



Screening, Brief Intervention & Referral to Treatment (SBIRT) Services



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What's Changed?

- Updated the telehealth service requirements (page 5)
- You can prescribe controlled medications like buprenorphine using telehealth through December 31, 2025 (page 6)
- Added coverage information for opioid treatment programs (OTPs) (page 7)
- Added safety planning intervention (SPI) for patients in crisis and post-discharge phone follow-up contacts intervention (FCI) (page 9)
- We pay for certain medications and services, including medication for opioid use disorder (MOUD) treatment, in the emergency department (ED) (page 9)

Substantive content changes are in dark red.

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What's SBIRT?

Medicare and Medicaid cover screening, brief intervention, and referral to treatment (SBIRT) services. [SBIRT](#) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders (SUDs) and people who are at risk of developing these disorders.

Anyone experiencing a mental health crisis, including a substance use crisis or thoughts of suicide, can get confidential support 24/7 by calling 988 or visiting [988lifeline.org](https://www.988lifeline.org). Visit the [SAMHSA 988 Partner Toolkit](#) for information and resources.

We pay for medically reasonable and necessary SBIRT services in both physicians' offices and outpatient hospital settings, including public health centers, emergency departments (EDs), and primary and specialty care physicians' offices.

In these settings, assess and identify people with, or at risk for, substance use-related issues and provide brief interventions and referral to treatment when applicable.

SBIRT has 3 major components:



1

Screening:

Screen or assess a patient for risky substance use behaviors with standardized assessment tools (known as Medicare Structured Assessment) to identify the appropriate level of care. Screening quickly assesses a patient's substance use severity and identifies the appropriate treatment level.



2

Brief Intervention:

Brief intervention increases substance use insight and awareness and motivates behavioral change. Engage the patient in a short conversation to increase their awareness of risky substance use behaviors and provide feedback, motivation, and advice.



3

Referral to Treatment:

Refer patients whose assessment or screening shows a need for additional services to specialty care treatment.

SBIRT Assessment & Screening Tools

You can use the following tools:

- [Alcohol Use Disorders Identification Test \(AUDIT\) Manual](#)
- [Drug Abuse Screening Test \(DAST\)](#)

For help finding SUD and mental health information and treatment facilities and programs, visit SAMHSA's:

- [Find Substance Use Disorder Treatment](#)
- [FindTreatment.gov](https://www.findtreatment.gov)

Medicare-Covered SBIRT Services

We cover reasonable and necessary SBIRT services you provide to evaluate or treat patients with signs or symptoms of illness or injury, according to section 1862(a)(1)(A) of the [Social Security Act](#).

We pay for these services under the Medicare Physician Fee Schedule (PFS) and the Hospital Outpatient Prospective Payment System. The [Medicare Claims Processing Manual, Chapter 4](#), section 200.6 has more Medicare SBIRT payment services information.

Documenting Medicare SBIRT Services




The patient's medical record must support all Medicare claims. Incomplete records place you at risk for partial or full Medicare payment denial. The patient's medical record must:

- Be complete and legible
- Record start and stop times or total face-to-face time with the patient (some SBIRT HCPCS codes are time-based)
- Document the patient's progress, response to treatment changes, and diagnosis revision
- Document the rationale for ordering diagnostic and other ancillary services, or make sure it's easily inferred
- Document, for each patient encounter, the:
 - Assessment, clinical impression, and diagnosis
 - Date and legible provider identity
 - Physical exam findings and prior diagnostic test results
 - Plan of care
 - Encounter reason and relevant history
- Identify appropriate health risk factors
- Make past and present diagnoses accessible for treating and consulting physicians
- Have signatures for all services provided or ordered

[Medicare Benefit Policy Manual, Chapter 15](#), section 30.G has more information about documenting the physician or non-physician practitioner's (NPP's) presence and service participation.

Billing Medicare SBIRT Services

Bill alcohol and substance use (other than tobacco) SBIRT services with these HCPCS codes:

G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 5–14 minutes	
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	

If you diagnose your patient with opioid use disorder (OUD), we cover these treatment services:

- Evaluation and management (E/M) visits for medication management
- Office-based SUD treatment services
- Comprehensive treatment provided by an opioid treatment program (OTP)

Medicare Telehealth Includes SBIRT Services

You can provide SBIRT services via [telehealth](#) if you meet all requirements.

We cover interactive telecommunications, including 2-way, interactive, audio-only technology, to diagnose, evaluate, or treat certain SUDs if the patient is in their home. **You can provide telehealth using 2-way, interactive, audio-only technology through September 30, 2025. We'll pay for telehealth services you provide to people in their homes at the non-facility PFS rate through September 30, 2025.**

Add modifier 93 to the claim for counseling and therapy provided through audio-only telecommunications using HCPCS code G2080, as well as for intake activities and periodic assessments provided using audio-only communication technology.

Add modifier 95 to the claim for counseling and therapy provided through audio-video telecommunications using HCPCS code G2080, as well as for intake activities and periodic assessments provided using audio-video communication technology.

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E/M Visit for Medication Management

CPT codes 99202–99499 represent visits and services for evaluating and managing patient health. For example, you can use E/M visits to provide medication management to make sure patients take medications properly in their recovery process. Medications prescribed for patients with OUD in the office setting could include buprenorphine and naltrexone. If your patient has Medicare drug plan (Part D) coverage, their plan must cover these medications. **You can prescribe controlled medications like buprenorphine through telehealth through December 31, 2025.**

The [Evaluation and Management Services Guide](#) has more information.

Office-Based SUD Treatment Services

[Office-based SUD treatment services](#) are a way for physicians and NPPs to bill for a group of services in the office setting. We cover a monthly bundle of services (for patients who are prescribed buprenorphine or naltrexone in the office setting) for treating an OUD or other SUDs, or both.

Bill office-based SUD treatment services with HCPCS codes G2086–G2088.

Don't bill HCPCS codes G2086–G2088 more than once per month per patient. These codes describe treatment for 1 or more SUDs.



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Opioid Treatment Programs

We pay certified OTPs through bundled OUD Medicare Part B treatment services payments based on weekly episodes of care. We cover treatment for OUD for as long as reasonable and necessary. Covered services include:

- FDA-approved opioid agonist and antagonist medications for opioid use disorder (MOUD):
 - Methadone, **including initiating treatment with methadone provided through 2-way interactive audio-video technology**
 - Buprenorphine, **including extended-release buprenorphine injection (under the brand name Brixadi®)**
 - Naltrexone
 - Nalmefene hydrochloride nasal spray (under the brand name Opvee®)
- Dispensing and administering MOUD, if applicable
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities and periodic assessments, **including social determinants of health (SDOH) risk assessments**
- Take-home supplies of methadone, oral buprenorphine, naloxone, and nalmefene
- Intensive outpatient program (IOP) services
- Coordinated care and referral services
- Patient navigational services
- Peer recovery support services

Audio-Video Telehealth

You can provide these services through 2-way audio-video interaction:

- Substance use counseling and individual and group therapy services included in the bundled payment
- The add-on code for additional counseling and therapy
- Intake activities and periodic assessments
- Initiation of treatment with buprenorphine

Note: You can also provide these services through **audio-only** interaction (for example, phone calls) when audio-video communication isn't available to the patient. This includes circumstances where the patient isn't capable of, or doesn't consent to, using devices that permit a 2-way audio-video interaction, provided the OTP meets all other applicable requirements.

HCPCS Code G2076

OTPs can use the intake add-on HCPCS billing code G2076 when they start methadone treatment with **audio-only** devices. We allow this if the patient is with a licensed practitioner who can prescribe and dispense controlled medications and if audio-video technology isn't available or practical. This licensed practitioner must be in the same room as the patient to do the visual part of the exam.

[Opioid Treatment Program Directory](#) and [OTPs Billing & Payment](#) have more information, including HCPCS codes and billing for OTPs.

There's no copayment for OTP services for patients with Medicare, but the Part B deductible applies. Check your patient's [Medicare eligibility](#). View a list of [Medicare-enrolled OTPs](#).

Opioid Use Disorder: Part D Treatment Drugs

Medicare drug plan (Part D) sponsors must cover OUD Part D treatment drugs, when medically necessary, by including them on the formulary or by exception. Coverage isn't limited to single entity products (for example, buprenorphine) but must include combination products when medically necessary (for example, buprenorphine naloxone and long-acting naltrexone).

Part D sponsors must have a transition policy to prevent interruptions in Part D therapeutic treatment drugs when new patients transition into the benefit. This transition policy, along with CMS's non-formulary exceptions and appeals requirements, helps make sure all patients have timely access to medically necessary OUD Part D drug therapies.

A pharmacy can dispense a Part D drug only upon a prescription if the drug is helping treat a medically accepted indication. [Medicare Prescription Drug Benefit Manual, Chapter 6](#), section 10.6 and [A Prescriber's Guide to Medicare Prescription Drug \(Part D\) Opioid Policies](#) have more information.

You can prescribe a Part D schedule II, III, IV, or V controlled substance electronically according to the electronic prescription drug program requirements.

Methadone isn't an OUD Part D drug when used to treat opioid dependence because retail pharmacies can't dispense it for this purpose. Methadone is a Part D drug when used for pain. [42 CFR 8.12\(h\)\(2\)](#) has more FDA-authorized OUD investigational use medication information, and [42 CFR 8.1](#) has more OUD medication information.

Note: State Medicaid Programs may include the methadone costs in their bundled payment to qualified OTPs or hospitals dispensing methadone for OUD. [Medicare Prescription Drug Benefit Manual, Chapter 6](#), section 10.8 has more information.

SBIRT Benefits

In health care settings, including the ED, you systematically screen people who may not seek SUD help and offer SBIRT to:

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

SUD Screening & Intervention Services

We cover:

- [Alcohol misuse screening and counseling](#), a preventive screening once per year for adults who use alcohol but aren't dependent. If you detect misuse, we cover up to 4 brief face-to-face counseling sessions per year if the patient is alert and competent during counseling.
- [Annual depression screening](#) in primary care settings that have staff-assisted depression care supports in place to ensure accurate diagnosis, effective treatment, and follow-up.
- [Wellness visits](#), where physicians or other health care professionals review the patient's medical and social history related to their health, education, and counseling about preventive services. These include an SDOH risk assessment and SUD screening.
- Mental health services for SUD. [Medicare & Mental Health Coverage](#) explains qualifications, coverage, and payment guidelines, including inpatient treatment and IOP.
- **Safety planning intervention (SPI) for patients in crisis and post-discharge phone follow-up contacts intervention (FCI).**
 - SPI is an intervention for patients who you determine have an elevated risk for suicide, including risky substance use. Use HCPCS code G0560 (Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe).
 - FCI is for patients with suicide risk, including overdose, involving a series of phone contacts, up to 4 calls per calendar month, between a provider and patient in the following weeks and sometimes months in any instance in which the patient has been discharged following a crisis encounter, including discharge from an ED, psychiatric inpatient care, or crisis stabilization. Use HCPCS code G0544 (Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, 4 calls per calendar month).
- MOUD treatment in the ED. Use HCPCS code G2213 (Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (List separately in addition to code for primary procedure)).

Medicare-Eligible Providers

These physicians and NPPs can provide SBIRT services:

- [Physicians](#)
- [Physician assistants](#) (PAs)
- [Nurse practitioners](#) (NPs)
- [Clinical nurse specialists](#) (CNSs)
- [Clinical psychologists](#) (CPs)
- [Clinical social workers](#) (CSWs)
- [Certified nurse-midwives](#) (CNMs)
- Independently practicing psychologists (IPPs)
- [Marriage and family therapists](#) (MFTs)
- [Mental health counselors](#) (MHCs), including [certified alcohol and drug counselors](#)

Physicians and certain NPPs have a provision under their benefit category authorizing auxiliary personnel to provide ancillary services and supplies “[incident to](#)” their own personal professional services.

We pay:

- Physicians and CPs for services at 100% under the [PFS](#)
- IPPs for diagnostic tests at 100% of the PFS
- On assignment for:
 - CSWs, MFTs, and MHCs for services at 80% of the lesser of the actual charge or 75% of the amount a CP gets under the PFS
 - NPs, CNSs, and PAs for services at 80% of the lesser of the actual charge or 85% of the amount a physician gets under the PFS
 - CNMs for services at 80% of the lesser of the actual charge or 100% of the amount a physician gets under the PFS



Medicaid-Covered SBIRT Services

States may cover SBIRT under several state plan benefit categories, including, but not limited to:

- [Physicians' services](#)
- [Services of other licensed practitioners](#)
- [Preventive services](#)
- [Rehabilitative services](#)
- [Clinic services](#)
- [Medication assisted treatment](#)

Section 1905(r) of the [Social Security Act](#) outlines the [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) benefit](#), which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring children and adolescents get appropriate preventive, dental, mental health, and specialty services.

Section 1915(1) of the [Social Security Act](#) states that Medicaid programs may cover services provided to Medicaid patients aged 21–64 who have at least 1 [SUD](#) diagnosis and live in an eligible institution for mental disease. The [Substance Use Disorder Section 1115 Demonstration Opportunity](#) gives states the opportunity to demonstrate and test flexibilities to improve the continuum of care for patients with SUDs, including those with OUD.

A physician or other licensed practitioner must recommend preventive and rehabilitative services.

When state Medicaid plans cover SBIRT, the states establish which practitioners may provide services and their qualifications. Practitioner qualifications for offering SUD treatment include, but aren't limited to those:








- Licensed or certified to perform SUD services by the state where they perform the services
- Qualified to perform specific SUD services
- Supervised by a licensed practitioner (in some instances when a qualified unlicensed professional provided the services)
- Working within their state scope-of-practice act

Documenting Medicaid SBIRT Services

Comply with your state's Medicaid SBIRT documentation policy. See your state's documentation policy in your Medicaid Provider Manual. Your [state Medicaid agency](#) has more information.

Billing Medicaid SBIRT Services

If a state chooses to cover SBIRT under its Medicaid Program, the state may choose which codes to bill screening and brief intervention services; for example, HCPCS codes:

G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 5-14 minutes	
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	
G0442	Annual alcohol misuse screening, 5 to 15 minutes	
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	
G0444	Annual depression screening, 5 to 15 minutes	
H0049	Alcohol and/or drug screening	
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	

Check with your state Medicaid agency about which HCPCS codes to use. If your state allows it, you may provide SBIRT through [telehealth](#).

[Medicaid National Correct Coding Initiative Policy Manual, Chapter 12](#), section C (14) has information about billing codes G0396 and G0397 with E/M and behavioral health codes.

Dually Eligible Medicare-Medicaid Beneficiaries

For people enrolled in both Medicare and Medicaid Programs (dually eligible), Medicare-participating providers should bill Medicare, and then their Medicare Administrative Contractor (MAC) will transfer the claim to Medicaid after paying the Medicare-approved amount. Medicare providers must enroll in their state Medicaid Program to get paid. States must accept the claim and decide if they'll pay the cost-sharing amounts.

States accept claims for all Medicare-covered services for certain dually eligible beneficiaries and pay cost-sharing amounts according to the state plan's payment method.

Note: Nominal Medicaid cost-sharing may apply for certain [dually eligible beneficiaries](#). State Medicaid Programs pay some cost-sharing. However, you can't balance-bill dually eligible beneficiaries when Medicare and Medicaid payments fall below the approved Medicare rate.

Find your [MAC's website](#) for more information. [Medicare & Medicaid Basics](#) explores the Medicare- and Medicaid-covered service requirements.

Resources

- [CMS Opioid Treatment Programs](#)
- [Medicare Benefit Policy Manual, Chapter 15](#)
- [Medicare Claims Processing Manual, Chapter 39](#)
- [Opioid Treatment Programs \(OTPs\) Medicare Enrollment](#)
- [Substance Use Disorders](#)

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