



SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) SERVICES



Target Audience: Medicare Fee-For-Service Program (also known as Original Medicare) and Medicaid programs

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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.

Unique requirements apply to both Medicare and Medicaid. For an overview of the differences, refer to the [Medicare and Medicaid Basics](#) educational publication.

This educational publication provides the following information about Medicare and Medicaid coverage of SBIRT services:

- Eligible providers
- Covered SBIRT services
- Documenting SBIRT services
- Billing SBIRT services
- Dual eligibles
- Resources

NOTE: Medicare also covers [Alcohol Misuse Screening and Counseling](#) as a preventive service.

WHAT IS SBIRT?

SBIRT is an early intervention approach for individuals with nondependent substance use to effectively help them before they need 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:



Screening:

Screening/Assessing a patient for risky substance use behaviors using standardized assessment tools (in Medicare, referred to as Medicare Structured Assessment; in Medicaid, referred to as Medicaid Screening).



Brief Intervention:

Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback, motivation, and advice. This consists of up to five counseling sessions.



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

SBIRT services are simple to use in primary care settings so you can systematically screen and assist people who may not seek help for a substance use problem. SBIRT services:

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

Read [SBIRT Opportunities for Implementation and Points for Consideration](#) for more information.

SBIRT ASSESSMENT AND SCREENING TOOLS

Screening tools in the first component of SBIRT include the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) Manual and the Drug Abuse Screening Test (DAST). The [SAMHSA Screening Tools](#) webpage includes information on SBIRT assessment/screening tools and examples of tools.

SBIRT UNDER MEDICARE

Eligible Providers Under Medicare

Medicare pays for medically reasonable and necessary SBIRT services when furnished 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. There are 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 where he or she performs his or her services • 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</p> <p>Medicare Benefit Policy Manual, Chapter 15, Section 30</p>
Physician Assistant (PA)	<ul style="list-style-type: none"> • Licensed by the State to practice as a PA with 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) ◦ Passed the national certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA) 	<p>42 CFR 410.74</p> <p>Medicare Benefit Policy Manual, Chapter 15, Section 190</p>



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

Supplier Type	Qualifications	Resources
Nurse Practitioner (NP)	<p>If an NP obtained Medicare billing privileges as an NP for the first time on or after January 1, 2003, the NP must:</p> <ul style="list-style-type: none"> • Be a registered professional nurse authorized by the State where he or she practices as an NP • Be certified as an NP by a recognized national certifying body that has established standards for NPs • 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 must:</p> <ul style="list-style-type: none"> • Be a registered professional nurse authorized by the State where he or she practices as an NP • 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 must:</p> <ul style="list-style-type: none"> • Be a registered professional nurse authorized by the State where he or she practices as an NP 	<p>42 CFR 410.75 Medicare Benefit Policy Manual, Chapter 15, Section 200</p>
Clinical Nurse Specialist (CNS)	<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 • Certified as a CNS by a recognized national certifying body that has established standards for a CNS 	<p>42 CFR 410.76 Medicare Benefit Policy Manual, Chapter 15, Section 210</p>

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

Supplier Type	Qualifications	Resources
Clinical Psychologist (CP)	<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 where he or she practices • Furnishes diagnostic, assessment, preventive, and therapeutic services directly to individuals at the independent practice level of psychology • Is legally authorized to perform the services under applicable licensure laws of the State where he or she furnishes the services 	42 CFR 410.71 Medicare Benefit Policy Manual, Chapter 15, Section 160
Clinical Social Worker (CSW)	<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 • Licensed or certified as a CSW by the State where he or she performs the services, except, in the case of an individual in a State that does not provide for licensure or certification, the CSW must: <ul style="list-style-type: none"> ◦ Be licensed or certified at the highest level of practice provided by State laws where the services are performed ◦ Have 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 Medicare Benefit Policy Manual, Chapter 15, Section 170
Certified Nurse-Midwife	<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 • 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 Medicare Benefit Policy Manual, Chapter 15, Section 180

Medicare-Covered 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 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, Chapter 4](#), Section 200.6.

Documenting 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
 - 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
- 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.

MEDICARE TELEHEALTH MAY INCLUDE SBIRT SERVICES

SBIRT services may be provided via telehealth if all requirements are met. See the [Medicare Telehealth Services](#) educational publication for more information.

Billing SBIRT Services

The following graphic describes the most common alcohol and substance abuse assessment and intervention service codes. For more information about reimbursement for SBIRT, refer to the [SAMHSA Coding for Screening and Brief Intervention Reimbursement](#) webpage, or the more detailed [SAMHSA Reimbursement for SBIRT](#) fact sheet on billing for SBIRT services.

SBIRT Codes and Descriptors

**HCPCS Code
G0396**

Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes



**HCPCS Code
G0397**

Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes



SBIRT UNDER MEDICAID

Eligible Providers 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. More information about Medicaid's coverage of preventive services is available on the [Medicaid Prevention](#) webpage.

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 where 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)
- Working within their State Scope of Practice Act

Medicaid-Covered SBIRT Services

Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Medicaid covers periodic screenings (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 stated previously, if States cover SBIRT services, payment for these services depends on a variety of factors, including qualified practitioner, documentation, or other payment rules established by the State.

Documenting 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](#).

Billing SBIRT Services Under Medicaid

If a State chooses to cover SBIRT under its Medicaid program, the State may choose which codes to bill (for example, HCPCS codes G0396, G0397, H0049, and H0050). The [SAMHSA Reimbursement for SBIRT](#) fact sheet on billing for SBIRT services includes Medicaid-specific billing information. The Medicaid National Correct Coding Initiative (NCCI) Policy Manual, Chapter 12, Section C(15), available on the [NCCI in Medicaid](#) webpage, contains information about billing codes G0396 and G0397 with evaluation and management codes and behavioral health codes.

MEDICAID TELEHEALTH MAY INCLUDE SBIRT SERVICES

SBIRT services may be provided via telehealth if permitted by the State. Get more information on telehealth services on the [Medicaid Telehealth](#) webpage.



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 and authorizing the Medicare-approved amount 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 will pay for the cost-sharing amounts.

States will accept claims for all Medicare-covered services for certain dual eligible populations and pay cost-sharing amounts according to the State Plan payment method.

NOTE: Nominal Medicaid cost sharing may apply for dual eligibles. 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 Medicare and Medicaid](#) educational publication.

RESOURCES

For more information about substance abuse and mental health services, visit [SAMHSA-HRSA Center for Integrated Health Solutions](#).

Table 2. Resources

Resource	Website
Program Contact Information	<p>Medicaid: Contact your State Medicaid Agency Medicaid.gov/Medicaid/By-State/By-State.html</p> <p>Medicare: Contact your local MAC 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	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf

Table 2. Resources (cont.)

Resource	Website
MLN Matters® 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”	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1013.pdf

Table 3. Hyperlink Table

Embedded Hyperlink	Complete URL
42 CFR 410.71	https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-sec410-71.pdf
42 CFR 410.73	https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-sec410-73.pdf
42 CFR 410.74	https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-sec410-74.pdf
42 CFR 410.75	https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-sec410-75.pdf
42 CFR 410.76	https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-sec410-76.pdf
42 CFR 410.77	https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-sec410-77.pdf
42 Code of Federal Regulations (CFR) 410.20	https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol2/pdf/CFR-2016-title42-vol2-sec410-20.pdf
Alcohol Misuse Screening and Counseling	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7633.pdf
Dual Eligible Beneficiaries Under Medicare and Medicaid	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469.html
Medicaid Prevention	https://www.medicaid.gov/medicaid/benefits/prevention
Medicaid Telehealth	https://www.medicaid.gov/medicaid/benefits/telemed

Table 3. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicare and Medicaid Basics	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909330.html
Medicare Benefit Policy Manual, Chapter 15	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual, Chapter 4	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf
Medicare Telehealth Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243327.html
NCCI in Medicaid	https://www.medicaid.gov/medicaid/program-integrity/ncci
SAMHSA Coding for Screening and Brief Intervention Reimbursement	https://www.samhsa.gov/sbirt/coding-reimbursement
SAMHSA-HRSA Center for Integrated Health Solutions	http://www.integration.samhsa.gov/clinical-practice/sbirt
SAMHSA Reimbursement for SBIRT	http://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf
SAMHSA Screening Tools	http://www.integration.samhsa.gov/clinical-practice/screening-tools
SBIRT Opportunities for Implementation and Points for Consideration	http://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf
Social Security Act Section 1862(a)(1)(A)	https://www.ssa.gov/OP_Home/ssact/title18/1862.htm
State Medicaid Agency	https://www.medicaid.gov/medicaid/by-state/by-state.html

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