



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

Target Audience: Medicare Fee-For-Service Providers and Medicaid Programs

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Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

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

This booklet 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 misuse or those who meet the criteria for substance use disorder.

SBIRT has three major components:

1. **Screening:** Screening or assessing a patient for risky substance use behaviors using standardized assessment tools (in Medicare, known as Medicare Structured Assessment; in Medicaid, known as Medicaid Screening).
2. **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.
3. **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

The first element of SBIRT is assessment or screening. You may use tools that include the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) Manual and the Drug Abuse Screening Test (DAST). The [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Screening Tools](#) webpage includes more information on SBIRT assessment and other screening 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 or treatment. Medicare has specific qualifications for suppliers authorized to furnish SBIRT services.

Table 1. Health Care Suppliers Eligible to Provide SBIRT Services

Provider Type & Reference	Qualifications
Physician 42 Code of Federal Regulations (CFR) 410.20 Medicare Benefit Policy Manual, Chapter 15, Section 30	<ul style="list-style-type: none"> ✓ Is legally authorized to practice medicine by the State where they perform their services ✓ Performs services within the scope of their license as defined by State law

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

Provider Type & Reference	Qualifications
Physician Assistant (PA) 42 CFR 410.74 Medicare Benefit Policy Manual, Chapter 15, Section 190	<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)
Nurse Practitioner (NP) 42 CFR 410.75 Medicare Benefit Policy Manual, Chapter 15, Section 200	<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 they practice as an NP ✓ Be certified as an NP by a recognized national certifying body that has established NP standards ✓ 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 they practice as an NP ✓ Be certified as an NP by a recognized national certifying body that has established NP standards <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 they practice as an NP
Clinical Nurse Specialist (CNS) 42 CFR 410.76 Medicare Benefit Policy Manual, Chapter 15, Section 210	<ul style="list-style-type: none"> ✓ A registered nurse currently licensed to practice in the State where they practice ✓ 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 CNS standards

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

Provider Type & Reference	Qualifications
Clinical Psychologist (CP) 42 CFR 410.71 Medicare Benefit Policy Manual, Chapter 15, Section 160	<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 they practice ✓ 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 they furnish the services
Clinical Social Worker (CSW) 42 CFR 410.73 Medicare Benefit Policy Manual, Chapter 15, Section 170	<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 they perform 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 they perform services ◦ 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
Certified Nurse-Midwife 42 CFR 410.77 Medicare Benefit Policy Manual, Chapter 15, Section 180	<ul style="list-style-type: none"> ✓ A registered nurse currently licensed to practice in the State where they practice ✓ 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

Medicare-Covered SBIRT Services

Medicare only covers 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 or treat patients with signs or 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:

- Be complete and legible
- Record start and stop times or total face-to-face time with the patient (because some SBIRT HCPCS codes are time-based)
- 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 provider
 - Physical examination findings and prior diagnostic test results
 - Plan of care
 - Reason for encounter and relevant history
- Identify appropriate health risk factors
- Document to support all codes reported on the health insurance claim
- Make past and present diagnoses accessible for the treating and consulting physicians
- Sign all services provided or ordered

NOTE: Incomplete records place you at risk of a partial or full denial of Medicare payments.

Medicare Telehealth May Include SBIRT Services

You can provide SBIRT services via telehealth if all requirements are met. See the [Medicare Telehealth Services](#) booklet for more information.

Billing SBIRT Services

The following graphic describes the most common alcohol and substance abuse assessment and intervention service codes.

SBIRT Codes and Descriptors

- HCPCS Code G2011: Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5–14 minutes
 - Effective January 1, 2019
- 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

Refer to the [SAMHSA Coding for Screening and Brief Intervention Reimbursement](#) webpage for more information about SBIRT reimbursement.

Drugs Used to Treat Opioid Dependence

Medicare Part D sponsors **must** include coverage for Part D drugs, by including the drug on the formulary or by exception, when medically necessary, for treating opioid dependence. Coverage is not limited to single entity products such as Buprenorphine but must include combination products when medically necessary, for example, Buprenorphine Naloxone, and long acting Naltrexone. Centers for Medicare & Medicaid Services (CMS) requires sponsors to have a transition policy to prevent accidental interruptions in therapeutic treatment with Part D drugs when new enrollees transition into the benefit. This transition policy, along with CMS' non-formulary exceptions and appeals requirements, should ensure that all Medicare enrollees have timely access to their medically necessary opioid dependence Part D drug therapies.

A Part D drug is defined, in part, as a drug that may be dispensed only upon a prescription if it is being used to treat a medically accepted indication. See [Medicare Prescription Drug Benefit Manual, Chapter 6](#). Methadone is not a Part D drug when you write a prescription to treat opioid dependence because a retail pharmacy cannot dispense it for this purpose.

NOTE: Methadone is a Part D drug when indicated for pain. State Medicaid Programs may include the costs of methadone in their bundled payment to qualified drug treatment clinics or hospitals dispensing methadone for opioid dependence. For more information, refer to the [Medicare Prescription Drug Benefit Manual, Chapter 6](#), Section 10.8, Drugs Used to Treat Opioid Dependence.

SBIRT Under Medicaid

States may cover SBIRT services as a Medicaid State Plan service. SBIRT services may be covered under several State plan benefits including, but not limited to: [42 CFR 440.50](#) – physicians' services; [42 CFR 440.60](#) – services of other licensed practitioners; [42 CFR 440.130\(c\)](#) – preventive services; and [42 CFR 440.130\(d\)](#) – rehabilitative services.

In addition, the Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit provides a comprehensive selection of preventive, diagnostic, and treatment services for eligible children under the age of 21. It is a mandatory benefit designed to ensure children receive early detection and care to avoid health problems altogether or diagnosed and treated early. States must arrange for children to receive the physical, mental, vision, hearing, and dental services they need to treat health problems. The EPSDT benefit also requires States to make available any service or item that fits within the categories of Medicaid-covered benefits listed in [Section 1905\(a\)](#) of the Act if that service or item is necessary and “corrects or ameliorates” defects and physical and mental illnesses or conditions.

For preventive services, a physician or other licensed practitioner of the healing arts must recommend the service, within the scope of their practice under State law (contact your [State Medicaid agency](#) for covered licensed practitioners). More information about Medicaid’s preventive services coverage is available on the [Medicaid Prevention](#) webpage.

When State Medicaid Plans cover SBIRT services, the States establish the practitioner and their qualifications for furnishing the services. 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 unlicensed professional renders the services)
- Working within their State Scope of Practice Act

Documenting Medicaid SBIRT Services

You must comply with the State’s Medicaid SBIRT documentation policy. You can often find the State’s documentation policy in its Medicaid Provider Manual. For additional documentation information, 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 you bill (for example, HCPCS codes G0396, G0397, G0442, G0444, H0049, and H0050). Check with your State Medicaid agency about which billing codes to use. The Medicaid National Correct Coding Initiative (NCCI) Policy Manual, Chapter 12, Section C(16), available on the [Medicaid NCCI Reference Documents](#) webpage, contains information about billing codes G0396 and G0397 with evaluation and management codes and behavioral health codes included.

Medicaid Telemedicine May Include SBIRT Services

If the State permits it, you may provide SBIRT services via telemedicine. Refer to the [Medicaid Telemedicine](#) webpage.

Dual Eligibles

For individuals enrolled 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 appropriate Medicare-approved amount. The Medicare provider must enroll in the State Medicaid Program to receive payment from the program. States must accept the claim and determine if it will pay the cost-sharing amounts.

States 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.

Refer to [Dual Eligible Beneficiaries Under Medicare and Medicaid](#) booklet for more information.

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	Medicaid: Contact your State Medicaid Agency Medicaid.gov/state-overviews Medicare: Contact your local MAC Go.CMS.gov/MAC-website-list
MLN Matters® 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	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1013.pdf
MLN Matters Article SE1604, Medicare Coverage of Substance Abuse Services	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1604.pdf
Stopping the Misuse of Fentanyl and Other Synthetic Opioids	GAO.gov/multimedia/GAO-18-205/infographic/summary

Table 3. Hyperlink Table

Embedded Hyperlink	Complete URL
42 CFR 410.71	https://www.ecfr.gov/cgi-bin/text-idx?SID=97f4a4258441805018c1459e4e67bdfd&mc=true&node=se42.2.410_171&rgn=div8
42 CFR 410.73	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_173
42 CFR 410.74	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_174
42 CFR 410.75	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_175
42 CFR 410.76	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_176
42 CFR 410.77	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_177
42 CFR 440.50	https://www.ecfr.gov/cgi-bin/text-idx?SID=9bcdc670ed491077fb0481abc164c27f&mc=true&node=pt42.4.440&rgn=div5#se42.4.440_150
42 CFR 440.60	https://www.ecfr.gov/cgi-bin/text-idx?SID=9bcdc670ed491077fb0481abc164c27f&mc=true&node=pt42.4.440&rgn=div5#se42.4.440_160
42 CFR 440.130	https://www.ecfr.gov/cgi-bin/text-idx?SID=9bcdc670ed491077fb0481abc164c27f&mc=true&node=pt42.4.440&rgn=div5#se42.4.440_1130
42 Code of Federal Regulations (CFR) 410.20	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=97f4a4258441805018c1459e4e67bdfd&mc=true&r=SECTION&n=se42.2.410_120
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

Table 3. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicaid NCCI Reference Documents	https://www.medicaid.gov/medicaid/program-integrity/ncci/reference-documents
Medicaid Prevention	https://www.medicaid.gov/medicaid/benefits/prevention
Medicaid Telemedicine	https://www.medicaid.gov/medicaid/benefits/telemed
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 Prescription Drug Benefit Manual, Chapter 6	https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/downloads/chapter6.pdf
Medicare Telehealth Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243327.html
SAMHSA Coding for Screening and Brief Intervention Reimbursement	https://www.samhsa.gov/sbirt/coding-reimbursement
SAMHSA-HRSA Center for Integrated Health Solutions	https://www.integration.samhsa.gov/clinical-practice/sbirt
SBIRT: Opportunities for Implementation and Points for Consideration	https://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf
Section 1905(a)	https://www.ssa.gov/OP_Home/ssact/title19/1905.htm
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/state-overviews
Substance Abuse and Mental Health Services Administration (SAMHSA) Screening Tools	https://www.integration.samhsa.gov/clinical-practice/screening-tools

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