

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



SBIRT refers to universal screening of women for substance use disorder. Screening should occur at the first prenatal visit and repeat at least every trimester for women that screen positive for past use. When screening identifies a low-risk, brief intervention should provide positive reinforcement of a woman's decision to remain drug-free. Moderate-risk women benefit most from a brief intervention that involves motivational interviewing to encourage behavioral change. This include providing individuals with face-to-face feedback about the risks of their behavior to both themselves and their unborn child. High-risk women, expected to be 4-5% of the general population, will require referral for Medication-Assisted Treatment.



Child health check-up and adult health screening code examples for physicians:

New Patient

Initial comprehensive **preventive** medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures

Description	Code	Modifier
5-11 years (late childhood)	99383	
12-17 years (adolescent)	99384	
18-20 years	99385	EP
21-39 years	99385	
40-60 years	99386	

(continued on back)

Established Patient

Periodic comprehensive **preventive** medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures,

Description	Code	Modifier
5-11 years (late childhood)	99393	
12-17 years (adolescent)	99394	
18-20 years	99395	EP
21-39 years	99395	
40-60 years	99396	

Quality care is a team effort.
Thank you for playing a starring role!





The above is guidance from the Agency for Health Care Administration (AHCA) on Medicaid billing codes for SBIRT. The current version of the Coverage and Limitations Handbook should be consulted at the time services are rendered. Providers can access Florida Medicaid's Coverage and Limitations Handbooks at http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/Provider_ProviderSupport_ProviderHandbooks/tabId/42/Default.aspx.

Please contact your Staywell Provider Relations Representative or Quality Practice Advisor if you need copies of either the CAGE Questionnaire or the Drug Abuse Screening Test (DAST) Substance Use Disorder (SUD) Screening Instrument.

The American College of Obstetricians and Gynecologists (ACOG) recommends the following:

- ✓ Early universal screening, brief intervention, and referral for treatment of pregnant women with opioid use and opioid use disorder to improve maternal and infant outcomes.
- ✓ Screening for substance use should be part of comprehensive obstetric care and be done at the first prenatal visit in partnership with the pregnant woman.
- ✓ Routine screening should rely on validated screening tools, such as the DAST.
- ✓ For chronic pain, practice goals include strategies to avoid or minimize the use of opioids for pain management and highlight alternative pain therapies.
- ✓ For pregnant women with an opioid use disorder, opioid agonist pharmacotherapy is the recommended therapy. It is preferable to medically supervised withdrawal because withdrawal is associated with high relapse rates, which lead to worse outcomes.
- ✓ Infants born to women who used opioids during pregnancy should be monitored by a pediatric care provider for neonatal abstinence syndrome.
- ✓ Breastfeeding should be encouraged in women who are stable on their opioid agonists, who are not using illicit drugs, and who have no other contraindications such as human immunodeficiency virus (HIV) infection. Women should be counseled about the need to suspend breastfeeding in the event of a relapse.
- ✓ Access to adequate postpartum psychosocial support services, including substance use disorder treatment and relapse prevention programs should be made available.
- ✓ Contraceptive counseling and access to contraceptive services should be a routine part of substance use disorder treatment among women of reproductive age. This should minimize the risk of unplanned pregnancy.

Reference:

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

