Screening, Brief Intervention, and Referral to Treatment

Provider Guide

SBIRT: Provider Reference and Resource Guide

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PROGRAM OVERVIEW

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program is a crucial initiative designed to proactively address substance use. Its primary goals are:

- **Prevention:** To prevent members from developing a substance use disorder (SUD).
- **Early Detection:** To facilitate the early identification of suspected SUDs.
- **Referral to Treatment:** To effectively connect members with appropriate treatment services when needed.

Important Note: SBIRT services are specifically intended for individuals who have not yet been diagnosed with a SUD or who are not currently receiving SUD treatment. These services are foundational for early intervention rather than ongoing treatment.

Reimbursement Guidelines: Highmark Wholecare recognizes the vital role of providers in this process. As a result, Highmark Wholecare compensates providers for completing medically necessary SBIRT screenings and assessments for substance use in various physical healthcare settings. Reimbursement is exclusively for services that are medically necessary and furnished to eligible members. This guide provides comprehensive education and clear billing guidance to assist providers in successfully obtaining reimbursement for their SBIRT services.

Program Updates and Compliance: This guide will be updated periodically to reflect evolving industry standards, best practices, and regulatory changes. Please note that Highmark Wholecare reserves the right to conduct post-payment medical record audits. These audits are conducted for validation purposes and are in accordance with state and federal accreditation standards, your provider agreement, and all applicable regulatory requirements.

BRIEF SCREENING/ASSESSMENT:

The pre-screen, also referred to as a Brief Screen or Assessment, involves asking brief, broad questions related to a patient's alcohol and

drug use, typically focusing on the past 12 months. A standard pre-screening form will usually consist of two questions: one to assess alcohol consumption and another for recreational drug use.

Administration and Review: The pre-screen can be administered efficiently, for example, by the patient completing a written screener in the waiting room or as part of the rooming process when vital signs are taken by staff. While a licensed professional is not required to administer the pre-screener, the results *must* be reviewed with the patient by a licensed/credentialed provider to be eligible for reimbursement.

Outcome and Follow-up: If the pre-screening results do not indicate a need for a full screen or assessment, it is important to still provide positive reinforcement and education to the patient regarding substance use prevention. If the pre-screening results indicate the presence of concerning patterns of substance use, a full screening/assessment should then be completed.

FULL SCREENING/ASSESSMENT:

Full screenings and assessments involve the administration of an evidence-based/ validated screening tool to comprehensively evaluate a patient's substance use patterns and levels. These in-depth assessments are crucial for understanding the extent of risk and guiding appropriate interventions.

Coverage and Eligibility: Highmark Wholecare covers full screenings and assessments under the following circumstances:

- For members who have a positive brief screen/assessment.
- For members presenting signs, symptoms, or medical conditions that suggest risky or problematic alcohol or drug use, even if a brief screen was not performed or was negative.

Purpose and Provider Responsibility: Providers are required to utilize an evidence-based screening and assessment tool to accurately identify patients at risk for substance use-related problems. Highmark Wholecare supports these services across a wide variety of settings to maximize the identification of at-risk individuals.

Evidence-Based Tools: Several evidence-based screening and assessment tools are recognized for their effectiveness. These include, but are not limited to:

- The Alcohol Use Disorders Identification Test (AUDIT)
- The Drug Abuse Screening Test (DAST)
- The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
- The Car, Relax, Alone, Forget, Friends, Trouble Screening Test (CRAFFT) (specifically for adolescents)
- The Problem Oriented Screening Instrument for Teenagers (POSIT)

Additional resources and links to these and other screening/assessment tools can be found at: https://oasas.ny.gov/sbirt

BRIEF INTERVENTION

Brief Interventions are targeted, interactive conversations with patients designed to motivate and support positive changes in health-related behaviors concerning substance use. These interventions are a critical management strategy for patients identified with risky or problematic alcohol or other drug use, particularly those who are not yet dependent on the substance.

Eligibility and Coverage: Brief substance use intervention services are covered for members who, through an evidence-based screening/assessment tool, have been identified as at-risk for a substance use disorder(s). It is important to note that Brief Intervention is not covered prior to screening or assessment.

Approach and Focus: Brief Intervention may consist of a single session or multiple sessions. The primary goal is to increase a patient's insight and awareness regarding the potential risks of ongoing substance use to their overall health.

Recommended Technique: The use of Motivational Interviewing (MI) is highly suggested as an integral part of Brief Intervention. MI is a patient-centered approach that strengthens an individual's own motivation and commitment to positive behavior change, effectively opening the conversation to discuss resources and support.

Timing: Intervention services may be delivered on the same date of service as the screening/assessment or on a subsequent date, based on clinical need.

PATIENT EDUCATION OPPORTUNITIES

While not all patients will require a brief intervention and referral to treatment for substance use when screened, opportunities will present themselves to provide prevention education to lessen the likelihood that a substance use disorder will develop in the future:

Opportunity	Talking Points
Adolescent populations	• Discuss strategies for navigating peer pressure related to substance use • Educate on the increased predisposition and risk factors for developing a substance use disorder in adolescence
Adult Populations who admit to social drinking	• Review signs and symptoms that indicate social drinking may be progressing to problematic patterns • Define binge drinking and discuss its immediate and cumulative health risks • Explain the long-term health effects of alcohol consumption • Discuss the specific impact of alcohol use on the patient's diagnosed chronic physical conditions
Childbearing Age / Pregnancy	• Educate on the critical risks to an unborn child associated with alcohol or substance use during pregnancy
When prescribing a new medication that has the potential for misuse/abuse/dependency (Opioids, benzodiazepines, stimulants)	• Discuss the medication's potential for misuse or developing dependency, emphasizing responsible use • Explain the importance of appropriate medication disposal and available drug take-back programs • Review the use and administration of naloxone (Narcan), particularly when prescribing high dosages of opioids
Supporting a family member or friend of someone with a substance use disorder	• Offer resources and information on support groups for family and friends, such as Nar-Anon and Al-Anon
For patients who are not interested in treatment or do not view their patterns of use as problematic	• Provide resources and information on safer use practices and reduced risks, including education on safe injection practices, fentanyl test strips, wound care, and prevention of infectious diseases like HIV and Hepatitis C • Emphasize the critical importance of naloxone (Narcan) education, including recognizing an overdose and effective administration • Highlight the availability of services that meet individuals 'where they are,' offering support without preconditions, such as drop-in centers, peer support, and basic needs linkages

ELIGIBILITY, BILLING, AND DOCUMENTATION

Member Eligibility
Eligible providers who screen Highmark Wholecare PA Medicaid and PA Medicare D-SNP members aged 12 and older are eligible for reimbursement for services related to SBIRT.

Eligible Providers
The following licensed provider types are eligible for reimbursement for the Highmark Wholecare product line in which they are credentialed and have a current contract with Highmark Wholecare for clinical services.

- Physician
- Psychiatrist (PA Medicare D-SNP only)
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNP)
- Clinical Psychologist (CP) - (PA Medicare D-SNP only)
- Clinical Social Worker (LCSW) - (PA Medicare D-SNP only)
- Clinical Nurse – Midwife

**Behavioral health providers are encouraged to work with their county and/or behavioral health MCO to determine coverage for SBIRT for Highmark Wholecare's Medicaid members when the behavioral provider seeks to bill directly for services.*

BILLING INFORMATION AND DOCUMENTATION GUIDELINES FOR SBIRT

The procedure codes used to report SBIRT services for reimbursement are consistent among all provider types. Highmark Wholecare will reimburse for the following codes:

Line of Business (LOB)	Screening Type	Procedure Code	Description
PA Medicaid PA Medicare D-SNP	Pre-screening- To be billed when the pre-screening is negative and SBIRT is not needed. If the	H0049	Brief screening less than 5 minutes: Up to two pre-screens for alcohol and/or substance (other than tobacco) per 12-month period
		96127	Brief Emotional/ Behavioral Assessment screening less than 5 minutes; Covers services for alcohol and drug use in adults and adolescents. Approved to be billed at

	patient screens positive on the pre-screen, SBIRT should be provided and billed accordingly using the codes below.		each patient visit when medically necessary
PA Medicaid PA Medicare D-SNP	SBIRT Intervention	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
		G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention greater than 30 minutes
PA Medicare D-SNP only	Annual Alcohol screening	G0442	Annual Alcohol Screening 15 minutes- can only be billed once annually
	Prevention	G0443	Up to four (4) 15 minutes, brief face to face behavioral counseling interventions per year for individuals, including pregnant women who screen positive for alcohol misuse. No coinsurance or deductible for patients.

DOCUMENTATION OF SBIRT SERVICES

The patient's medical record must support all claims submitted for SBIRT services, the medical record covered SBIRT services should include:

- 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.
- Document the rationale for ordering diagnostic and other ancillary services or ensure it is 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 to treating and consulting physicians.
  - Sign up for all services furnished or ordered **Important Billing Note: Documentation and Medicare Risk**

Incomplete or improperly documented records can lead to a Medicare partial or full payment denial. To ensure proper reimbursement and compliance, please follow these documentation guidelines.
Review and Verification:

- Physicians, Physician Assistants (PAs), Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs), and Nurse Practitioners (NPs) are authorized to review and verify existing notes within a patient's record.
- Physicians, PAs, CNMs, CNS, and NPs may review and verify (sign and date), instead of redocumenting notes already made in the patient's record

Originating Documentation:
The notes eligible for review and verification may have been initially created by various members of the medical team.

This includes, but is not limited to:

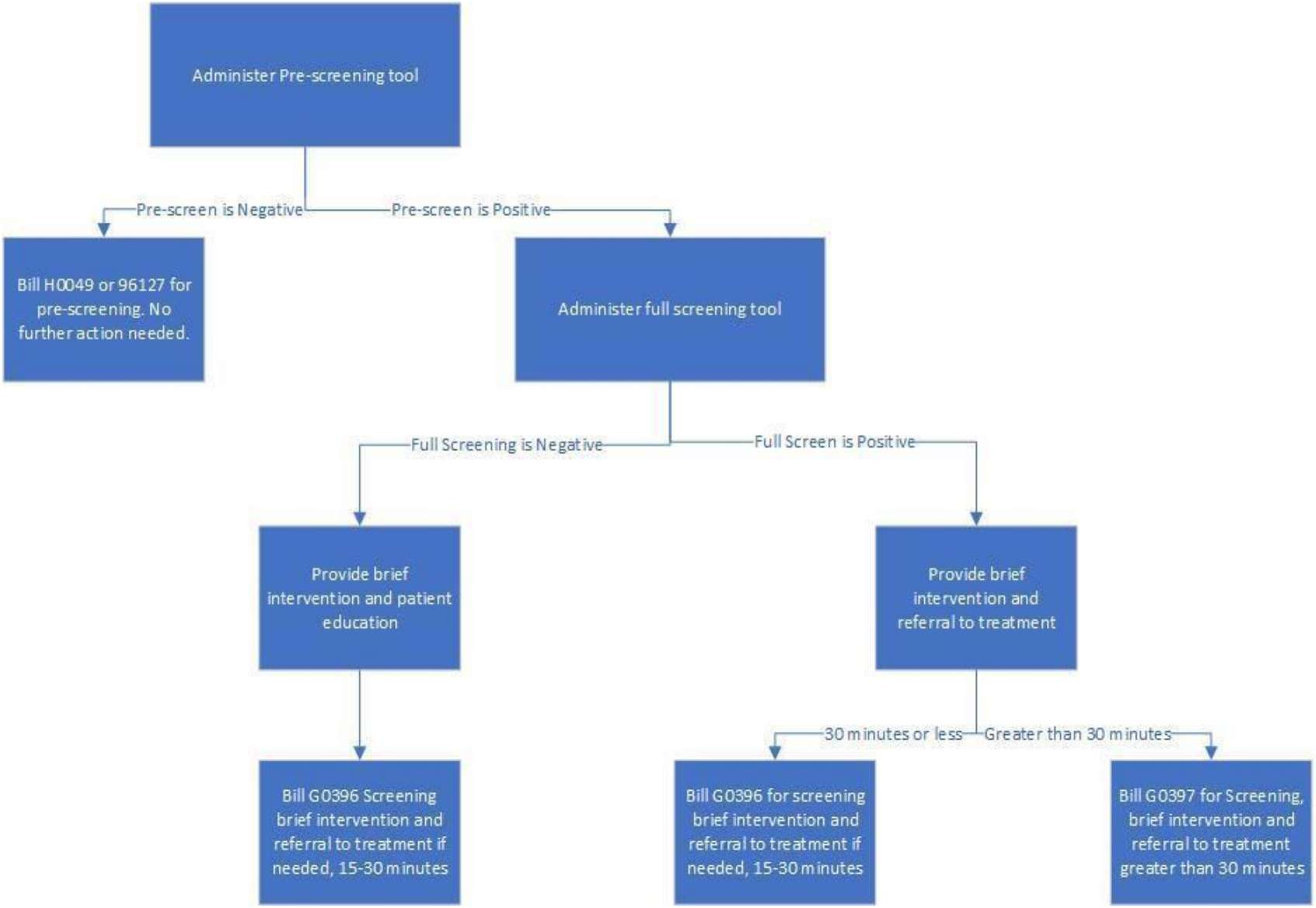
- Physicians
- Residents
- Nurses
- Medical Assistants
- Physician Assistants (students and licensed)
- Advanced Practice Registered Nurse Students
- Other qualified members of the medical team

This also extends to notes that document the presence and participation of the physician, PA, CNS, or NP in the service, as applicable.

ADDITIONAL INFORMATION

- Screening Brief Intervention Treatment (SBIRT) is not designed to address smoking and tobacco cessation services unless it is a co-occurring diagnosis with another substance such as drugs or alcohol. Tobacco-only services are not a SBIRT billable benefit.
- Screening Brief Intervention Treatment (SBIRT) may be provided face-to-face with the member, through telehealth/telemedicine, or telephonically.
- A prior authorization request is not required.
- SBIRT screenings/assessments are reimbursable as many times as needed for each patient.
- SBIRT screening does not increase costs for the patient; there is no additional co-payment.

SBIRT Workflow



TRAINING AND EDUCATION

To directly deliver screening, assessment and intervention services, providers are encouraged to participate in training that provides information about the implementation of evidence-based protocols for screening, brief interventions, and referrals to treatment (SBIRT). Face-to-face training and consultations are available through various entities.

Organization	Overview	Training Offered	More Information
Highmark Wholecare	Virtual and live webinar options on "Introduction to SBIRT" offered by Highmark Wholecare	Free course/ CME's and CEU's offered to physicians, nurses, LPC, LMFT, and Social Workers (LSW/LCSW)	Providers may access training though the Allegheny Health Networks continuing education credits website at **Highmark Wholecare Introduction to SBIRT Training** or reach out to Shannen Lauffer, Clinical Addiction Specialist. To schedule a free live virtual training at **slauffer@highmarkwholecare.com**.
Addiction Technology Transfer Center Network	The Northwest ATTC offers a range of SBIRT training and technical assistance (TA) services to health care organizations and professionals.	Free online training videos and resources. Continuing Education credit options available.	Providers can find more information at**:** **https://attcnetwork.org/northwest-sbirt/**
Caron Treatment Services	A leader in addiction medicine, they offer several resources and educational trainings related to substance use and behavioral health topics.	**Free** online virtual training for healthcare professionals and school-based professionals. No Continuing Education credits currently.	Providers can find more information at: **https://www.caron.org/digital-learning/screening-brief-intervention-and-referral-to-treatment-sbirt**
Health Knowledge	Health Knowledge offers two virtual online SBIRT training options including SBIRT for Health & Behavioral Health Professionals and Dental School SBIRT Curriculum-Foundational Training for SUDs.	Continuing Education: This course offers 3 contact hours of continuing education for nursing, social work, and counseling professionals (CNE, NASW and NAADAC) for a fee of $5 per hour	Providers can find more information at: **https://healtheknowledge.org/course/index.php?categoryid=50**

REFERRAL TO TREATMENT

After a patient has a positive substance use screen and has received a brief intervention to discuss changing their substance use patterns, a referral to treatment may be offered. It is crucial to understand that treatment and recovery are not one size fits all. Patients' unique life circumstances, preferences, and challenges mean that the most clinically appropriate level of care might not always be immediately accessible or suitable.

Therefore, when offering a referral, educate patients on a variety of pathways and treatment options. Presenting diverse choices increases the likelihood that patients will find a suitable fit and be willing to engage in treatment and recovery. Below is a table of treatment options that can be offered and reviewed with the patient.

Resource	Abbreviations	Definition
Certified Assessment Centers	CAC	Qualified, experienced, and licensed SUD treatment providers to contact referrals for patients. Provide screening and level of care assessments for substance use disorders. These centers make it easier for people seeking SUD treatment to obtain a comprehensive assessment, receive referrals to needed services and supports and start treatment without delay.
Medication Assisted Recovery	MAR	Usually refers to FDA-Approved medications for either Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD). May also include other medications like nicotine replacement therapy, mental health medications, and other medications that support the recovery process. Medications for Opioid Use Disorder (MOUD) can include Methadone, Buprenorphine, and Naltrexone including brand names such as Suboxone, Subutex, Vivitrol
Office based Addiction Treatment Office based Opioid Treatment	OBAT OBOT	Seeking treatment from trained professionals, particularly those experienced in managing and treating SUDs. Offers individual and group therapy sessions. May be medical, clinical, or both. Some examples of professionals include LSW, LCSW, LPC, LMFT, psychologists, providers board certified in Addiction Medicine or Psychiatry, other professionals with addictions related certifications such as CAADC, CARN, CADC, CARN-AP.

Resource	Abbreviations	Definition
Opioid Use Disorder Centers of Excellence	COE	For Pennsylvania Medicaid members only. OUD-COE patients have an OUD, may have co-occurring BH and PH conditions, and need help navigating the care system and staying engaged in treatment. Comprehensive care coordination and management are provided as well as patient and family support that often includes referral to community/social support services (addressing SDOH needs).
Mutual Aids	AA/NA/Celebrate Recovery	Voluntary collaborative groups serve community members. These groups create networks of care and generosity to meet the immediate needs of individuals. Can be secular (not concerned with religion, spirituality, or church) or non-secular (relating to or involving religious or spiritual matters)
PathWays Maternal Health Home	MHH	This program offers comprehensive support and treatment for pregnant individuals with substance use disorders, aiming to ensure the best possible outcomes for both the individual and their baby. It provides essential clinical services such as pre and postnatal care, medication assisted recovery services, and counseling. Additionally, the program includes crucial wrap-around support services, including childcare, transportation, and peer support. To further facilitate successful treatment plans, PathWays also offers comprehensive case management, care coordination and navigation, family support, and transitional follow-up care.
Peer based recovery Supports	CRS/CPS	Services provided by individuals who have lived experience with substance misuse and identify as in recovery from SUD. The peers help others determine and navigate their individualized recovery pathway, ensuring it best suits them and their needs and wants. Embedded in both a variety of professional treatment settings as well as within a variety of community settings.
Recovery Community Organizations	RCO	A non-profit organization founded and led by people with direct lived experience with substance use challenges and recovery. No formal framework allows individuals to use any pathway to recovery to connect and provide support.

Resource	Abbreviations	Definition
Harm Reduction	HR	Harm Reduction encompasses practical strategies and ideas focused on reducing the negative health and social consequences associated with drug use. This approach supports positive change without judgment and respects the rights of individuals who use drugs. Strategies range from promoting safer use practices, managed use, and abstinence, to ensuring access to care for related health conditions such as HIV, Hepatitis C, and infections. Syringe Service Programs (SSPs) - Community-based prevention programs offering a range of vital services. These programs typically provide linkage to substance use treatment, along with access to sterile syringes and injection equipment, and safe disposal of used equipment. SSPs also offer vaccination, testing, and linkage to care for various infectious diseases. Safe Consumption Sites - A health and social response to the substance use epidemic, particularly for intravenous drug use. These are controlled fixed or mobile spaces where individuals can use pre-obtained drugs under the supervision and support of trained personnel. Naloxone - A life-saving medication that rapidly reverses opioid overdose. As an opioid antagonist, it attaches to opioid receptors, effectively blocking and reversing the effects of other opioids. Naloxone can quickly restore normal breathing in individuals whose breathing has slowed or stopped due to an opioid overdose. Importantly, Naloxone has no effect on someone without opioids in their system and is not a treatment for opioid use disorder.

REFERRAL RESOURCES

Once your patient has identified a pathway to recovery that they would like to pursue, there are several resources available to assist in locating services in their area. Below are national, state, and local resources that can assist in locating services.

National Referral Resources		
Substance Abuse and Mental Health Services Administration's (SAMHSA) National Helpline	Provides referrals to local treatment facilities, support groups, and community-based organizations 24 hours a day, 7 days a week, every day of the year.	1-800-662-HELP (4357)
National Treatment Locator	Confidential and anonymous resource for persons seeking treatment for mental and substance use disorders.	http://www.findtreatment.gov/

National Referral Resources		
Suicide and Crisis Lifeline	Free and confidential support for people with distress, 24 hours a day, 7 days a week. Also offers specialized services for individuals who are deaf or hearing impaired, those who prefer to communicate in Spanish and military veterans.	Call or Text 988
Never Use Alone	A toll-free national hotline for individuals who use drugs while alone and are at risk of overdose. This harm reduction service offers overdose prevention, detection, and life-saving crisis response. Peer operators are available 24 hours a day, 7 days a week, 365 days a year. An operator will gather the caller's first name, exact location, and phone number. If the caller stops responding after using their substance, the operator will promptly alert EMS to a possible overdose, facilitating a rapid medical intervention.	1-877-696-1996
Pennsylvania Statewide Resources		
Department of Drug and Alcohol Programs (DDAP)	Can assist with locating treatment as well as funding for treatment.	Phone number is the same as the SAMHSA National Helpline but will connect to a Pennsylvania resource 1-800-661-HELP (4357) **https://apps.ddap.pa.gov/gethelpnow/**
Behavioral Health Managed Care Organizations (BH-MCOs)	PA Medicaid recipients have behavioral health benefits managed by a Behavioral Health MCO. The individual's BH MCO is dependent upon the county in which they receive their Medical Assistance benefits.	To find the BH-MCO for the county in which the individual resides visit: **http://www.healthchoices.pa.gov/providers/about/behavioral/**

Pennsylvania Statewide Resources		
Single County Authorities (SCA)	A Single County Authority (despite the name a SCA may serve multiple neighboring counties) receives state and federal dollars through contracts with the Department of Drug and Alcohol Programs (DDAP) to plan, coordinate, programmatically and fiscally manage, and implement the delivery of drug and alcohol prevention, intervention and treatment services to respond to the needs at the local level. Services provided by the SCA vary but may include Screening and Level of Care Assessment and referral to treatment, case management, Naloxone training and distribution, Student Assistance Programs For individuals who are under or uninsured the SCA is the payer of last resort.	To locate the SCA in the individual's area visit: https://www.ddap.pa.gov/Get%20Help%20Now/Pages/County-Drug-and-Alcohol-Offices.aspx
Opioid Use Disorder Centers of Excellence (OUD-COEs)	For Medicaid members only. OUD-COE patients have an OUD, may have co-occurring BH and PH conditions, and need help navigating the care system and staying engaged in treatment. Comprehensive care coordination and management are provided as well as patient and family support that often includes referral to community/social support services (addressing SDOH needs).	For a comprehensive listing of OUD COEs please visit: https://www.dhs.pa.gov/Services/Assistance/Pages/Centers-of-Excellence.aspx
Mutual Aid Resources		
LifeRing	Secular: Abstinence-based, anonymous organization, in person and virtual meeting options	https://lifering.org/
SMART Recovery	Secular: Self-management and recovery training	https://smartrecovery.org/
Secular Organizations for Sobriety (SOS)	Secular: anonymous In person and virtual options	https://www.sossobriety.org/
Celebrate Recovery	Non-Secular: Christ Centered, 12 step recovery programs	https://www.celebraterecovery.com/
Recovery Dharma	Non-Secular- Trauma informed, empowered approach to recovery based on Buddhist principles. The program is peer led and non-theistic. In person or online.	https://recoverydharma.org/
Refuge Recovery	Non-Secular: Buddhist-oriented, non-theistic recovery program. In person or online options.	https://www.refugerecovery.org/

Mutual Aid Resources		
Wellbriety	Non-Secular: Culturally based recovery program based on the beliefs of the Indigenous people. In person and virtual meeting options.	https://wellbrietymovement.com/
Family Support groups	**Nar-anon Family Groups**: A 12-Step Program for Family and Friends of individuals with substance use disorders. Also offered is Narateen which provides support specifically to teens. - In person and virtual meeting options **Al-Anon Family groups:** A support group for family and friends of individuals with alcohol use disorders. Also offered is Alateen which provides support specifically for teens. In person and virtual meeting options.	• https://www.nar-anon.org/ • https://al-anon.org/
Alcoholics Anonymous	A 12-step support group for those with alcohol use disorders. In person and virtual meeting options	https://www.aa.org/
Narcotics Anonymous	A 12-step support group for those with substance use disorders. In person and virtual meeting options	https://na.org/

Highmark Wholecare PA Medicare D-SNP

Highmark Wholecare PA Medicare D-SNP covers some levels of treatment for substance use disorder treatment including:

- Opioid Treatment Programs (OTPs)
- Inpatient
- Outpatient
- Medication management
- Outpatient therapy and groups
- Levels of Care that are not covered by Medicare D-SNP may be covered / coordinated with the member's BH-MCO (for PA)
- To locate a SUD treatment provider for a Highmark Wholecare PA Medicare D-SNP member please visit: https://hmwholecare.healthsparq.com/healthsparq/public/#/one/insurerCode=GW_I&brandCode=GWMCAID

Telehealth
Ophelia Health Broaden your patient's treatment options and reduce geographical transportation barriers by providing telehealth visits for your patients. If your practice does not have capacity to provide telehealth services but you feel your patient would benefit, Highmark Wholecare has providers such as Ophelia Health in network to provide opioid use disorder treatment exclusively using a telehealth modality of care. **Referrals can be made to Ophelia by texting or calling 215-585-2144. In most cases, appointments on the same day are available.**

Highmark Wholecare offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

This information is issued on behalf of Gateway Health Plan, Inc. d/b/a Highmark Wholecare, an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare provides Medicaid coverage for Blue Shield in 13 counties in central PA and Blue Cross Blue Shield in 14 counties in western PA. Highmark Wholecare provides Medicare Dual-Eligible Special Needs Plans (HMO D-SNP) for Blue Shield in 30 counties in central and northeastern PA, 5 counties in southeastern PA, and Blue Cross Blue Shield in 27 counties in western PA.