



Anthem Blue Cross and Blue Shield Healthcare Solutions  
Medicaid Managed Care

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



# Key components

**Screening:** A very brief set of questions that identifies risk of developing problems related to substance use disorder (SUD):

- Screening should be 5 to 10 minutes long.
- Reimbursement for this service requires use of validated screening instruments.

**Brief intervention (BI):** A short (5 to 30 minutes long) counseling session that raises awareness of risks and motivates the patient to acknowledge the problem

**Referral to treatment:** Procedures to help the patient access specialized treatment

# Potential benefits



Positively affects

- Patients with SUDs
- Patient morbidity and mortality rates



Reduces

- Health care costs
- Work impairment and incidents of driving under the influence



Improves

- Neonatal outcomes

# Potential benefits for practices



## Awareness

- Increases clinicians' awareness of substance use issues



## Better approach

- Offers clinicians a more systematic approach to addressing substance use and makes it less of a judgment call

# Example

Referral to treatment

Alcohol abuse/dependence in past 12 months

3%

Brief intervention

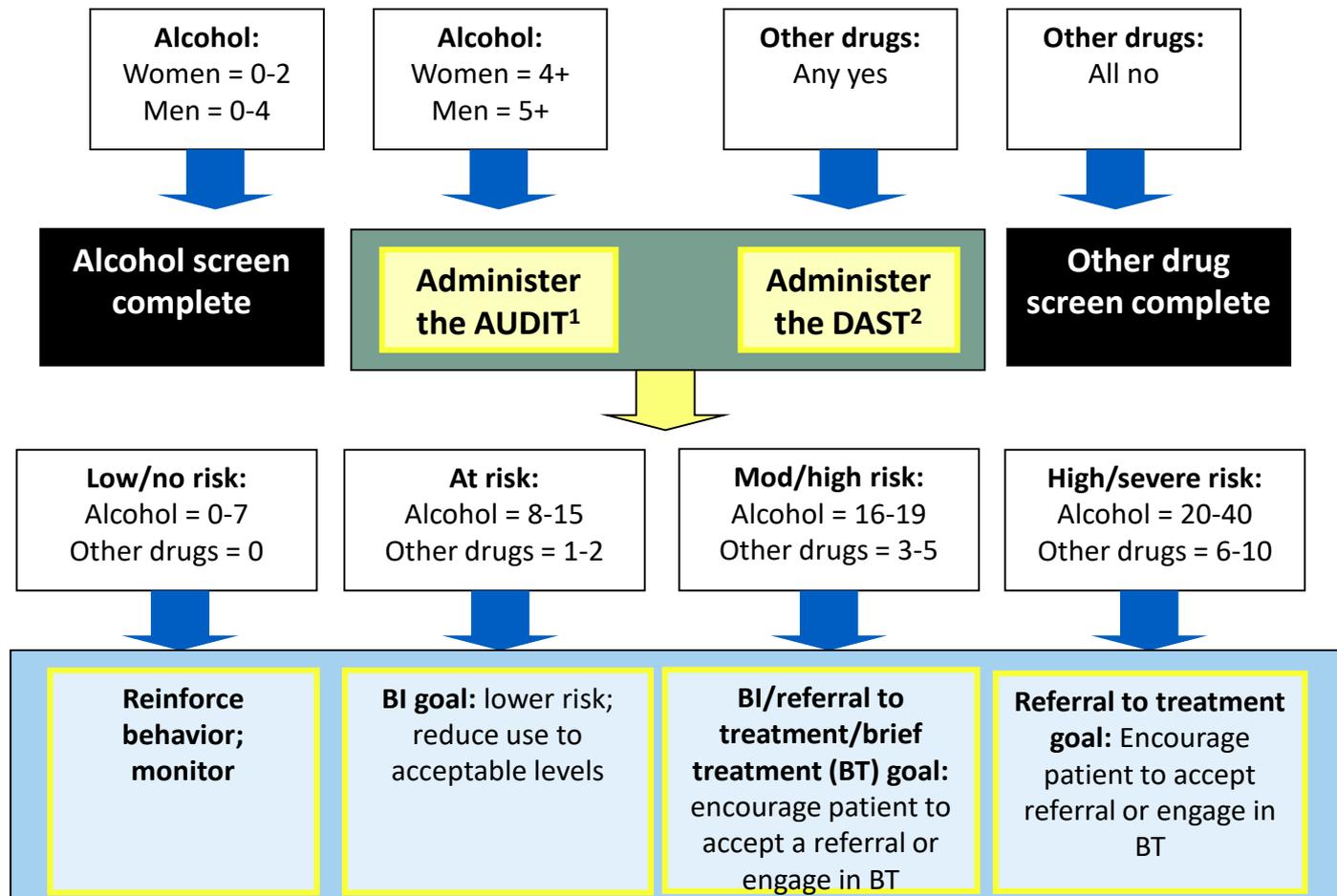
23%

Heavy drinking, but no alcohol abuse/dependence in past 12 months

74%

No alcohol abuse/dependence or heavy drinking in past 12 months

# Decision tree (example)



1. Alcohol Use Disorders Identification Test

2. Drug abuse screen test, ©1982 Harvey Skinner, PhD and the Centre for Addiction and Mental Health, Toronto, Canada.

# Screening tools

## Characteristics of a good screening tool:

- Brief (10 or fewer questions)
- Flexible
- Easy to administer and easy for the patient
- Addresses alcohol and other drug use
- Indicates need for further assessment or intervention
- Has good **sensitivity** and **specificity**

# Screening tools (cont.)

Screen	Target population	Items	Assessment	Setting (most common)	Type
ASSIST — World Health Organization (WHO)	Adults; validated in many cultures and languages	8	Screen identifies hazardous, harmful or dependent drug use (including injection drug use).	Primary care	Interview
AUDIT <sup>1</sup> — (WHO)	Adults and adolescents; validated in many cultures and languages	10	Screen identifies alcohol problem use and dependence. It can be used as a prescreen to identify patients in need of full screen/BI.	Different settings; AUDIT C primary care (three questions)	Self-administered, interview or computerized
DAST <sup>2</sup> -10	Adults	10	Screen identifies drug-use problems in past year.	Different settings	Self-administered or interview

# Screening tools (cont.)

Screen	Target population	Items	Assessment	Setting (most common)	Type
CRAFFT <sup>1</sup>	Adolescents	6	Screen identifies alcohol and drug abuse, risky behavior and consequences of use.	Different settings	Self-administered
CAGE <sup>2</sup>	Adults and youth over 16	4	Screen identifies signs of dependence but not risky use.	Primary care	Self-administered or interview
TWEAK <sup>3</sup>	Pregnant women	5	Screen identifies risky drinking during pregnancy. It is based on CAGE. The screen asks about the number of drinks one can tolerate, alcohol dependence and related problems.	Primary care, women's organizations	Self-administered, interview or computerized

1. Car, Relax, Alone, Forget, Family or Friends, Trouble, via Children's Hospital of Boston
2. Cut down, Annoyed, Guilty, Eye-opener, via American Psychiatric Association.
3. Tolerance, Worried, Eye Opener, Amnesia, K/Cut down, via Marcia Russell, Prevention Research Center.

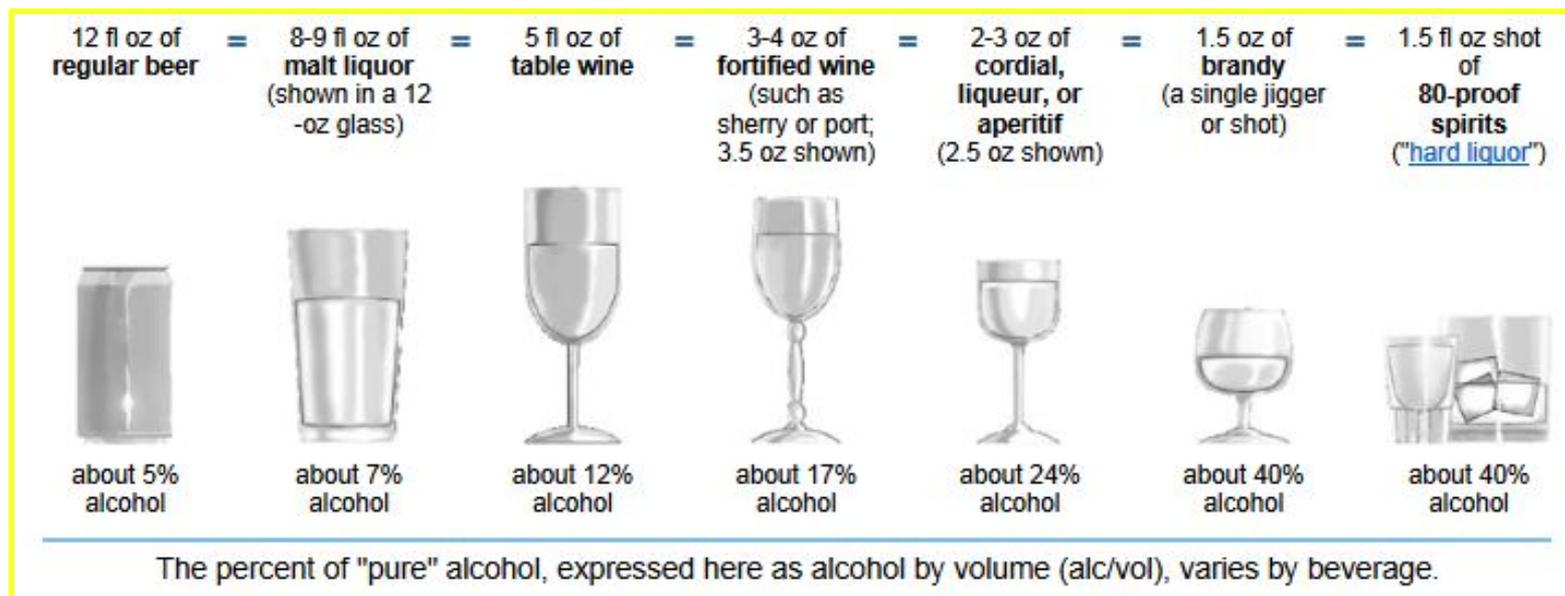
# Screening tools (cont.)

Substance Abuse and Mental Health Services Administration (SAMHSA) provides information on SBIRT and related resources.

Here are two screening tools available at SAMHSA's site:

- [https://www.integration.samhsa.gov/clinicalpractice/sbirt/CRAFFT\\_Screening\\_interview.pdf](https://www.integration.samhsa.gov/clinicalpractice/sbirt/CRAFFT_Screening_interview.pdf)
- [https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT\\_Screening\\_interview.pdf](https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf)

# How is risk defined?



At-risk alcohol use	Men	Women	Older adults (65 and over)
Per occasion	> 4	> 3	> 1
Per week	> 14	> 7	> 7

Chart and table data via National Institute on Alcohol Abuse and Alcoholism.

# Prescreening

Prescreening is a very quick approach to identifying people who need to do a longer screen and BI.

- Self-reported
  - 1 to 4 questions
- Biological
  - Blood alcohol level test

# Alcohol prescreening question

The National Institute on Alcohol Abuse and Alcoholism one-item screen for alcohol use is:

- “How many times in the past year have you had X or more drinks in a day?”
  - See table on slide 11 for the number of drinks that qualifies for unhealthy alcohol use.
- A positive screen is equal to more than one drink.

# Drug abuse prescreening question

The National Institute on Drug Abuse one-item screen for illicit drug use is:

- “How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”
  - This identifies overall use.
- A positive screen is equal to one or more use.

# Nevada codes and reimbursement

Payer	Add-on code	Description	Maximum billing frequency
Medicaid	H0049	Alcohol and/or drug screening	One unit per screening
Medicaid, commercial insurance	99408	Alcohol and/or substance abuse structured screening and brief intervention services (15 to 30 minutes)	One unit per screening
	99409	Alcohol and/or substance abuse structured screening and brief intervention services (greater than 30 minutes)	One unit per screening

Sources: SAMHSA, <https://www.samhsa.gov/sbirt/coding-reimbursement>. Last updated: 05/01/2019 and [https://www.integration.samhsa.gov/sbirt/Reimbursement\\_for\\_SBIRT.pdf](https://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf)

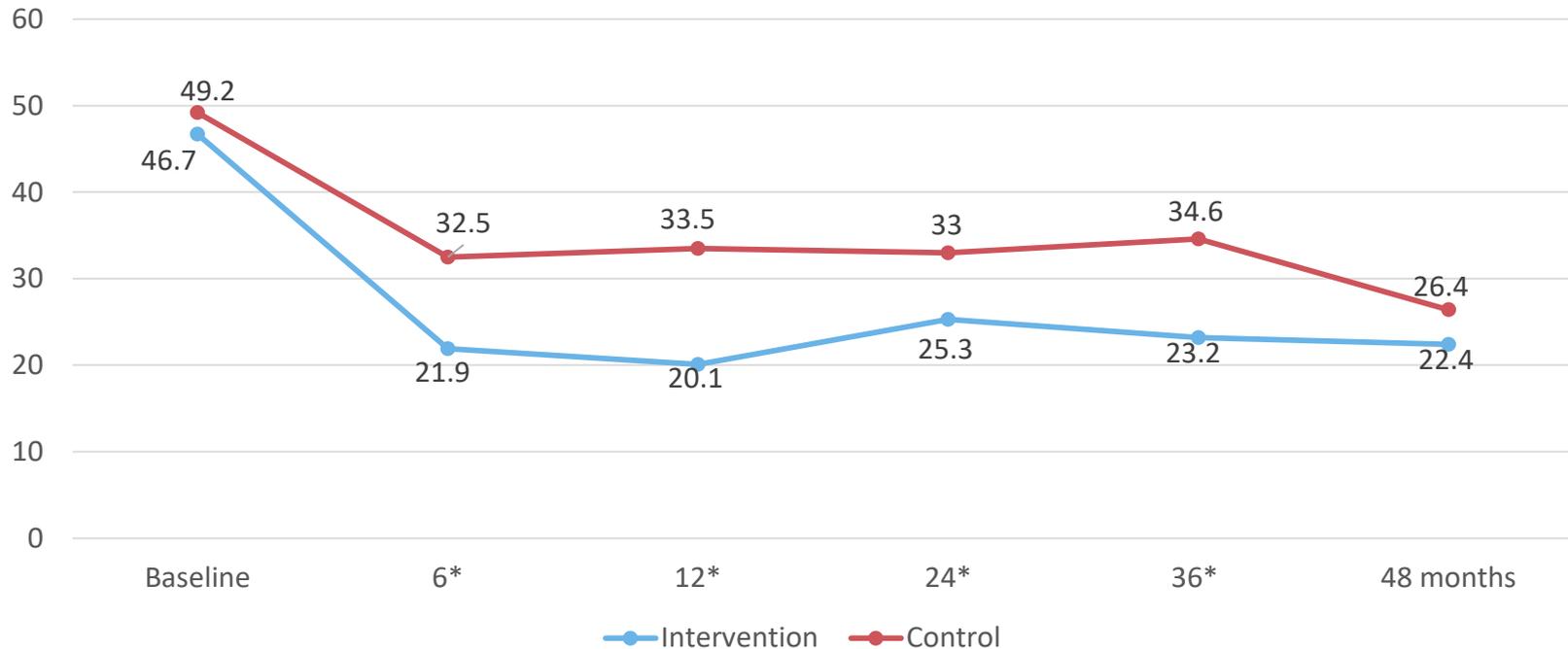
# Does SBIRT work?



# Project TrEAT: Trial of Early Alcohol Treatment

- The program included: 17 primary care practices comprised of 64 physicians within 10 Wisconsin counties.
- Approximately 18,000 patients were screened:
  - Around 500 men and 300 women screened positive for at-risk drinking.
  - They were randomized into two groups of approximately 400 each and followed for 48 months.
- Both the control and intervention group received a general health booklet with information about seat belt use, immunizations, exercise, tobacco, alcohol and drugs.
- The intervention group also received two 10- to 15-minute sessions by a PCP using a scripted workbook.

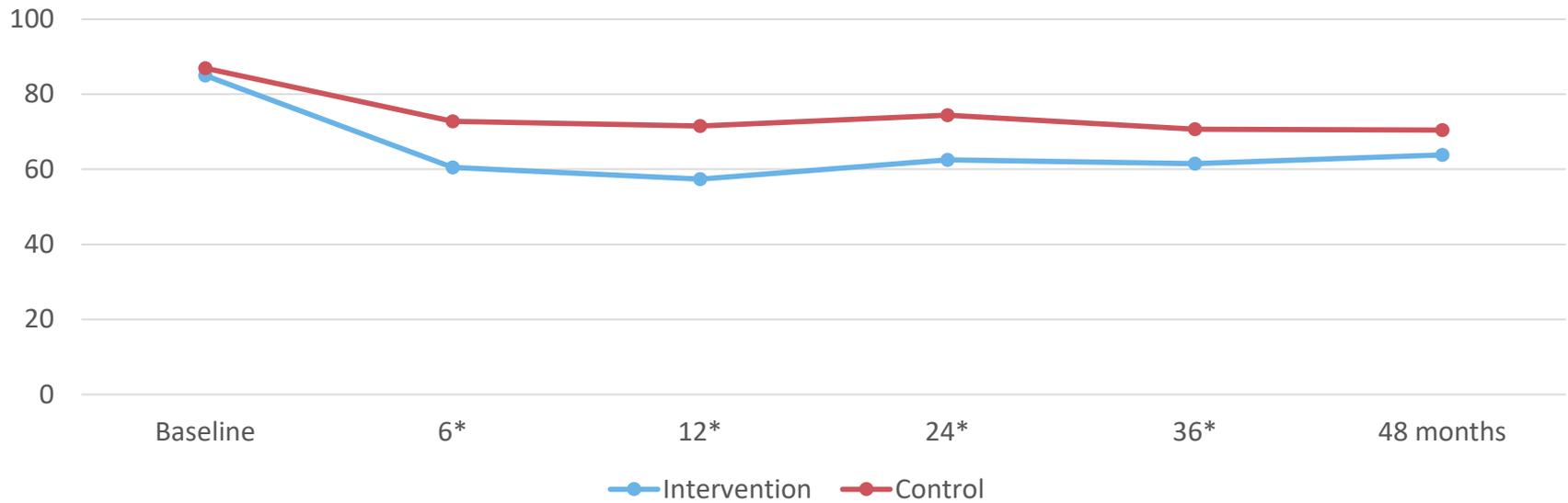
# Project TrEAT (cont.)



Heavy drinkers were defined as men who drank > 20 standard drinks and women who drank > 13 standard drinks in the previous seven days.

\* Difference statistically significant

# Project TrEAT (cont.)



Binge drinkers were defined as people who drank > 5 drinks within one day in the previous 30 days.

\* Difference statistically significant

# Project TrEAT statistics

## Health care utilization analysis at 48 months

	SBIRT	Control
ED visits	302	376
Days of hospitalization	420	664

# Key resources

- SAMHSA
- Centers for Medicare & Medicaid Services (CMS)

# Summary

- SBIRT:
  - Saves lives.
  - Saves time.
  - Saves money.
- Screening and BI are very effective for alcohol use.
- Screening is very effective for identifying illicit drug use.
- BI is not effective for drug use.
- Referral to treatment should follow a positive screening.

# Thank you

**<https://mediproviders.anthem.com/nv>**

Anthem Blue Cross and Blue Shield Healthcare Solutions is the trade name of Community Care Health Plan of Nevada, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

ANVPEC-0985-19 July 2019

