

SBIRT in action: Improving patients' lives

What is Screening, Brief Intervention, and Referral to Treatment (SBIRT)?

SBIRT is an evidence-based approach to identifying patients who use alcohol and other drugs at dangerous levels. The goal of SBIRT is to reduce and prevent related health consequences, disease, accidents, and injuries. Risky substance use is a health issue that often goes undetected. By incorporating this evidence-based tool demonstrated to be reliable in identifying individuals with risk for a substance use disorder, significant harm can be prevented.

SBIRT can be performed in a variety of settings. Screening does not have to be performed by a physician. SBIRT incorporates screening for all types of substance use with brief, tailored feedback, and advice. Simple feedback on risky behavior can be one of the most critical influences on changing patient behavior.

Why use SBIRT?

- SBIRT is an effective tool for identifying risk behavior and providing appropriate intervention.
- By screening for high-risk behavior, healthcare providers can use evidence-based brief interventions focusing on health and consequences, helping to prevent future problems.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.
- SBIRT reduces costly healthcare utilization.
- SBIRT is reimbursable through Medicaid.
- SBIRT is appropriate for any patient, regardless of age, gender, or health status.

When we say...	We mean...
Screening	<ul style="list-style-type: none"> • Provide a short, structured consultation to identify the right amount of treatment. • Use common screening tools such as AUDIT, ASSIST, DAST-10, CRAFT, and TWEAK.
Brief intervention	<ul style="list-style-type: none"> • Educate patients and increase motivation to reduce risky behavior. • Brief education intervention increases motivation to reduce risky behavior. • Typically 5 to 10 minutes
Brief treatment	<ul style="list-style-type: none"> • Fulfill goals of: <ul style="list-style-type: none"> ○ Changing the immediate behavior or thoughts about a risky behavior. ○ Addressing longstanding problems with harmful drinking and drug misuse. ○ Helping patients with higher levels of disorder obtain more long-term care. ○ Typically 5 to 12 minutes
Referral to treatment	<ul style="list-style-type: none"> • If a patient meets the diagnostic criteria for substance dependence or other mental illnesses as defined by the <i>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition</i>, we recommend you refer them to a specialty provider.

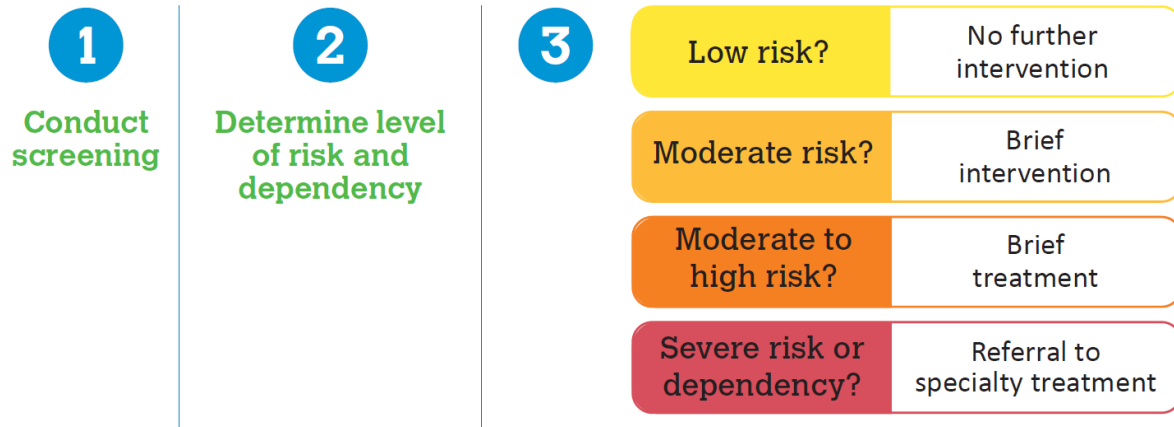
<https://provider.amerigroup.com/TX>

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Who delivers SBIRT services?

Primary care centers, hospital emergency rooms, trauma centers, and community health settings have the best chance to intervene early with at-risk substance users and prevent more severe consequences. Primary care providers (as defined by state law) are the primary source of SBIRT services; however behavioral health providers play an important role as well. SBIRT services are intended to be delivered in primary care medical settings as the first line of substance use harm reduction, identification, and referral to specialized services.

SBIRT process flow



Implementing SBIRT into care management — screening tools

There are multiple screening tools to use for different populations. Amerigroup recommends the following screening tools for their brief nature, ease of use, flexibility for multiple types of patients, and indication of need for further assessment or intervention:

Screening tool	Age range or population	Overview
Alcohol Use Disorder Identification Test (AUDIT)	All patients	Developed by the World Health Organization (WHO). Appropriate for all ages, genders, and cultures.
Alcohol, Smoking, and Substance Abuse Involvement Screen Test (ASSIST)	Adults	Simple screener for hazardous use of substances (including alcohol, tobacco, other drugs).
Drug Abuse Screening Test (DAST-10)	Adults	Screener for drug involvement, does not include alcohol, during last 12 months.
Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFFT)	Adolescents and children	Alcohol and drug screening tool for patients < 21. Recommended by American Academy of Pediatrics.
Screening to Brief Intervention (S2BI)	Adolescents	Assesses frequency of alcohol and substance use.
NIAAA Alcohol Screening for Youth	Pregnant women	Four-item scale to assess alcohol use in pregnant women; recommended for OB/GYNs.
Tolerance, Annoyance, Cut Down, Eye Opener (T-ACE)	Pregnant women	Five item scale to screen for risky drinking during pregnancy.
Tolerance, Worried, Eye Opener, Amnesia, K/Cut Down (TWEAK)	Pregnant women	Five item scale to screen for risky drinking during pregnancy.

Getting reimbursed?

CPT Code	Code description	Limitations
99408	SBIRT: Alcohol and substance (other than tobacco) abuse structure screening (for example, AUDIT, DAST) and brief intervention (SBI) services; 15-30 minutes	Limited to clients 10 and older. Mandatory SBIRT Training required.
H0049	SBIRT: Alcohol and/or drug screening	Limited to clients 10 and older. Mandatory SBIRT Training required.
G2011	SBIRT: Alcohol and/or drug services, brief intervention, per 15 minutes	Limited to clients 10 and older. Mandatory SBIRT Training required.

Note that coding the above information provided does not guarantee reimbursement for services. Medicaid in Texas requires SBIRT training to be completed and certified for all care providers. For more information, visit tmhp.com/resources/provider-manuals/tmppm.

Need help with a referral to a behavioral health specialist?

Referrals can be complex and involve coordination across different types of services — we can help. Call Provider Services at **800-454-3730**. We're glad to help you get our members this important kind of care.

Sources:

1. Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare, 4/1/2019, www.SAMHSA.gov.
2. Alcohol Screening and Brief Intervention: A Guide for Public Health Practitioners, American Public Health Association, page 8.