
- **The MA documents this screening in the EHR as a delegate of the PCP. The MA uses billing code H0049 (negative screen) and diagnosis code Z71.41 (alcohol abuse screening) or Z71.51 (drug abuse screening)**

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Billing & Coding: Case Example #2

- Leilani presents to the emergency department for back pain
- As part of the routine workflow, the intake nurse completes the four-question TAP-1 SUD pre-screen, and Leilani screens positive for opioid misuse.
- The nurse then ask Leilani to complete TAPS-2, the full screen, for which she screens at moderate risk. The nurse spent 15 minutes on screening.
- The nurse shares results with the attending physician who uses motivational interviewing to assess the extent of the patient's substance use. The attending spends 7 minutes conducting the brief intervention.
- What billing and diagnostic codes should be used?
  - **The physician bills G0396 (Alcohol and/or substance…brief intervention, 15 – 30 minutes), which incorporates the time spent by the nurse as well as the physician with diagnosis code Z71.51 (drug abuse screening)**

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Billing & Coding: Case example #3

- Jacob is currently admitted to the hospital for complications due to diabetes. As part of the admission workflow, the nurse completes SUD pre- and full screening, and Jacob screens positive for high-risk alcohol use
- The nurse shares the information with the unit social worker, who spends 30 minutes using MI to better understand Jacob's alcohol use and interest in a referral to outpatient treatment
- Jacob initially says he is not interested, and the social worker meets with Jacob the next day and spends an additional 15 minutes providing MI. Jacob agrees to a referral for outpatient treatment.

1. What billing code(s) and diagnosis should be used?
   Z71.41 (Alcohol abuse screening, counseling, and surveillance)
2. Will the hospital/provider be reimbursed above the APR-DRG payment for these services?

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Overall Takeaways

- SBIRT is an evidenced-based practice that should be implemented to screen all individuals ages 12+ at least annually
- SBIRT, including negative screens, is reimbursable for Medicaid recipients
- Most people who are screened will be low risk or will only need brief intervention or MOUD
- Use a validated screening tool, which can be self- or clinician-administered
- Delegates under licensed providers can perform screening and brief intervention
- Motivational interviewing is an effective intervention for individuals with risky substance use

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References

D'Onofrio, G., et, al. (2008). (tech.). Screening, Brief Intervention & Referral to Treatment (SBIRT) Training Manual For Alcohol and Other Drug Problems (pp. 1–66). New Haven, CT: Yale University.

Hawai'i State Department of Health. (2022, October). State plan on substance abuse – 2022 revision. State Plan on Substance Abuse – 2022 REVISION.' Retrieved 2023, from https://health.hawaii.gov/substance-abuse/state-plan/

Kiyokawa, M., & Quattlebaum, T. H. N. (2022). Implications for a System of Care in Hawai'i: Primary Care Integration of Substance Use Disorder Treatment. *Hawai'i journal of health & social welfare*, *81*(12 Suppl 3), 62–68.

SBIRT: A Step-by-Step Guide. Massachusetts Screening, Brief Intervention, and Referral to Treatment. https://massclearinghouse.ehs.state.ma.us/PROG-BSAS-SBIRT/SA3522.html

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Pregnant and Postpartum Women, October 2020 Issue Brief, Association of Maternal and Child Health Programs /National Association of State Alcohol and Drug Abuse Directors. Retrieved March 2023, from https://www.in.gov/health/ipqic/files/Validated-Screening-Tools-Final.pdf

Tourangeau, R., Smith, T. W. (1996). Asking sensitive questions: The impact of data collection mode, question format, and question context. Public opinion quarterly, 60(2), 275-304. https:// doi.org/10.1086/297751

U.S. Department of Health and Human Services. (2023, January 6). Screening and assessment tools chart. National Institutes of Health. Retrieved March 2023, from https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

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Questions & Discussion

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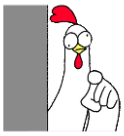

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