



Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

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

Policy Number: HS-202

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APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

SBIRT (Screening Brief Intervention Referral to Treatment) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Benefits of SBIRT include:¹

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment;
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change; and
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Components of SBIRT²

There are three components of SBIRT. First, the patient is assessed for risky substance use behaviors using standardized assessment or screening tools. The first component to the SBIRT process is screening. Screening tools include the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) Manual and the Drug Abuse Screening Test (DAST).*

* See <http://www.integration.samhsa.gov/clinical-practice/screening-tools>

The second component includes brief intervention which allows the provider to engage the patient showing risky substance use behaviors in a short conversation. The provider offers feedback and advice to the patient.

Finally, the third component involves referral to treatment. This includes providing a referral to brief therapy or additional treatment to patients whose assessment or screening shows a need for additional services. In addition:

- SBIRT Is brief (typically 5-10 minutes for brief interventions; about 5 to 12 sessions for brief treatments);
- Screening is universal;
- SBIRT Allows one or more specific behaviors related to risky alcohol and drug use to be targeted;
- Services occur in a public health non-substance abuse treatment setting;
- Strong research or experiential evidence supports the SBIRT model's effectiveness; and
- SBIRT is comprehensive (comprised of screening, brief intervention/treatment, and referral to treatment).

Benefits of SBIRT²

SBIRT services can be used in primary care settings, allowing members to be systematically screened and receive assistance for those who may not seek help for a substance use problem. In addition, 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; and
- Can be provided by the following:
 - Physician
 - Physician assistant (PA)
 - Nurse Practitioner (NP)
 - Clinical Nurse Specialist (CNS)
 - Clinical Psychologist (CP)
 - Clinical Social Worker (CSW)
 - Certified Nurse Midwife (CNM)

Common Tools Used²

- **CAGE** includes the following series of questions:
 1. Have you ever felt you should **C**ut down on your drinking?
 2. Have people **A**nnoyed you by criticizing your drinking?
 3. Have you ever felt bad or **G**uilty about your drinking?
 4. Have you ever had an **E**ye opener first thing in the morning to steady nerves or get rid of a hangover?
- **CRAFFT** is a mnemonic acronym of first letters of key words in the six screening questions. The questions should be asked exactly as written:

C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A - Do you ever use alcohol/drugs while you are by yourself, ALONE?

F - Do you ever FORGET things you did while using alcohol or drugs?

F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T - Have you gotten into TROUBLE while you were using alcohol or drugs?

- **ASSIST** (Alcohol, Smoking, and Substance Involvement Screening Test)
- **AUDIT** (Alcohol Use Disorders Identification Test)
- **4 P's** (Parents, Partner, Past, Pregnancy)
- **TWEAK**
- **DAST** (Drug Abuse Screening Test)

SBIRT in Clinical Settings

The current model of SBIRT is based on the Institute of Medicine (IOM) report, Broadening the Base of Treatment for Alcohol Problems. The IOM recommended the development of integrated service systems that link community-based screening and brief intervention to assessment and referral activities. This type of intervention fills the gap between primary prevention and more intensive treatment for those with SUDs. The main goal for SBIRT is to improve community health by reducing the prevalence of adverse consequences of substance misuse, including SUDs, through early intervention and, when needed, referral to treatment (IOM 1990).³

SBIRT was developed for tobacco and alcohol use disorders, but its use is being expanded to include illicit drug and prescription drug use, although for these latter categories there is no strong research evidence for its effectiveness as yet. If it is determined that a patient's substance use patterns are hazardous, a brief intervention follows. Depending on severity, patients may be offered brief treatment (a variable number of sessions, depending on the program and client, focusing on motivating clients to change substance use patterns) or be referred to a substance abuse treatment program. Referral to treatment may be more useful for excessive drinkers, as brief intervention has been shown to have little effect on this population.³

The importance of integrating SBIRT into the clinical setting is becoming increasingly apparent. Problem substance use is highly prevalent in the United States. According to the 2008 National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA 2009), 23% of Americans engage in risky drinking, 8% engage in illicit drug use, and 10% meet the criteria for either alcohol or other substance abuse or dependence. The same survey revealed that 90% of people with SUDs do not receive treatment. Of those who do not receive treatment, 95% do not know that they have a problem. The integration of SBIRT into clinical settings attempts to raise awareness of substance use issues among patients and help them to find relevant treatment solutions, where appropriate.³

Self-report screening tests are simple and can be given in a variety of settings. They are often administered as part of a clinician interview, via a questionnaire, or they may be completed by patients given access to a computer. Automated telephone screening, where clients respond via touchtone keypads to telecomputer-administered versions of the CAGE and AUDIT screening assessments, has been shown to be comparable to clinician-administered screening. Internet websites have also been found to be effective as screening tools when they are well publicized and easily accessible. Many users screened in this way who drink excessively have sought referral information. Some single-question screens for risky drinking and alcohol use disorders have been developed and validated as has a single-question screening test used in primary care settings for illicit drug use and abuse of prescription drug.³

Professional Associations, Organizations, and Societies⁴

The **American College of Surgeons (ACS) Committee on Trauma (COT)** recommends that all trauma centers incorporate SBI as part of routine trauma care; the ACS COT is the primary agency responsible for developing trauma center requirements. A resolution was passed in 2005 requiring ACS-verified Level I trauma centers to have a mechanism for screening injured patients for alcohol use disorders and to provide an intervention to those who

screen positive. In effect since 2007, it is the first nationwide alcohol SBI mandate in a general medical setting.

The **American Congress of Obstetricians and Gynecologists (ACOG)** issued a Committee Opinion on Ethical Issues in Obstetric and Gynecologic Practice in 2008 regarding at-risk drinking and illicit drug use. The ACOG noted that obstetricians-gynecologists “have an ethical obligation to learn and use a protocol for universal screening questions, brief intervention, and referral to treatment, in order to provide patients and their families with medical care that is state-of-the-art, comprehensive, and effective.” Universal SBIRT is recommended at obstetric and gynecologic practices; guidance is available on the ethical rationale and practical implementation aspects.^{4,5}

The **American Society for Addiction Medicine (ASAM)** adopted a Public Policy Statement on Women, Alcohol and Other Drugs, and Pregnancy in 2011. The goal of the statement was to minimize the risk of fetal exposure to drugs or alcohol, substance abuse prevention programs by targeting all women of childbearing age. Similarly, women of reproductive age in treatment for substance use disorders should receive education about the effects of alcohol and drugs on reproduction and pregnancy and should receive counseling regarding the importance of pregnancy planning. These women should be appropriately referred for contraceptive or pregnancy planning services. The policy noted that the components of the SBIRT model could be implemented to address substance use among women of childbearing age.⁵

Recommendations were published in 2005 following the meeting of a steering committee for a national conference hosted by **Centers for Disease Control and Prevention (CDC)**. Highlights include:

- Disseminate evidence about intervention efficacy and effectiveness;
- Make SBIRT for substance use disorders routine practice in trauma centers even as appropriate implementation studies are being conducted;
- Fund implementation research that involves the trauma community;
- Make SBIRT for substance use disorders an essential component of trauma care;
- Develop better systems of reporting substance use problems to improve surveillance;
- Change insurance regulations; and
- Insurers should reimburse trauma center staff for SBIRT for substance use disorders.

Note: The specific recommendations emerging from the conference do not represent the official policy or opinions of participating agencies, such as the Department of Health and Human Services (DHHS) or the CDC.

The **Centers for Medicare and Medicaid Services (CMS)** has not published a National Coverage Determination (NCD) for SBIRT.

The **United States Preventive Services Task Force (USPSTF)** developed two guidelines to address alcohol misuse and illicit drug use. The report on alcohol misuse recommended screening and behavioral interventions for adults, including pregnant women; however, the report examining illicit drug use concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. However, the assessment of preventive measures delivered in settings other than primary care practice (e.g., schools, employment sites) was outside the scope of the USPSTF review. Overall, the conclusion is that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. Regarding SBIRT, the summary document indicates that the added benefit of screening asymptomatic patients in primary care practice remains unclear, as the clinical utility of screening questionnaires is uncertain. Also, the validity, reliability, and clinical utility of standardized questionnaires for screening pregnant women for illicit drug use have not been adequately evaluated. Finally, the document indicates that, although behavioral interventions, including brief motivational interviewing, have been shown to be effective in the short term for reducing illicit drug use, the longer-term effects on morbidity and mortality have not been adequately evaluated.^{5,6}

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** SBIRT initiative is established in at least 17 states by SAMHSA grantees, and is designed for implementation within community-based or medical settings, targeting those with nondependent substance use (alcohol and illicit drugs) with intervention prior to the need for more extensive or specialized treatment. The core components of SBIRT as implemented by SAMHSA grantees are described as screening incorporated into normal routine, followed by BI (in the case of moderate risk),

brief treatment (BT; in the case of moderate to high risk), or referral to treatment (in the case of severe risk or dependence).⁴

Additional Resources

SBIRT: A Step-By-Step Guide for Screening and Intervening for Unhealthy Alcohol and Other Drug Use - <http://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>

National Institute on Alcohol Abuse and Alcoholism (NIAAA) - www.niaaa.nih.gov

Screening for Drug Use in General Medical Settings: Quick Reference Guide, National Institute on Drug Abuse (2009) - http://m.drugabuse.gov/sites/default/files/files/screening_qr.pdf

Screening for Drug Use in General Medical Settings: A Resource Guide for Providers, National Institute on Drug Abuse - www.nida.nih.gov/nidamed/resguide/resourceguide.pdf

The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), developed by the World Health Organization (WHO) - http://www.who.int/substance_abuse/activities/assist/en/

POSITION STATEMENT

Applicable To:

- Medicaid – Georgia
- Medicare – Georgia

Medicaid^{2,7}

SBIRT is considered medically necessary for **Medicaid** members under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Medicaid covers periodic screening (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 indicated above, if States cover SBIRT, payment for these services depends on a variety of factors, including qualified practitioner, documentation, or other payment rules established by the State.

*Medicare*²

Exclusions⁵

Nationally non-covered indications published by CMS include:

- Alcohol screening is non-covered when performed more than once in a 12-month period.
- Brief face-to-face behavioral counseling interventions are non-covered when performed more than once a day; that is, two counseling interventions on the same day are non-covered.
- Brief face-to-face behavioral counseling interventions are non-covered when performed more than 4 times in a 12-month period.

Coverage

Medicare pays for these services under the Medicare Physician Fee Schedule (PFS) and the hospital Outpatient Prospective Payment System (OPPS).⁸

There is no National Coverage Determination (NCD) for SBIRT related to other drugs of abuse was identified on the Clinical Coverage Guideline

CMS website as of the most recent approval date of this guideline. In the absence of an NCD, coverage is left to the discretion of local Medicare carriers.⁵

In addition, CMS recognizes that there are similarities between the approach to treatment of drug abuse and alcohol detoxification and rehabilitation. However, the intensity and duration of treatment for drug abuse may vary (depending on the particular substance of abuse, duration of use, and the patient's medical and emotional condition) from the duration of treatment or intensity needed to treat alcoholism. Accordingly, when it is medically necessary for a patient to receive detoxification and/or rehabilitation for drug substance abuse as a hospital inpatient, coverage for care in that setting is available.⁵

Coverage is also available for treatment services that are provided in the outpatient department of a hospital to patients who, for example, have been discharged from an inpatient stay for the treatment of drug substance abuse or who require treatment but do not require the availability and intensity of services found only in the inpatient hospital setting. The coverage available for these services is subject to the same rules generally applicable to the coverage of outpatient hospital services. The services must also be reasonable and necessary for the treatment of the individual's condition. Decisions regarding reasonableness and necessity of treatment, the need for an inpatient hospital level of care, and length of treatment should be made by intermediaries based on accepted medical practice with the advice of their medical consultant. No specific mention of SBIRT was located among the CMS NCD for non-alcohol substance use.^{4,6}

Medicare has provided reimbursement for screening and behavioral counseling interventions in primary care to reduce alcohol misuse through National Coverage Determination (NCD) 210.8 (*Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse*).¹⁸ The reimbursement is effective for claims with dates of service on or after October 14, 2011, and will cover annual alcohol screening, and for those that screen positive, up to four brief, face-to-face, behavioral counseling interventions per year for Medicare beneficiaries, including pregnant women.⁵

- Who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence (defined as at least three of the following: tolerance, withdrawal symptoms, impaired control, preoccupation with acquisition and/or use, persistent desire or unsuccessful efforts to quit, sustains social, occupational, or recreational disability, use continues despite adverse consequences).
- Who are competent and alert at the time that counseling is provided.
- Whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.

A second NCD (130.6) is also available for *Treatment of Drug Abuse (Chemical Dependency)*.¹⁰

*Dual Eligibles*²

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

States will accept claims and pay cost-sharing amounts, in accordance with their approved payment method as set out in the State Plan, for all Medicare-covered services for certain dual eligible populations.

CODING

Common CPT Codes used for reimbursement for SBIRT

Medicaid

99408 Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes

99409 Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 mins

HCPCS for Medicaid

- H0049** Alcohol and/or drug screening (code not widely used)
H0050 Alcohol and/or drug service, brief intervention, per minutes (code not widely used)

HCPCS For Medicare

- G0396** Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
G0397 Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 mins
G0442 Prevention: Screening for alcohol misuse in adults including pregnant women once per year.
 No coinsurance, no deductible.
G0443 Prevention: Up to four, 15 minute, brief face to face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse.
 No coinsurance, no deductible

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

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MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
5/3/2018, 5/4/2017	<ul style="list-style-type: none"> • Approved by MPC. No changes.
3/3/2016	<ul style="list-style-type: none"> • Approved by MPC. New.