



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



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Updates

Note: We revised this product with the following content updates:

- In the CY 2021 Medicare Physician Fee Schedule (PFS) final rule, CMS revised the HCPCS code descriptors for codes G2086, G2087, and G2088 by replacing “Opioid Use Disorder (OUD)” with “Substance Use Disorder (SUD).”
- CMS allows audio-only phone calls for the therapy and counseling portions of the weekly Opioid Treatment Program (OTP) bundles during the COVID-19 Public Health Emergency (PHE). Use the HCPCS add-on code G2080 for additional counseling or therapy for patients with OUDs if they meet all other requirements.
- Providers may use HCPCS code G2077 to conduct periodic patient assessments via 2-way interactive audio-video communication technology or, during the PHE, may conduct periodic assessments by phone in cases where the patient doesn’t have access to 2-way interactive technology.
- Since January 1, 2021, you can prescribe a Schedule II, III, IV, or V controlled substance electronically under Medicare Part D according to the electronic prescription drug program requirements.
- In the CY 2021 PFS final rule, CMS extended the definition of OUD treatment services to include opioid antagonist treatment medications, specifically Naloxone. CMS finalized new add-on codes to cover the cost of Nasal and Injectable Naloxone.

Introduction

Screening, Brief Intervention, & Referral to Treatment (SBIRT) is an evidence-based approach to deliver early intervention and treatment services for persons with Substance Use Disorders (SUDs), and those at risk of developing a SUD.

This booklet gives the following information about Medicare and Medicaid SBIRT coverage services:

- Eligible providers
- Covered SBIRT services
- Documenting SBIRT services
- Billing SBIRT services
- Dually eligible Medicare-Medicaid patients

NOTE: Medicare also covers [Alcohol Misuse Screening and Counseling](#) (screening once per year for adults who use alcohol but don't meet dependency criteria; if you detect misuse, Medicare covers up to 4 brief face-to-face counseling sessions per year if the patient is alert and competent during counseling).

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

Medicare covers several mental health services. For more information, refer to the [Medicare Mental Health](#) booklet.

What Is SBIRT?

SBIRT is early intervention for individuals with non-dependent substance use to help before they need more extensive or specialized treatment. This approach differs from specialized treatment for those with more severe substance misuse or a SUD.

Benefits of SBIRT Services

Using SBIRT services is easy in primary care settings. You can systematically screen people who may not seek substance use help and offer access to SBIRT treatment services that:

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

For more information, refer to [SBIRT: Opportunities for Implementation and Points for Consideration](#).

SBIRT has 3 major components:

**1****Screening:**

Screen or assess a patient for risky substance use behaviors with standardized assessment tools to identify the appropriate level of care (known as Medicare Structured Assessment). Screening quickly assesses the severity of substance use 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, provide feedback, motivation, and advice. Medicare covers up to 5 counseling sessions.

**3**

Referral to Treatment: Refer patients whose assessment or screening shows a need for additional services to brief therapy or additional treatment through specialty care.

SBIRT Assessment & Screening Tools

The first SBIRT element 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 \(SAMHSA\) Resources for Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#) webpage includes more information on SBIRT assessment and other screening tools.

Substance Use Disorders: The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) no longer uses the terms "substance abuse" and "substance dependence." Instead, it refers to "Substance Use Disorders (SUDs)," classified as mild, moderate, or severe. The number of diagnostic criteria an individual meets determines their severity level. For facts on common SUDs, refer to the [SAMHSA Mental Health and SUD](#) webpage.

SBIRT Under Medicare

Eligible Providers Under Medicare

Medicare pays for medically reasonable and necessary SBIRT services in physicians' offices and outpatient hospital settings. In these settings, you assess and identify individuals with, or at risk for, substance use-related issues and provide limited interventions or treatment. Medicare has specific qualifications for authorized SBIRT suppliers.

Table 1. Health Care Suppliers Eligible to Provide SBIRT Services

| Provider Type & Reference | Qualifications |
|---|--|
| Physicians (Medical Doctors [MDs] and Doctors of Osteopathy [DOs]), particularly psychiatrists 42 CFR Section 410.20 Medicare Benefit Policy Manual, Chapter 15, Section 30 | <ul style="list-style-type: none"> • Legally authorized to practice medicine in the state where you provide services • Performs services within the scope of their licenses as defined by state law |
| Physician Assistant (PA) 42 CFR Section 410.74 Medicare Benefit Policy Manual, Chapter 15, Section 190 | <ul style="list-style-type: none"> • Licensed by the state where you practice and 1 of these criteria: <ul style="list-style-type: none"> ◦ Graduated from a PA education 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) |

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

| Provider Type & Reference | Qualifications |
|--|---|
| <p>Nurse Practitioner (NP)</p> <p>42 CFR Section 410.75</p> <p>Medicare Benefit Policy Manual, Chapter 15, Section 200</p> | <ul style="list-style-type: none"> • Registered Nurse (RN) licensed and authorized by the state where you provide NP services according to state law: <ul style="list-style-type: none"> ◦ Got Medicare NP billing privileges for the first time since January 1, 2003, and: <ul style="list-style-type: none"> ▪ Are NP-certified by a recognized national certifying body with established NP standards ▪ Has a master’s degree in nursing or a Doctor of Nursing Practice Doctoral degree ◦ Got Medicare NP billing privileges for the first time before January 1, 2003, and meets certification requirements ◦ Got Medicare NP billing privileges for the first time before January 1, 2001 |
| <p>Clinical Nurse Specialist (CNS)</p> <p>42 CFR Section 410.76</p> <p>Medicare Benefit Policy Manual, Chapter 15, Section 210</p> | <ul style="list-style-type: none"> • RN licensed and authorized by the state where you provide CNS services according to state law • Doctor of Nursing Practice or master’s degree in a defined clinical nursing area from an accredited educational institution • Certified as a CNS by a recognized national certifying body with established CNS standards |
| <p>Clinical Psychologist (CP)</p> <p>42 CFR Section 410.71</p> <p>Medicare Benefit Policy Manual, Chapter 15, Section 160</p> | <ul style="list-style-type: none"> • Has a doctoral degree in psychology • Licensed or certified by the state where you practice at the independent level according to state law, and directly provide diagnostic, assessment, preventive, and therapeutic services to patients |
| <p>Clinical Social Worker (CSW)</p> <p>42 CFR Section 410.73</p> <p>Medicare Benefit Policy Manual, Chapter 15, Section 170</p> | <ul style="list-style-type: none"> • Has 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 you perform the services, except, in the case of an individual in a state that doesn’t provide for licensure or certification, the CSW must: <ul style="list-style-type: none"> ◦ Be licensed or certified at the highest level of practice under state laws where they perform services ◦ Have at least 2 years or 3,000 hours of post-master’s degree supervised clinical social work practice under a master’s degree-level social worker in an appropriate setting, such as a hospital, Skilled Nursing Facility (SNF), or clinic |

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

| Provider Type & Reference | Qualifications |
|--|--|
| <p>Certified Nurse-Midwife (CNM) 42 CFR Section 410.77 Medicare Benefit Policy Manual, Chapter 15, Section 180</p> | <ul style="list-style-type: none"> • RN legally authorized to practice as a nurse-midwife in the state where you provide services • Successfully completed a nurse-midwives program and clinical experience accredited by an accrediting body approved by the U.S. Department of Education • Certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council |
| <p>Independently Practicing Psychologist (IPP) Medicare Benefit Policy Manual, Chapter 15, Section 80.2</p> | <ul style="list-style-type: none"> • Psychologist who isn't a CP • Meets 1 of these criteria: <ul style="list-style-type: none"> ◦ Practices independently of an institution, agency, or physician's office and is licensed or certified to practice psychology in the state or jurisdiction where you provide the services ◦ Practicing psychologist who provides services in a jurisdiction that doesn't issue licenses |

Medicare-Covered SBIRT Services

According to [SSA Section 1862\(a\)\(1\)\(A\)](#), Medicare covers reasonable and necessary SBIRT services that meet the required 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**).

Medicare pays these services under the Medicare Physician Fee Schedule (PFS) and the hospital Outpatient Prospective Payment System (OPPS). For more information on Medicare's SBIRT OPPS payment services, refer to the [Medicare Claims Processing Manual, Chapter 4, Section 200.6](#).



Documenting Medicare SBIRT Services

The patient's medical record must support all Medicare claims. 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 diagnosis revision
- Document the rationale for ordering diagnostic and other ancillary services or ensure it's easily inferred
- For each patient encounter, document:
 - Assessment, clinical impression, and diagnosis
 - Date and legible provider identity
 - Physical examination findings and prior diagnostic test results
 - Plan of care
 - Reason for encounter and relevant history
- Identify appropriate health risk factors
- Make past and present diagnoses accessible for treating and consulting physicians
- Sign all services provided or ordered




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

Physicians, PAs, CNMs, CNSs, and NPs may review and verify (sign and date), instead of re-documenting notes already made in a patient's medical record. Physicians; residents; nurses; medical, and PAs; and advanced practice registered nurse students; or other members of the medical team, including as applicable, notes documenting the physician's, PA's, CNM's, CNS's, and NP's presence and participation in the service may have already made these notes.

Billing SBIRT Services

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

SBIRT Codes & Descriptors




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

Medicare Telehealth Includes SBIRT Services

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

Bundled Payments for Substance Use Disorders Under the PFS

In the CY 2020 PFS final rule, CMS finalized the creation of new coding and payment describing a bundled episode of care for the treatment of Opioid Use Disorder (OUD). In the CY 2021 PFS final rule, CMS revised the code descriptors for HCPCS codes G2086, G2087, and G2088 by replacing “Opioid Use Disorder” with “Substance Use Disorder” to be inclusive of all SUDs.

| | | |
|-----------------------------|--|---|
| HCPCS Code G2086 | Office-based treatment for a substance use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month |  |
| HCPCS Code G2087 | Office-based treatment for a substance use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month |  |
| HCPCS Code G2088 | Office-based treatment for a substance use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure) |  |

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

Part D Drugs to Treat Opioid Use Disorders

Medicare Part D sponsors **must** cover Part D drugs when medically necessary, by including the drug on the formulary or by exception for treating OUD. Coverage isn't limited to single entity products such as Buprenorphine but must include combination products when medically necessary, for example, Buprenorphine Naloxone, and long-acting Naltrexone.

CMS sponsors must have a transition policy to prevent 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, helps ensure all Medicare enrollees have timely access to medically necessary OUD Part D drug therapies.

A Part D drug is dispensed only upon prescription if it's helping treat a medically accepted indication. See [Medicare Prescription Drug Benefit Manual, Chapter 6](#).

Since January 1, 2021, you can prescribe a Schedule II, III, IV, or V controlled substance electronically under Medicare Part D according to the electronic prescription drug program requirements.

Methadone isn't a Part D drug when you prescribe it to treat OUD, because a retail pharmacy can't dispense it for this purpose. For more information on FDA-authorized treatment medications for investigational use in treating OUD, refer to [42 CFR Section 8.12\(h\)\(2\)](#).

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 Opioid Treatment Programs (OTPs) or hospitals dispensing methadone for OUD. For more information, refer to the [Medicare Prescription Drug Benefit Manual, Chapter 6, Section 10.8](#).

Opioid Treatment Programs

Since January 1, 2020, CMS pays certified OTPs through bundled payments for OUD treatment services under Medicare Part B. Covered services include FDA-approved oral, injected, and implanted opioid agonist and antagonist medication-assisted treatment medications and their administration (if applicable), substance use counseling, individual and group therapy, toxicology testing, intake, and periodic assessments.

- In the [CY 2021 PFS final rule](#), CMS extended the definition of OUD treatment services to include opioid antagonist treatment medications, specifically Naloxone.
- CMS finalized 2 new add-on codes to cover the cost of Naloxone:
 - **HCPCS Code G2215:** Take-home supply of Nasal Naloxone (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure. (This will include both a drug component and a non-drug component for overdose education).
 - **HCPCS Code G2216:** Take-home supply of Injectable Naloxone (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.

- CMS is applying a frequency limit on Medicare payments to OTPs for Naloxone to 1 add-on code (HCPCS code G2215 or G2216) every 30 days but is allowing exceptions when a patient overdoses and uses their supply of Naloxone from the OTP if the additional supply of Naloxone is medically reasonable and necessary.
- OTPs can use 2-way interactive audio-video communication technology, as clinically appropriate, to provide the substance use counseling and individual and group therapy services included in the bundled payment, as well as the add-on code for additional counseling and therapy. Additionally, beginning January 1, 2021, OTPs can use 2-way interactive audio-video communication technology, as clinically appropriate, to provide the periodic assessment add-on code.

Flexibilities for OTPs during the COVID-19 Public Health Emergency (PHE) include:

- During the PHE, the therapy and counseling portions of the weekly bundles of services provided by OTPs, as well as any additional counseling or therapy payable under the add-on code for additional counseling or therapy, may be provided using audio-only phone calls if patients do not have access to 2-way audio/video communications technology, provided all other applicable requirements are met.
- Periodic assessments may be provided via 2-way interactive audio-video communication technology, as clinically appropriate, and in compliance with all applicable requirements, and in cases where a patient does not have access to 2-way audio-video communications technology, periodic assessments can be provided using audio-only phone calls during the PHE if all other applicable requirements are met.

A list of OTP providers is available at [SAMHSA OTP Directory](#).

For further detail on OTP services under Medicare, see the [OTP Billing and Payment](#) fact sheet.

SBIRT Under Medicaid

States may cover SBIRT as a Medicaid state plan service. Several Medicaid statutory authorities may cover SBIRT including, but not limited to:

- [42 CFR Section 440.50](#) – physicians' services
- [42 CFR Section 440.60](#) – services of other licensed practitioners
- [42 CFR Section 440.130\(c\)](#) – preventive services
- [42 CFR Section 440.130\(d\)](#) – rehabilitative services

[SSA Section 1905\(r\)](#) – the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) benefit provides a comprehensive selection of preventive, diagnostic, and treatment services for eligible children under age 21. Medicaid includes this mandatory benefit to ensure children get early detection and care to treat or avoid health problems.

States must arrange for children to get health screening services at regular intervals, and diagnostic services when needed. States must also provide services or items within the Medicaid-covered benefits listed in [SSA Section 1905\(a\)](#) if that service or item is necessary and “corrects or ameliorates” defects and physical and mental illnesses or conditions.

For preventive and rehabilitative services, a physician or other licensed practitioner of the healing arts must recommend the service within the scope of their practice under state law.

When state Medicaid plans cover SBIRT, the states establish the practitioners and their qualifications for providing services. Qualifications for practitioners 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 the specific SUD services provided
- Supervised by a licensed practitioner of the healing arts (in some instances, when a qualified unlicensed professional provided 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 more documentation information, refer to your [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 to bill brief intervention services, for example, HCPCS codes:

| | | |
|-----------------------------|--|---|
| 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 |  |
| HCPCS Code G0442 | Annual alcohol misuse screening, 15 minutes |  |
| HCPCS Code G0443 | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes |  |
| HCPCS Code G0444 | Annual depression screening, 15 minutes |  |
| HCPCS Code H0049 | Alcohol and/or drug screening | |
| HCPCS Code H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes |  |

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, has information about billing codes G0396 and G0397 with evaluation and management codes and behavioral health codes included.

Medicaid Telemedicine Includes SBIRT

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

Dually Eligible Medicare-Medicaid Patients

For individuals enrolled in both the Medicare and Medicaid Programs (Dual Eligibles), Medicare-participating providers should bill Medicare and their MAC will transfer the claim to Medicaid after determining the appropriate Medicare-approved amount. Medicare providers must enroll in their state Medicaid Program(s) to get paid. 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 certain Dual Eligibles. Some cost sharing will be paid by the Medicaid Program. However, you may not balance-bill Dual Eligibles when the Medicare and Medicaid payments fall below the approved Medicare rate.

For more information, refer to the [Dually Eligible Beneficiaries Under Medicare and Medicaid](#) booklet.

Key Takeaways

- SBIRT is an evidence-based approach to delivering early intervention and treatment services for persons with SUDs, and those at risk of developing a SUD.
- SBIRT has 3 major components: Screening, Brief Intervention, & Referral to Treatment.
- Medicare pays for medically reasonable and necessary SBIRT services in physicians' offices and outpatient hospital settings.
- The patient's medical records must support all Medicare claims.
- Medicare Part D sponsors must include coverage for Part D drugs when medically necessary, by including the drug on the formulary or by exception for treating OUD.
- Since January 1, 2020, CMS pays certified OTPs through bundled payments for OUD treatment services under Medicare Part B.
- States may cover SBIRT as a Medicaid state plan service.
- For individuals enrolled in both the Medicare and Medicaid Programs (Dual Eligibles), Medicare-participating providers should bill Medicare and their MAC will transfer the claim to Medicaid after determining the appropriate Medicare-approved amount.

Resources

- [Contact Your Local MAC](#)
- [Contact Your State Medicaid Agency](#) (select your state, then choose State Medical Assistance Office)
- [Medication Assisted Treatment for Opioid Use Disorders](#)
- [OTP Billing & Payment](#)
- [OTPs Medicare Billing and Payment Fact Sheet](#)
- [OTPs Medicare Enrollment Fact Sheet](#)
- [Stopping the Misuse of Fentanyl and Other Synthetic Opioids](#)
- [Title 42, Part 8—Medication Assisted Treatment for Opioid Use Disorders](#)

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