

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

Addressing Unhealthy Substance Use in Primary Care Settings



Kentuckiana
Health Collaborative

Building a Bridge to Better Health, Better Care and Better Value

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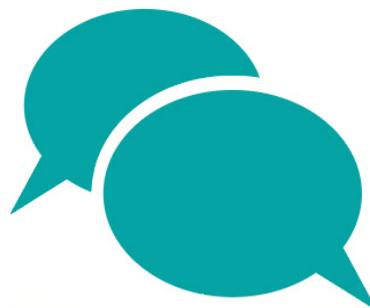
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This toolkit was developed to assist Kentucky primary healthcare providers in implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for unhealthy opioid use into their practices. SBIRT is a quick, easy, and insurance reimbursable approach to identify and intervene with patients who have or are at risk of having health problems related to opioid use. This project is supported in part by SAMHSA Grant 1H79TI080264-01 awarded to the Kentucky Cabinet for Health and Family Services. For further information, please visit <https://www.khcollaborative.org/SBIRT>.

Kentucky's Opioid Epidemic ranks among the worst in the nation. Kentucky ranks third in drug overdose deaths and writes the fourth most opioid prescriptions. Nearly half of all Kentuckians who enter treatment for substance abuse do so for opioid misuse – the eighth highest proportion in the U.S. Preventing and treating substance use disorder is critical to curbing this epidemic.

Primary Care Providers are in a unique and beneficial position to identify, assess, and refer patients to treatment who are presenting risky opioid use behaviors. Primary care providers' frequent interactions with their patients allows them to identify these behaviors early before they develop into an opioid use disorder.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive approach to early identification and intervention for risky and unhealthy substance use behaviors, as well as referrals to specialized care. SBIRT is an evidenced-based practice to identify alcohol misuse and is a promising practice for preventing negative outcomes related to opioid use disorder.



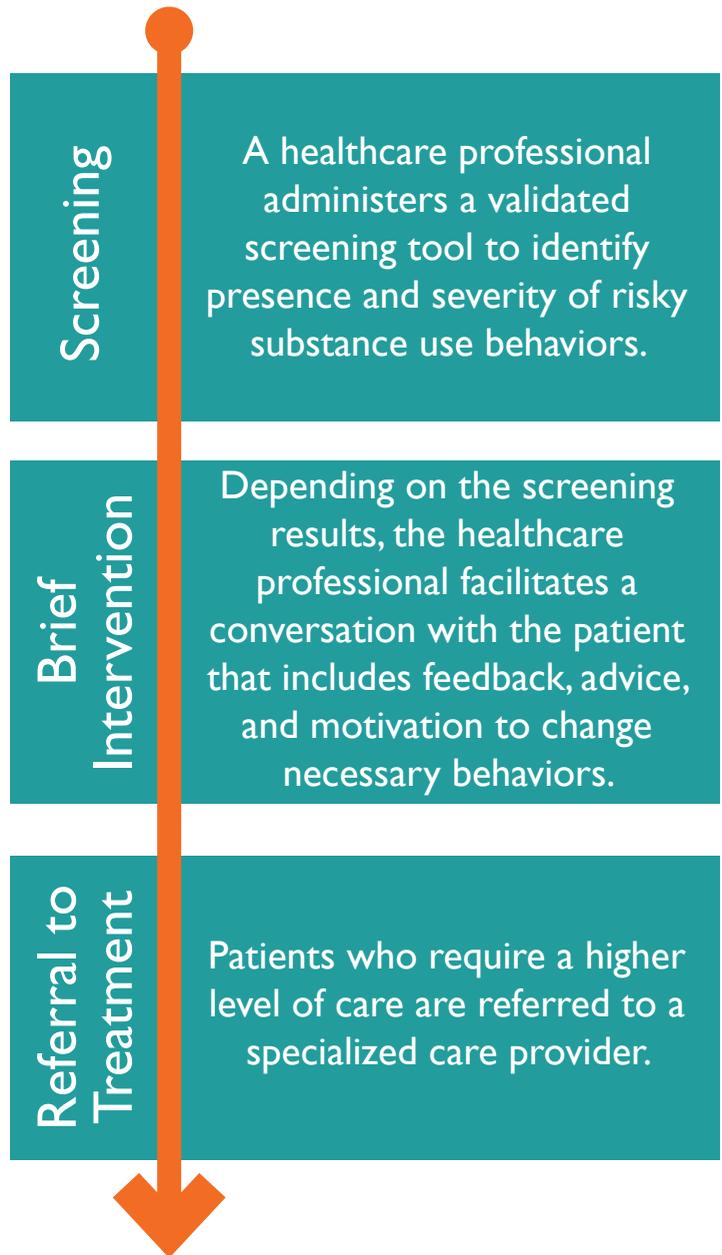
Overview

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a public health approach to early identification and intervention of individuals with risky and unhealthy substance use behaviors.¹ The primary goal of SBIRT is to identify individuals who are at moderate or high risk for negative outcomes related to their behaviors.²

SBIRT is universally administered by healthcare professionals during routine visits for patients 9+ years old. It can be administered yearly and is an insurance-reimbursable service that can be paid for in addition to other visit charges. The implementation of SBIRT services has been shown to have positive effects for patients and providers.³

- **Reduces healthcare costs**
- **Reduces the severity of drug and alcohol use**
- **Reduces the risk of trauma**
- **Reduces the percentage of patients who go without specialized substance use treatment**

SBIRT is a systems change initiative that focuses on substance use behaviors, problems, and interventions on a continuum. The traditional healthcare system has focused on substance use at the ends of the continuum, either abstinence/responsible use or addiction. By failing to recognize those who are within these parameters, there has been a failure to intervene with the behavior that poses the most risk: excessive use. The bulk of costs associated with substance use are a result of excessive use, not of addiction or substance use disorders. SBIRT focuses on reaching the 15%-25% of the patient population who are excessively using, while still intervening with the 5% needing traditional treatment and positively reinforcing behaviors of the 75%-85% who are abstinent/responsibly using.^{1,2}



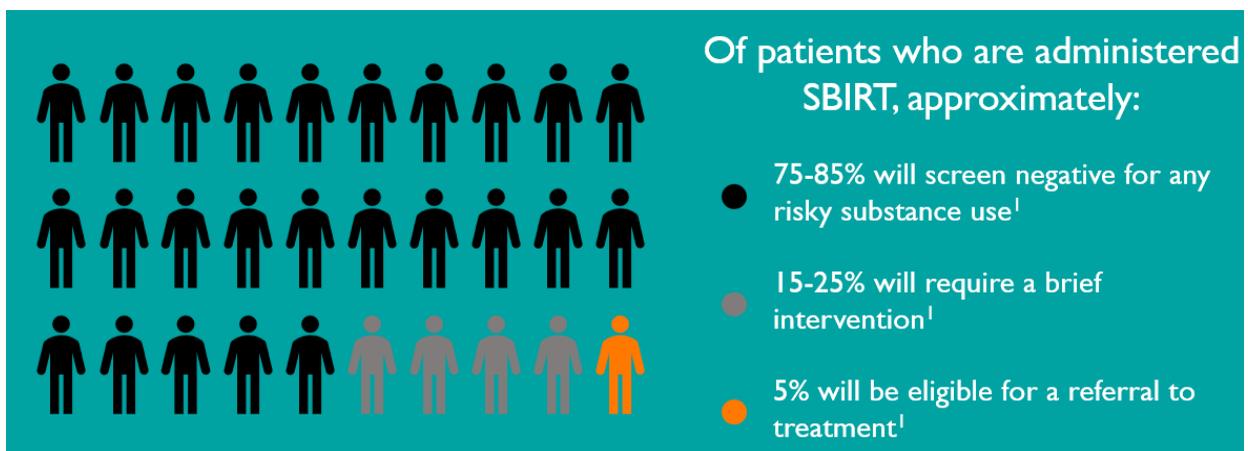
Administration

SBIRT can be administered by various healthcare professionals in a primary care facility. Examples of professionals who may be able to administer SBIRT include physicians, nurses, social workers, and counselors.⁴ Any qualified professional must be licensed to practice in the state and perform practices within the scope of their license. Eligibility for SBIRT reimbursement may be dependent on additional training, the administrator's title, or the patient's insurance provider. Verifying reimbursement requirements with insurance providers covering the SBIRT administrator is recommended.

Training

SBIRT is an easy to learn approach that does not require extensive training, however completion of a form of SBIRT training by those administering it is beneficial in ensuring its fidelity. Trainings are offered through a variety of organizations and are often eligible to be counted as Continuing Medical Education Credits (CME).

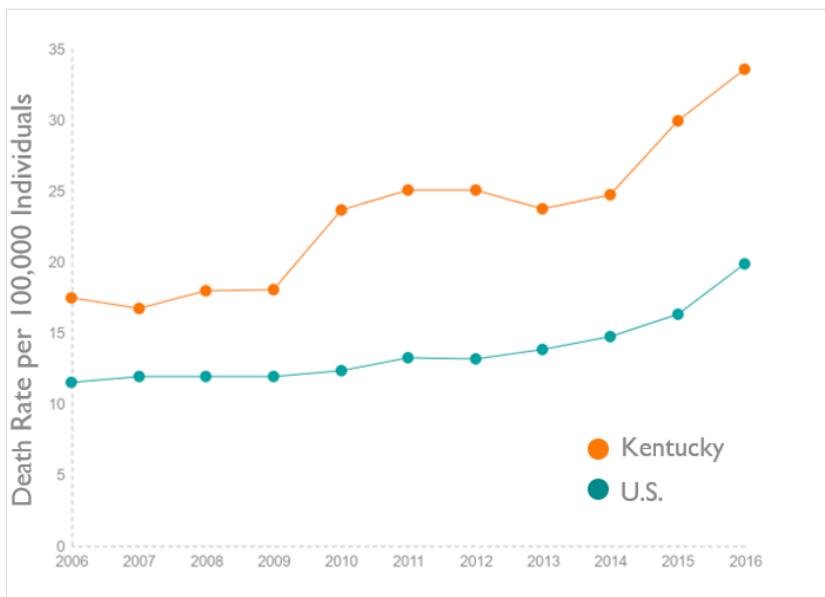
- The **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers a variety of training options. A catalog of their resources can be found at <https://www.samhsa.gov/sbirt>.
- The **Kentucky Academy of Family Physicians (KAFFP)** offers SBIRT training in partnership with <https://www.sbirtraining.com/>. Their training is free for providers in eligible Kentucky counties and offers four CME credits. The training can be delivered online and in person. More information can be found at <http://www.kaffp.org/sbirt-training-2>.
- The **Kentucky Board of Medical Licensure (KBML)** offers resources for screening and treatment, along with other relevant information for the implementation of SBIRT. These resources can be found at <https://kbml.ky.gov/prescribing-substance-abuse/Pages/default.aspx>.



Opioid Use Disorder

The recurrent use of alcohol or drugs resulting in functional and clinical impairment as well as the failure to meet life's responsibilities is classified as Substance Use Disorder (SUD).⁵ Opioid Use Disorder (OUD) is diagnosed when the substance being misused is opioids.

Drug Overdose Deaths, Kentucky and National Rates



Opioids are substances that work to reduce pain by inhibiting the nervous system or receptors in the brain. This class of substances can include prescription medications as well as illicit drugs.

OUD is classified as either mild, moderate, or severe, depending on the extent of diagnostic criteria met by an individual. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) identifies diagnostic criteria for SUD, which is also applied to OUD.⁶

Substance Use Disorder Symptoms⁶

1. Taking in larger amounts than intended
2. Desire to control use or failed attempts to control use
3. Significant time spent obtaining, using, or recovering from the substance
4. Craving for the substance
5. Failure to meet obligations
6. Social and interpersonal problems
7. Activities given up or reduced
8. Physically hazardous use
9. Physical or psychological problems likely caused by use
10. Tolerance
11. Withdrawal

Diagnoses for Opioid Use Disorder

DSM-5 Diagnosis Level ⁶	ICD-10 Code ⁷
Mild 2-3 Symptoms	F11.10
Moderate 4-5 Symptoms	F11.20
Severe ≥ 6 Symptoms	F11.20

Screening

Screening is a process of routine patient care using validated screening tools to identify the presence and level of risk associated with a patient's substance use behaviors. Screening does not provide a diagnosis of substance use or related disorders; however it can help identify patients demonstrating risky behaviors, including those who would not otherwise disclose their behaviors or harmful outcomes they are experiencing. Two levels of screening exist when implementing SBIRT: pre-screening and full screening.

There are two workflow strategies to choose from when implementing the screening process.

1. A pre-screen is universally administered to rule out patients who present low or no risk. For patients who do present a risk, a full screening is performed.
2. A full screening can be universally administered without a pre-screen to determine the presence and level of risk associated with patients' substance use behaviors.

Pre-Screen

Universal screening is provided to all patients who visit a primary care provider, typically during the patient intake process. This screening rules out patients who are participating in risky substance use behaviors.



The patient is engaging in substance use behaviors and a full screening should be administered to determine the associated level of risk.

Validated Screening Tool	Substance(s) Screened For
AUDIT-C	Alcohol
NIAA Single Question	Alcohol
NIDA Single Question	Alcohol, Tobacco, Drugs



The patient is not engaging in substance use behaviors and a full screening should not be administered. Feedback, positive reinforcement, and education should be provided.

For each level of screening, a variety of validated screening tools are available. Primary care providers have flexibility in determining which tool they want to implement. Patient population's age, method of screening, tool administration, substance(s) screened for, and time constraints are important factors to consider.

The resulting metrics of pre-screenings and full screenings vary among each tool. For purposes of SBIRT, these metrics can be applied to broad categories based on tool-specific cut off points or scoring intervals. Pre-screenings are either positive or negative, while full screening tools can indicate low, moderate, or high risk levels. The results of the full screening can help guide the primary care provider in the next steps of brief intervention.



Screening: To Do

Steps for Implementation

- Choose a workflow strategy
- Select a screening tool(s)
- Identify involved personnel and familiarize them with screening delivery and scoring

Full Screen

Targeted screening is administered either universally or to patients who are participating in risky substance use behaviors. This can include patients who screen positive on the universal screen, or present clear indication of use or intoxication.

Validated Screening Tool	Substance(s) Screened For
USAUDIT	Alcohol
DAST-10	Drugs
ASSIST	Alcohol, Tobacco, Drugs
CRAFT 2.0	Alcohol, Drugs

Low

Feedback, positive reinforcement, and education

Mod

Brief Intervention or Extended Brief Intervention

High

Extended Brief Intervention or Referral to Treatment

Brief Intervention

A Brief Intervention (BI) is a time-limited, individual counseling session between a healthcare provider and a patient that focuses on increasing insight of substance use behaviors and motivating those demonstrating those behaviors to reduce or stop them. They can be administered in single or multiple sessions. BIs are modeled after general principles of Motivational Interviewing (MI), a person-centered, evidence-based, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence within the individual.²

There are general goals that apply to all BIs; however, they are often fluid and can be influenced by multiple factors: the patient's screening score, the patient's readiness to change, and the patient's specific needs.

General Goals of a BI²

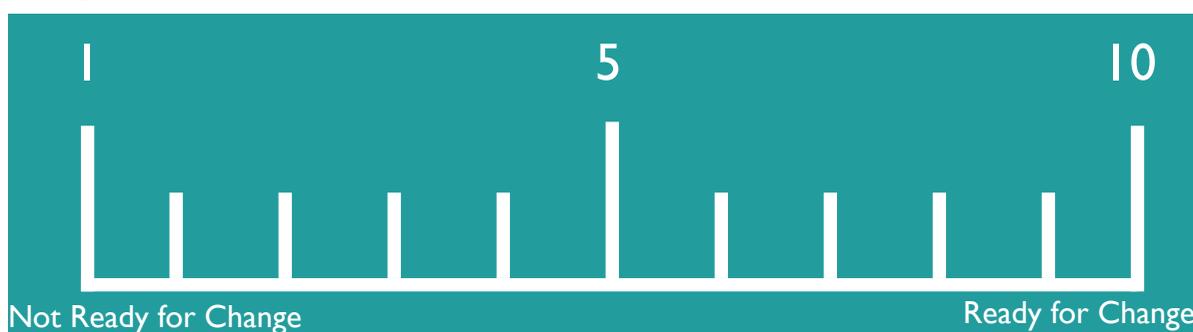
- **Educate** the patient on *safe levels* of substance use
- **Increase** the patient's *awareness* of the consequences of substance use
- **Motivate** the patient towards *changing* substance use behavior
- **Assist** the patient in making *choices* that reduce their risk of substance use problems

There are four types of BIs available for use in SBIRT.² A patient's screening score determines their level of risk and subsequently the most appropriate type of intervention.



A patient's specific needs and readiness to change can be identified through the BI. Guided by MI principles, counseling sessions should affirm patient strengths, be individualized, and avoid labeling. The session should focus on creating a partnership to identify the least intensive next steps for positive change in the patient's life. A successful counseling session should result in the patient's recognition of the divergence between their behaviors and broader goals.

A readiness ruler can be used during the BI to determine patients' readiness to change their behaviors, visit a specialized care provider, or engage in treatment.⁹ The patient ranks how ready they are to take action on a scale from one to 10, with one indicating that are not ready and 10 indicating that they are ready. If the patient is not ready to engage, continued support and monitoring from the primary care physician should be offered.



Multiple frameworks exist for guiding BIs. A widely accepted framework is the Brief Negotiated Interview (BNI). Other frameworks applicable to SBIRT include the F.L.O, F.R.A.M.E.S, and Extended BNI.¹⁰ They all contain similar elements but vary in organization, leaving selection up to provider discretion. In instances where time does not allow for a structured Brief Intervention, these frameworks are adaptable.

Brief Negotiated Interview¹¹

1. Raise Subject
2. Provide Feedback
 - Review screen
 - Make connection
3. Enhance Motivation
 - Determine readiness to change
 - Develop discrepancy
 - Discuss pros and cons
4. Negotiate and Advise
 - Negotiate goal
 - Give advice
 - Summarize
 - Provide handouts
 - Suggest primary care follow-up
 - Thank patient

Brief Intervention: To Do *Steps for Implementation*

- Familiarize involved personnel with types of Brief Interventions and when they are most appropriate
- Choose a Motivational Interviewing framework

Referral to Treatment

The referral to treatment process includes connecting patients who screen for high risk opioid use behaviors or demonstrate symptoms of opioid use disorder to a specialized level of care for either further assessment or treatment. These specialized levels of care can include mental health, substance use, or pain management providers. Similar to referring patients to other specialized care providers, such as cardiologists or gastroenterologists, the process includes accessing treatment, selecting a facility, and assisting the patient in navigating any barriers to care.

Possible barriers to this process from a primary care provider's perspective include the lack of knowledge of resources for treatment, availability of these resources, and relationships between primary care and specialized care providers. There are multiple online resources that can be used in locating treatment or assessment facilities throughout the state. In addition, referrals can be made to the Community Mental Health Centers (CMHCs) that are distributed in 14 regions throughout the state. These barriers can also be overcome by establishing connections with nearby specialized care providers as part of a medical neighborhood. By cultivating a standing relationship, the referral to treatment process can be expedited and integrated into practice operations. A properly executed referral process is critical to ensuring the patient receives the necessary care coordination and support services to facilitate and maintain recovery.

Locating Treatment Providers



FindHelpNowKY is an online treatment resource locator that provides real-time updates for available treatment options throughout the state. The locator can be found at <https://findhelpnowky.org>.



KY-Moms MATR is a program offering resources and support to reduce substance use related harms for Kentucky mothers and their children. More information can be found at <http://dbhdid.ky.gov/dbh/kymomsmatr.aspx>.



KENTUCKY
Cabinet for Health and
Family Services

The Kentucky Cabinet for Health and Family Services provides information on service providers at Medication Assisted Treatment (MAT) facilities at <http://dbhdid.ky.gov/dbh/opiate.aspx>.

Levels of Care

When referring to treatment, it is not required for the primary care provider to diagnose a patient with substance use disorder or decide on an appropriate level of treatment. The specialized care provider can make these determinations after the patient has been referred. The American Society of Addiction Medicine (ASAM) Levels of Care model is a useful guide for substance use disorder providers in identifying appropriate levels of care.¹² Primary care providers' familiarity with these levels of care can improve the follow-up process with patients whom they are referring. These levels are viewed on a spectrum, with movement between levels likely depending on each patient's unique needs.



Follow Up

The follow-up process for primary care providers who refer their patients to specialized care providers is also important in maintaining informed and integrated care. As part of the Code of Federal Regulations (CFR), **Confidentiality of Alcohol and Drug Abuse Patient Records – 42 CFR** mandates that substance use treatment programs cannot disclose information about a patient without written consent from them.¹³ A primary care provider must obtain this written consent to communicate or receive reports from a treatment program. Other specialty care providers are able to share patient information with the primary care provider, although sharing the information is up to the provider's discretion. **The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule** states that patient information can be shared between two covered entities who have a previously established relationship with the patient if being used for treatment, payment, or healthcare operation activities.¹⁴ Establishing pre-existing relationships and agreements with referral providers can help ease the transfer of information between providers.



Referral to Treatment: To Do, Steps for Implementation

- *Identify specialized care provider options in the community*
- *Connect with providers to establish relationships and rapport*
- *Designate and complete the necessary paperwork for the patient follow-up process*

Codes Allowable for Billing

There are several approved Common Procedure and Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for billing SBIRT services. Variations in applicable codes include extent of services (screening, or screening and BI), time spent administering a BI, and payer type. Reimbursement fees may vary between providers, payers, and contracts.

Payer	HCPCS/CPT Code	Description	Estimated 2018 Fee
Commercial Insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief interventions services; 15 to 30 minutes	\$20.98 ¹⁵
Commercial Insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services; > 30 minutes	\$53.29 ¹⁶
Commercial Insurance, Medicaid	99420	Screening only; Administration and interpretation of health risk assessment instruments	\$7.05 ¹⁵
Medicaid	H0049	Alcohol and/or drug screening; under 15 minutes	\$24.06 ¹⁵
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$32.79 ¹⁶
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief interventions services: < 30 minutes	\$65.00 ¹⁶

Prior to 2017, the Kentucky Department of Medicaid Services did not have a way to report SBIRT services that lasted less than 15 minutes included on their fee schedule. This was amended in 2017 to include H0049, covering alcohol and/or drug screening lasting less than 15 minutes.



Billing: To Do

Steps for Implementation

- *Confirm* reimbursement policies for payers covering services
- *Integrate* documentation requirements into the electronic health record

Documenting SBIRT Services⁴

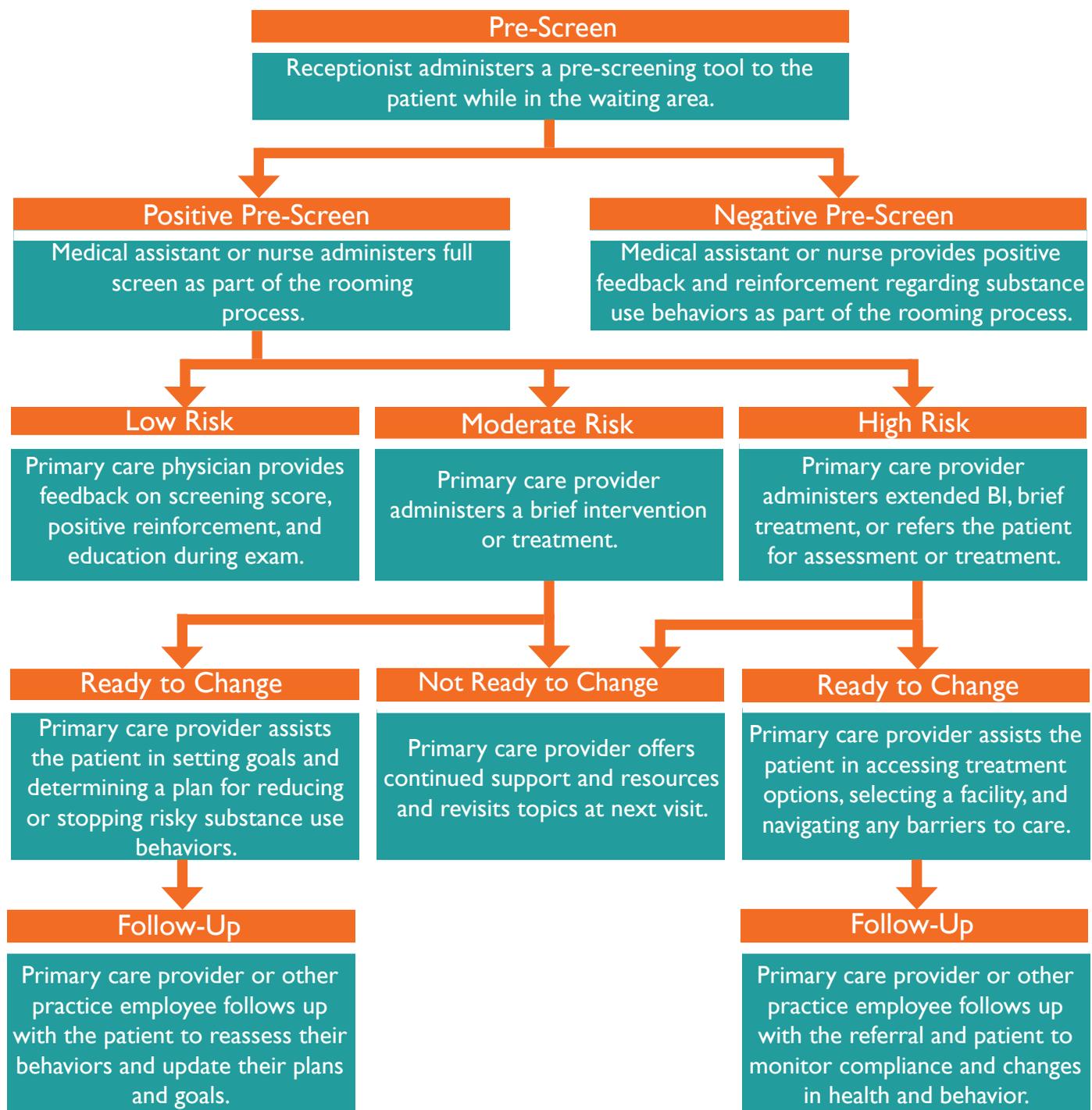
To ensure reimbursement for providing SBIRT services, certain documentation must be provided. Centers for Medicare and Medicaid Services require that the following documentation be present in the medical record to be reimbursed for SBIRT services. These documentation requirements are common among other insurance providers' requirements for SBIRT reimbursement.

- Start/stop or total face-to-face time with patient
- Rationale for ordering diagnostic and ancillary services, or ensure that it can be inferred
- Patient's progress, response to changes in treatment, and revision of diagnosis
- 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
- Appropriate health risk factors
- Documentation to support all codes reported on the health insurance claim
- Accessible past and present diagnoses accessible for the treating and/or consulting physician
- Signature for all services provided/ordered

Each insurance company should be consulted for specific requirements as they pertain to a covered provider or practice.

SBIRT Workflow

By implementing SBIRT, a practice can benefit from a well-documented and thought out workflow that is unique to the practice's operations, patient population, and workforce. Here, you can find an example of such a workflow.



Frequently Asked Questions

- **How long does it take to screen for opioid use disorder or other substance use disorders?**

The pre-screening takes 1-2 minutes, and the full screen is 5-20 minutes depending on the selected screening tool. Only 15-25% of pre-screened individuals will require a full screen. Screening time includes administration, completion, and scoring.
- **How do I pick a validated screening tool for opioid use disorder and alcohol?**

Providers can choose tools that test for multiple substances. The NIDA Single Question pre-screening tool and ASSIST full screening tool screen for multiple types of substances used.
- **How do I know who to refer to treatment?**

The majority of patients will not need a referral and can be followed up with by the primary care office. Providers that refer out to specialized care providers for a diagnosis or assessment should create a formal relationship like they would with other specialists along with agreements for sharing records.
- **How do I get reimbursed?**

The approved billing codes and documentation process is outlined in this guide. Reimbursement may vary based on provider, payer, and contract. Clarifying billing and documentation processes with insurance plans as they pertain to individual providers and practices is encouraged.
- **Can we get help to implementing SBIRT?**

Yes, please contact the Kentuckiana Health Collaborative at (502) 238-3603 or info@khkcollaborative.org to be connected with local organizations that can offer tips and guidance for implementing SBIRT.

Helpful Links

SBIRT

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
<https://www.integration.samhsa.gov/clinical-practice/sbirt>
- **Passport Health Plan**
<http://passporthealthplan.com/providers/sbirt>
- **Centers for Medicare and Medicaid Services**
https://www.cms.gov/Outreach-and-Education/Medicaid-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

Training

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
<https://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources>
- **Kentucky Academy of Family Physicians (KAFFP)**
<http://www.kafp.org/sbirt-training-2>
- **Kentucky Board of Medical Licensure (KBML)**
<https://kbml.ky.gov/prescribing-substance-abuse/Pages/default.aspx>

Screening

- **AUDIT-C**
https://www.integration.samhsa.gov/images/res/tool_auditc.pdf
- **NIDA Quick Screen**
https://www.drugabuse.gov/sites/default/files/files/QuickScreen_Updated_2013%281%29.pdf
- **NIAA Single Question**
<https://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf>
- **Alcohol Use Disorders Identification Test (AUDIT)**
https://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT_Manual_2.pdf

- **Drug Abuse Screening Test (DAST-10)**
<https://www.integration.samhsa.gov/clinical-practice/sbirt/DAST.pdf>
- **Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)**
http://apps.who.int/iris/bitstream/handle/10665/44320/9789241599382_eng.pdf;jsessionid=4A420DA5D1318B78D0080EC0E-255C457?sequence=1
- **CRAFFT 2.0**
https://ceasar.childrenshospital.org/wp-content/uploads/2018/01/FINAL-2.1-CRAFFTv2_provider_manual_with-CRAFFTN_2018-01-29.pdf

Brief Intervention

- **Brief Negotiated Interview (BNI)**
https://www.integration.samhsa.gov/clinical-practice/sbirt/Brief_Negotiated_Interview.pdf
- **FLO Intervention Model**
<http://hospitalsbirt.webs.com/FLO%20by%20Dunn%20and%20Field.pdf>
- **Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol (TIP) Series, No. 34**
https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf

Referral to Treatment

- **FindHelpNow KY**
<https://www.findhelpnowky.org>
- **KY Moms MATR**
<https://dbhdid.ky.gov/dbh/kymomsmatr.aspx>
- **KY CHFS - MAT**
<https://dbhdid.ky.gov/dbh/opiate.aspx>

Coding and Billing

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
https://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf
- **SBIRT Training**
<https://www.sbirttraining.com/node/6783>

¹Substance Abuse and Mental Health Services Administration (SAMHSA), *Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Behavioral Healthcare*, https://www.samhsa.gov/sites/default/files/sbitwhitepaper_0.pdf. April 1, 2011.

²Addiction Technology Transfer Network, *National Screening, Brief Intervention and Referral to Treatment (SBIRT) ATTC, 4 Hour SBIRT Training*.

³Center for Integrated Health Solutions, *SBIRT: Screening, Brief Intervention, and Referral to Treatment Opportunities for Implementation and Points for Consideration*, https://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf

⁴Center for Medicare and Medicaid Services (March 2017) *Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services*, https://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

⁵Substance Abuse and Mental Health Services Administration (17 October 2015) *Substance Use Disorders*, <https://www.samhsa.gov/disorders/substance-use>

⁶American Psychiatric Publishing (2013) *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*

⁷World Health Organization (1992) *The Icd-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*.

⁸Centers for Disease Control and Prevention, National Center for Health Statistics. (July 27, 2018) *Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, Data are from the Multiple Cause of Death Files, 1999-2016*, <http://wonder.cdc.gov/ucd-icd10.htm>.

⁹Center for Substance Abuse Treatment (1999) *Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol (TIP) Series, No. 34*. HHS Publication No. (SMA)123952. Rockville, MD:

¹⁰Substance Abuse and Mental Health Services Administration (SAMHSA) *SBIRT: Brief Intervention*, <https://www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions>

¹¹Substance Abuse and Mental Health Services Administration (SAMHSA) *Brief Negotiated Interview (BNI)*, https://www.integration.samhsa.gov/clinical-practice/sbirt/Brief_Negotiated_Interview.pdf

¹²The American Society of Addiction Medicine. *What is the ASAM Criteria?* <https://www.asam.org/resources/the-asam-criteria/about>

¹³Office for Civil Rights (July 26, 2013) *Summary of the HIPAA Privacy Rule*, <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

¹⁴Electronic Code of Federal Regulations, *Confidentiality of Substance Use Disorder Patient Records*, Title 42 Chapter 1 Sub-chapter A Part 2, <https://www.ecfr.gov/cgi-bin/text-idx?SID=0f9b2a146b539944f00b5ec90117d296&mc=true&node=pt42.1.2&rgn=div5>

¹⁵Kentucky Department for Medicaid Services (2018) *Physician Fee Schedule*, <http://www.chfs.ky.gov/NR/rdonlyres/81B5BCA4-9977-4CBA>

¹⁶Center for Medicare and Medicaid Services (2018) *Fee Schedule*, <https://www.cms.gov/apps/physician-fee-schedule/search/searchcriteria.aspx>



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