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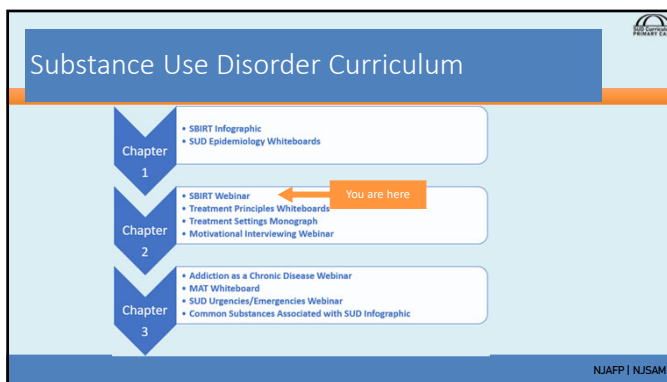
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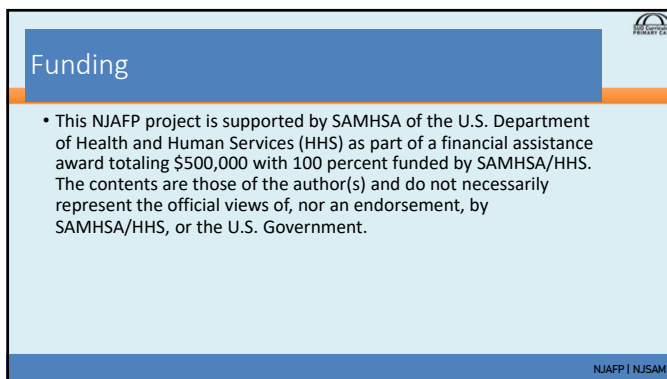
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## Disclosures

The following individuals have no relevant financial relationships with ineligible companies to disclose:

**Planners/Reviewers:**

- Theresa J. Barrett, PhD, CMP, CAE
- Angie Halaja-Henriques
- Sue Hockenberry

**Faculty:**

- Indra Cidambi, MD
- Lee Radosh, MD, FASAM, FAAFP

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## Following this Presentation...

- Please return to the course page for CME information and references



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## Using the SBIRT Model to Manage Substance Use Disorders

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## Defining Substance Use Disorder (SUD)

- **Substance Use Disorder** is a complex condition that involves the uncontrolled use of a substance despite harmful consequence.
- Associated with changes in brain structure and function.
- May be mild, moderate, or severe, depending on the number of diagnostic criteria exhibited in the past year.
- Includes symptoms categorized by impaired control, social impairment, risky use, and pharmacologic criteria (e.g., tolerance, withdrawal).

APA: <https://www.psychiatry.org/patients-families/addiction/what-is-addiction>

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## Developing a Strategy to Manage SUD

- **Substance Use Disorder** is a chronic condition that can be managed through combinations of medications and behavioral interventions.
- All patients with SUD can benefit from treatment.
- Treatment must be tailored to the patient's needs.
- Providers must work as part of a care team with the patient and other healthcare professionals as needed.

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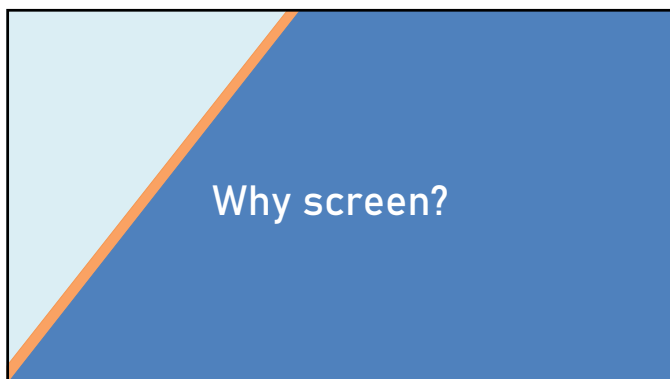
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## Why screen?

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### Screening is Effective!

- “Brief interventions can reduce harmful and hazardous alcohol consumption in men and women. Short, advice-based interventions may be as effective as extended, counselling-based interventions for patients with harmful levels of alcohol use who are presenting for the first time in a primary care setting.”

Beyer FR, et al. The Cochrane 2018 Review on Brief Interventions in Primary Care for Hazardous and Harmful Alcohol Consumption: A Distillation for Clinicians and Policy Makers. Alcohol Inter. 2019 Jul 1;34(4):417-427.

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### Effectiveness of SBIRT Components for SUD

	Screening	Brief Intervention	Brief Treatment	Referral to Treatment	Evidence of Effectiveness of SBIRT
Alcohol Use/Misuse	✓	✓	✓	✓	Effective in adults (USPSTF Cat. B) <sup>1</sup>
Illicit Drug Use/Misuse	✓	✓	✓	✓	Effective in adults (USPSTF Cat. B) <sup>2</sup>
Tobacco Use	✓	✓	✓	✓	Effective in adults (USPSTF Cat. A) <sup>3</sup>

Key: ✓ Evidence of component effectiveness/utility; USPSTF: US Preventive Services Task Force.

<sup>1</sup>USPSTF. JAMA 2018;320:1899-1909; <sup>2</sup>USPSTF. JAMA 2020;323:2301-2309; <sup>3</sup>USPSTF. JAMA 2021;325:265-279.

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### Compared to Others

- “Screening for problem drinking and brief counseling ranked high among effective preventive services, based on a combined score of two measures - clinically preventable burden and cost-effectiveness.”
- “A meta-analysis of 15 studies analyzing cost benefit, cost-effectiveness, and cost utility of SBIs for unhealthy alcohol use found cost-saving benefits when performed in medical settings that met or exceeded standardized preventive care, such as influenza immunization or colorectal screening.”

Kraemer 2007; MacIsaac 2006

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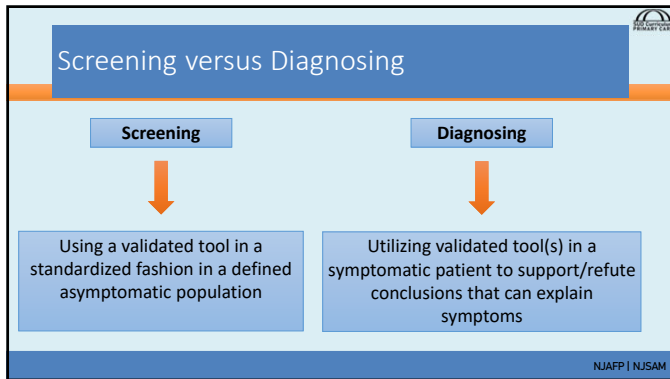
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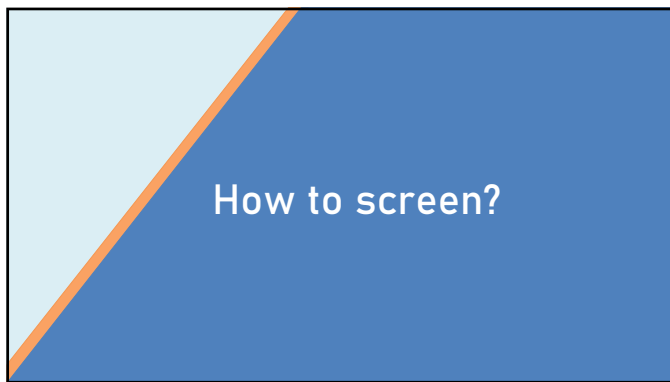
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**What is SBIRT?**

**S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment

- An evidence-based approach to identify patients who use alcohol (or other drugs) at harmful levels
- Includes screening, with brief and tailored feedback and advice
- Provides early intervention for individuals with non-dependent substance abuse
- Refer to outside treatment when appropriate
- Can be administered by staff in a variety of clinical settings
- Reimbursable through Medicare, Medicaid, and many private payors

SAMHSA 2011  
 SAMHSA: [https://www.samhsa.gov/sites/default/files/sbirtwhitepaper\\_0.pdf](https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf)  
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### Acronyms: All the Same

- aSBI (alcohol screening and brief intervention)
- SBI (screening and brief intervention)
- SBIRT (screening, brief intervention, referral to treatment)

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### Applying SBIRT in Primary Care Practice

- Primary care offices should develop protocols to **screen** patients for AUD/SUD
- Most patients will screen **negative**; simply re-do in one year
- Some will screen positive but at moderate risk, prompting the clinician to provide basic counseling and/or interventions (a "**brief intervention**" and/or "**brief treatment**")
- Patients who screen positive and exhibit more serious alcohol/drug use issues should be referred for further treatment ("**referral to treatment**")

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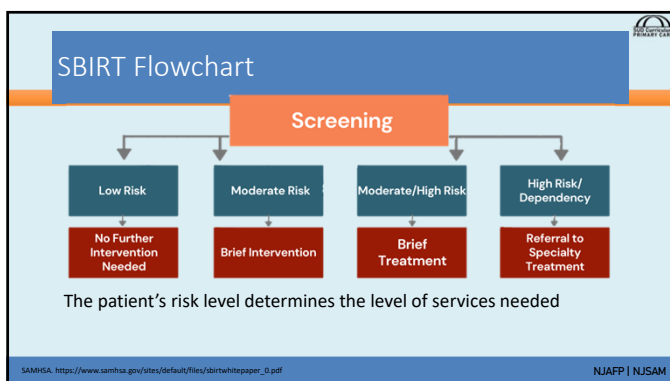
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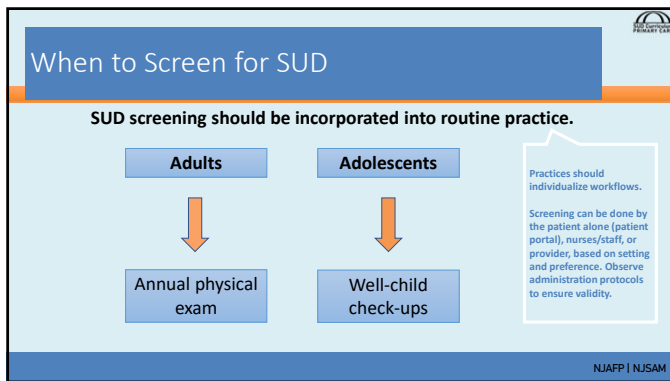
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### Common SBIRT Screening Tools

- Choice depends upon practice-specific factors (e.g., EHR, workflows)
- Common SBIRT screening tools:
  - S2BI** - Screening to Brief Intervention
  - AUDIT, AUDIT-C** - Alcohol Use Disorders Identification Test
  - CRAFT** - Car, Relax, Alone, Forget, Friend, Trouble (adolescents)
  - DAST-10** - Drug Abuse Screening Test
  - NIAAA SQS** - single question screener
  - CAGE/CAGE AID** - Cut-down, Annoyed, Guilty, Eye-Opener
  - ASSIST** - Alcohol, Smoking and Substance Involvement Screening Test
  - NIDA Quick Screen**

Cromonte 2010; NIDA 2012; SAMHSA 2011; SAMHSA 2013; Smith 2009

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### Consider for Alcohol . . .

- “Numerous brief screening instruments can detect unhealthy alcohol use with acceptable sensitivity and specificity in primary care settings”
- “1-3 item screening instruments have the best accuracy for assessing unhealthy alcohol use in adults 18 years or older”
- “These instruments include the **AUDIT-C** and the **SASQ**”

USPSTF, Curry SI, et al. Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2018 Nov 13;320(18):1899-1909

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AUDIT

- World Health Organization's (WHO's) Alcohol Use Disorders Identification Test (AUDIT)
- Most widely tested instrument for screening in primary health care
- Not diagnostic
  - A diagnosis of alcohol dependence requires administration of a well-tested diagnostic interview or by the evaluation of a trained specialist

Higgins-Biddle JC, Babor TF. A review of the Alcohol Use Disorders Identification Test (AUDIT), AUDIT-C, and USAUDIT for screening in the United States: Past issues and future directions. Am J Drug Alcohol Abuse. 2013;48(6):578-586.

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AUDIT-C (1<sup>st</sup> Three Questions of AUDIT)

**Instrument**

Instructions: Alcohol can affect your health, medications, and treatments, so we ask patients the following questions. Your answers will remain confidential. Place an x in one box to answer. Think about your drinking in the past year. A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

QUESTIONS	0	1	2	3	4	5	6	Score
1. How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks	
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
Total								

The AUDIT 1-3 (US) can be used for clinical purposes without permission or cost.

**“A total of 7 or more for women and men over age 65, and 8 or more for younger males is a positive risk indicator”**

Babor TF, Higgins-Biddle JC, Robaina K. (2016). USAUDIT: The Alcohol Use Disorder Identification Test, Adapted for Use in the United States: A Guide for Primary Care Practitioners. [http://my.irets.org/sites/irets.org/files/USAUDIT\\_Guide\\_2016\\_final.pdf](http://my.irets.org/sites/irets.org/files/USAUDIT_Guide_2016_final.pdf)

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QUESTIONS	0	1	2	3	4	5	6	Score
1. How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks	
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
9. Have you or someone else been injured because of your drinking?	No			Yes, but not in the past year		Yes, during the past year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No			Yes, but not in the past year		Yes, during the past year		

Babor TF, Higgins-Biddle JC, Robaina K. (2016). USAUDIT: The Alcohol Use Disorder Identification Test, Adapted for Use in the United States: A Guide for Primary Care Practitioners. [http://my.irets.org/sites/irets.org/files/USAUDIT\\_Guide\\_2016\\_final.pdf](http://my.irets.org/sites/irets.org/files/USAUDIT_Guide_2016_final.pdf)

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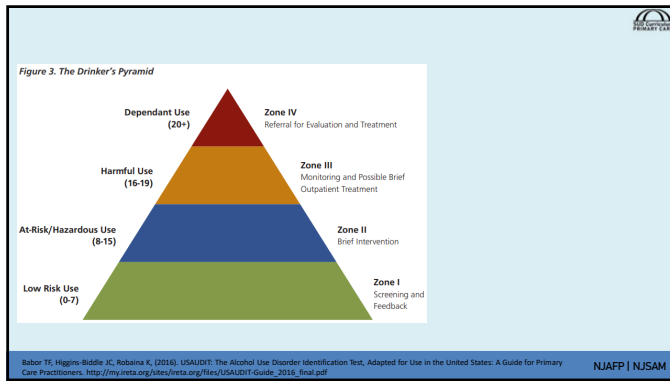
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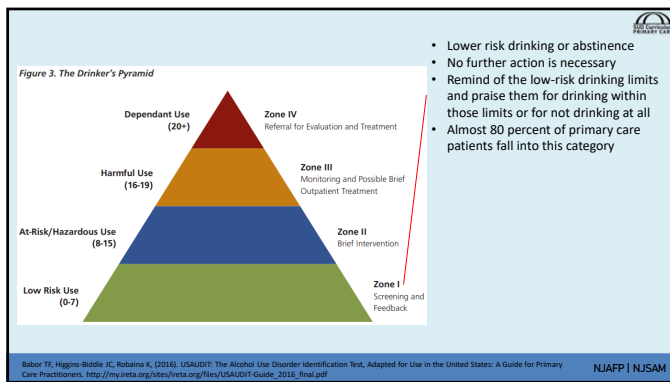
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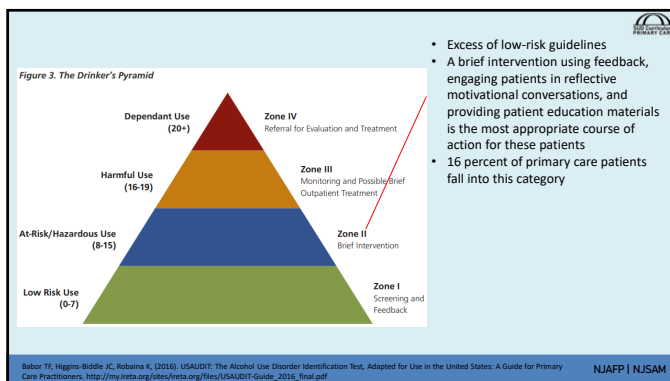
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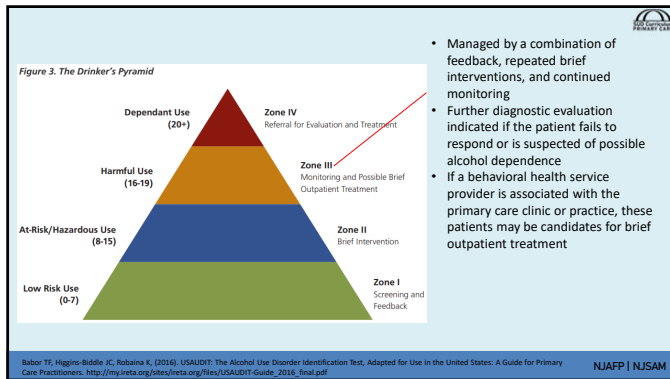
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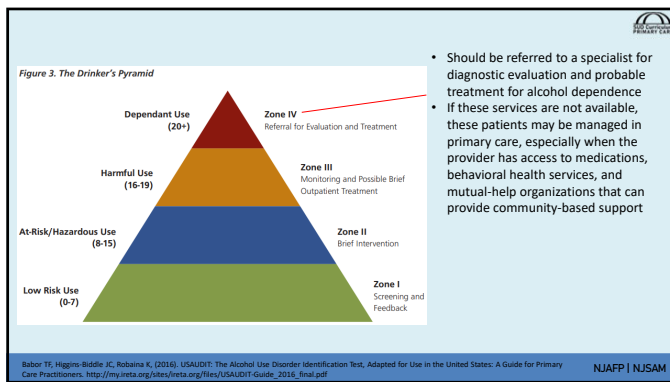
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### SASQ (Single-Item Alcohol Screening Questionnaire)





- The single screening question recommended by the NIAAA accurately identified unhealthy alcohol use in this sample of primary care patients
- These findings support the use of this brief screen in primary care
- "How many times in the past year have you had X or more drinks in a day?"
  - 5 for men
  - 4 for women
- Response of  $\geq 1$  is considered positive

Smith PC, Schmidt SM, Allenworth-Davies D, Saltz R. Primary care validation of a single-question alcohol screening test. J Gen Intern Med. 2009 Jul;24(7):763-6. NJAFP | NJSAM

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### Standard Drink Size

What Is a Standard Drink?

12 fl oz of regular beer	=	8-9 fl oz of malt liquor (shown in a 12 oz glass)	=	5 fl oz of table wine	=	1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)
						
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 40% alcohol

Each beverage portrayed above represents one standard drink (or one alcohol drink equivalent), defined in the United States as any beverage containing 8 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

NIAA, <https://www.niaaa.nih.gov/alcohol-effects/health/overview-alcohol-consumption/what-standard-drink> NJAFP | NJSAM

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### True or False?

- A score of 18 on the AUDIT is diagnostic of a moderate alcohol use disorder

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### True or False?

- A score of 18 on the AUDIT is diagnostic of a moderate alcohol use disorder
- This could very well be a moderate use disorder with that score, but AUD is diagnosed with DSM-V criteria

**False**

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### Consider for Drug Use . . . DAST 10

- “The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. In the following statements “drug abuse” refers to
  - (1) the use of prescribed or over-the-counter drugs in excess of the directions, and
  - (2) any nonmedical use of drugs.
- The various classes of drugs may include: cannabis (marijuana, hash), cocaine, heroin, narcotic pain medications, sedatives (benzodiazepines) or stimulants (amphetamines).
- Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.”

Massachusetts Department of Public Health: SBIRT Screening Toolkit June 2012. <https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>. NJAFP | NJSAM

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### DAST-10

	0	1
In the past 12 months		
1. Have you used drugs other than those required for medical reasons? <i>If patient is positive in step 1, the answer to #1 is an automatic yes.</i>	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you always able to stop using drugs when you want to?	Yes	No
4. Have you ever had “blackouts” or “flashbacks” as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	No	Yes

Massachusetts Department of Public Health: SBIRT Screening Toolkit June 2012. <https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>. NJAFP | NJSAM

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### DAST-10 Scoring

Value	Meaning	Description
0		No problems reported
1		Low level
2		Low level
3		Moderate level
4		Moderate level
5		Moderate level
6		Substantial level
7		Substantial level
8		Substantial level
9		Severe level
10		Severe level

NIDA, <https://cde.drugabuse.gov/instrument/9053390-e0b-9140-e040-bb89ad43d69/module/7cca2bc-94db-1a83-e040-bb89ad43d62/question/7cca2bc-94db-1a83-e040-bb89ad43d62>. NJAFP | NJSAM

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**NIDA Quick Screen V1.0\***

Name: \_\_\_\_\_ Sex: ☐ F ☐ M Age: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Introduction (Please read to patient)**

Hi, I'm \_\_\_\_\_ nice to meet you. It's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications), but we'll only record them if you have taken them for reasons or in doses other than as prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

**Instructions:** For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the "Monthly" column in the "Illegal drug" row.

**NIDA Quick Screen Question:**

**In the past year, how often have you used the following?**

	Never	Once or Twice	Monthly	Weekly	Daily or More Often
<b>Alcohol</b>					
• For men, 5 or more drinks a day					
• For women, 4 or more drinks a day					
<b>Tobacco Products</b>					
<b>Prescription Drugs for Non-Medical Reasons</b>					
<b>Illegal Drugs</b>					

• If the patient says "NO" for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**

• If the patient says "Yes" to one or more days of heavy drinking, patient is an at-risk drinker. Please see NIAAA website "How to Help Patients Who Drink Too Much: A Clinical Approach" [http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm), for information to Assess, Advise, Assist, and Arrange help for at risk drinkers or patients with alcohol use disorders

• If patient says "Yes" to use of tobacco: Any current tobacco use places a patient at risk. Advise all tobacco users to quit. For more information on smoking cessation, please see "Helping Smokers Quit: A Guide for Clinicians" <http://www.ahrq.gov/clin/tobacco/clinhelpsmkqt.htm>

• If the patient says "Yes" to use of illegal drugs or prescription drugs for non-medical reasons, proceed to Question 1 of the NIDA-Modified ASSIST.

NIDA 2012, <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings> NJAFP | NJSAM

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**NIDA Quick Screen V1.0\***

Name: \_\_\_\_\_ Sex: ☐ F ☐ M Age: \_\_\_\_\_

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NIDA 2012, <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings> NJAFP | NJSAM

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**NIDA Quick Screen V1.0\***

Name: \_\_\_\_\_ Sex: ☐ F ☐ M Age: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Introduction (Please read to patient)**

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<b>Tobacco Products</b>					
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NIDA 2012, <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings> NJAFP | NJSAM

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## NIDA-Modified ASSIST V2.0

**Questions 1-8 of the NIDA-Modified ASSIST V2.0**

Instructions: Patients may fill in the following form themselves, or a screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient. To preserve confidentiality, a protective sheet should be placed on top of the questionnaire and not removed to view by other patients after it is completed but before it is filed in the medical record.

**Question 1 of 8, NIDA-Modified ASSIST**

In your <u>lifetime</u> , which of the following substances have you used?	Yes	No
<i>Note: For Prescription, for prescription medications, please report recreational use only.</i>		
a. Cannabis (marijuana, pot, ganja, weed, etc.)		
b. Cocaine (crack, crack, etc.)		
c. Prescription stimulants (Adderall, Concerta, Ritalin, etc.)		
d. Prescription opiates (Vicodin, Percocet, etc.)		
e. Prescription sedatives (Xanax, Valium, etc.)		
f. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
g. Alcohol or drinking pills (Vitamin, Benadryl, etc.)		
h. Prescription pills (Pill, Xanax, Valium, etc.)		
i. Prescription opiates (Vicodin, Percocet, etc.)		
j. Other - specify:		

\* Give the patient's response to the Quick Screen. The patient should indicate "Yes" for all drugs in Question 1. If they do, remind them that their answers to the Quick Screen indicated they used at least 1 prescription drug for recreational reasons within the past year and then repeat Question 1. If the patient indicates that the drug used is not listed, please mark "Yes" next to "Other" and continue to Question 2 of the NIDA-Modified ASSIST.

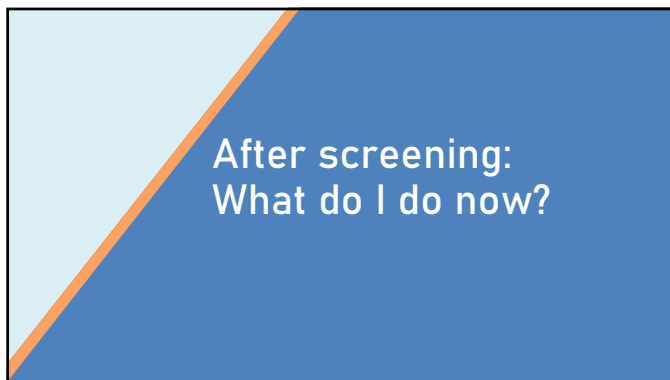
\* If the patient has "Yes" to any of the drugs, proceed to Question 2 of the NIDA-Modified ASSIST.

NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings>

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Then SEVERAL more pages of MANY questions depending on responses!

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## What is Brief Intervention?

**1-5 sessions @ 5 minutes- 1 hour**

- Educate patient
- Increase motivation to reduce risky behavior

Among SBIRT grantees funded by SAMHSA,  
~15% of patients receive scores that indicate a brief intervention.

SAMHSA. [https://www.samhsa.gov/sites/default/files/sbirt-whitepaper\\_0.pdf](https://www.samhsa.gov/sites/default/files/sbirt-whitepaper_0.pdf)

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### What is Brief Treatment?

**5-12 sessions lasting up to 1 hour**

- Change immediate behavior and thoughts
- Address long-standing issues with substance misuse
- Help appropriate patients obtain long-term care

Among SBIRT grantees funded by SAMHSA,  
~3% of patients receive scores that indicate brief treatment.

SAMHSA. [https://www.samhsa.gov/sites/default/files/sbirtwhitepaper\\_0.pdf](https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf)

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### What is Referral to Treatment?

**"Referral requires the primary care system to establish new and complex linkages with the traditional specialty care system to connect clients who score in the problematic range to recognized, evidence-based treatment in a timely manner"**

Among SBIRT grantees funded by SAMHSA,  
~3-4% of patients receive scores that indicate brief treatment.

SAMHSA. [https://www.samhsa.gov/sites/default/files/sbirtwhitepaper\\_0.pdf](https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf)

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### Concerns?

- When SBIRT is implemented properly, the time commitment is reasonable and acceptably low
- Concerns about patient reactions can be neutralized by proper training for the providers and ensuring that access to referral services is available
- SBIRT is frequently implemented by others
  - Allied health professionals - nurses, social workers, etc.
  - Results and actions can be noted in the patient chart for physician notification and oversight



SAMHSA. [https://www.samhsa.gov/sites/default/files/sbirtwhitepaper\\_0.pdf](https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf)

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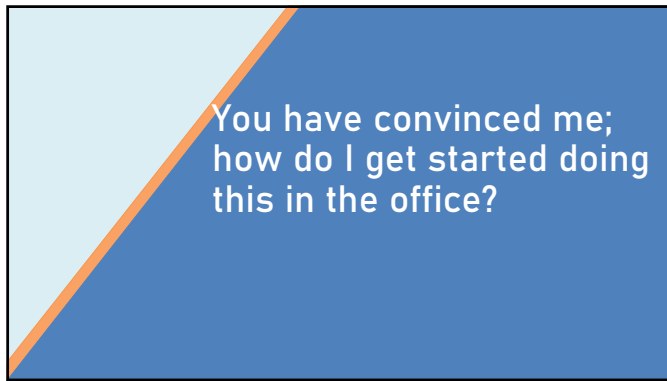
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Steps for Screening and Brief Intervention

1. Get buy-in from your entire staff, as well as patients, to think and talk about reducing risky drinking/drugs
2. Choose screening test(s) and implement systematically
3. Establish a practice workflow that includes screening
4. Appropriately code and bill for screening and brief interventions

Loskutova N, Wood J, Peterson R. Incorporating Alcohol Screening and Brief Intervention Into Practice. Fam Pract Manag. 2020 Nov-Dec;27(6):41-44.
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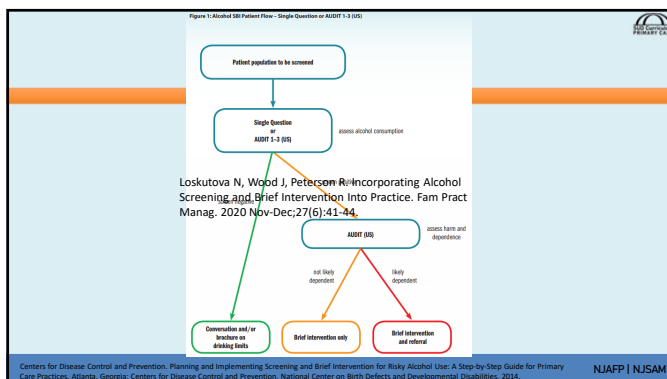
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## Detailed, Step by Step Flowchart

- *Family Practice Management*, Loskutova 2020
- Nice flowcharts/sample workflows
- Includes steps for front desk, MA's
- Includes "Actions" needed by physician

Loskutova N, Wood J, Peterson R. Incorporating Alcohol Screening and Brief Intervention into Practice. Fam Pract Manag. 2020 Nov-Dec;27(6):41-44. NJAFPP | NJSAM

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## How do I get paid for this?

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## Documenting Medicare SBIRT Services

- Record start and stop times or total face-to-face time with the patient (because some SBIRT HCPCS codes are time-based)
- Document 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

CMS. <https://www.healthcare.gov/preventive-care/adults> NJAFPP | NJSAM

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Getting paid!

**Coding for alcohol SBI**

In 2014, the Patient Protection and Affordable Care Act (ACA) began requiring insurance plans to cover many clinical preventive services. Two of the covered preventive services include:

- Alcohol screening for adults
- Alcohol screening and brief intervention

Use the following codes for patients seeking a screening only.

CPT CODE	PAYER	DESCRIPTION
96160	Commercial Insurance	Administration and interpretation of health risk assessment instrument
G0442	Medicare	Screening for alcohol misuse in adults including pregnant women once a year; 15 min.

Use the following codes for patients with a positive screen result (not screening brief intervention/counseling).

CPT CODE	PAYER	DESCRIPTION
99408	Commercial Insurance, Medicaid	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 min.
99409	Commercial Insurance, Medicaid	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 min.
G0398	Medicare	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 min.
G0397	Medicare	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 min.
G0443	Medicare	Up to four, 15 min. brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse
H0049	Medicaid	Alcohol and/or drug screening (not widely used)
H0050	Medicaid	Alcohol and/or drug service, brief intervention, per 15 min. (not widely used)

**ICD-10 CM**

DESCRIPTION	
Z10.89	Encounter for screening for other disorder
Z10.9	Encounter for screening, unspecified
F10.10 (F10.19)	Alcohol abuse (covering and surveillance of alcohol)
F10.20	Counseling for family member of a person with an AUD

AAFP: [www.aafp.org/dam/AAFP/documents/patient\\_care/alcohol/alcohol-manual.pdf](http://www.aafp.org/dam/AAFP/documents/patient_care/alcohol/alcohol-manual.pdf)

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Getting paid!

**Reimbursement for SBIRT**

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	\$48.00

Last Updated: 04/16/2020

SAMHSA: <https://www.samhsa.gov/sbirt/coding-reimbursement>

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Case and Audience Participation Questions

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Case 1: Intro

- 56-year-old female for HT f/u
- On lisinopril, amlodipine and HCTZ
- BP 160/92
  - States she is adherent
  - Complains about the costs
  - Complains about frequent trips to the bathroom
  - Complains about everything! (At least it seems so . . .)
- You note she is due for annual CPE
- She returns 1 month later for that

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After you attended a presentation at a NJAFP/NJSAM course, you decide to screen for AUD/SUD. Of the following, which is the *best* next step?

- Have the patient complete the full NIDA-Modified ASSIST V2.0 questionnaire through an on-line portal
- Have the patient complete the CRAFFT via a clipboard in the waiting room
- Have your MA ask the patient one question: "Do you have a problem with drugs and/or alcohol?"
- Have the patient complete the AUDIT-C and/or DAST-10 while waiting in the exam room

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After you attended a presentation at a NJAFP/NJSAM course, you decide to screen for AUD/SUD. Of the following, which is the *best* next step?

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After you attended a presentation at a NJAFP/NJSAM course, you decide to screen for AUD/SUD. Of the following, which is the *best* next step?

- A. Have the patient complete the full NIDA-Modified ASSIST V2.0 questionnaire through an on-line portal **Full ASSIST survey only done if NIDA Quick Screen is positive**
- B. Have the patient complete the CRAFFT via a clipboard in the waiting room **CRAFFT is for adolescents**
- C. Have your MA ask the patient one question: "Do you have a problem with drugs and/or alcohol?" **Not a validated tool**
- D. **Have the patient complete the AUDIT-C and/or DAST-10 while waiting in the exam room**

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Your nurse administers the AUDIT-C and the patient scores "positive". Which of the following would be *most* appropriate at this time?

- A. Tell her to cut back on her drinking and follow-up in 3 months
- B. Utilize motivational interviewing to reduce her "at risk" drinking
- C. Administer the full AUDIT and act accordingly
- D. Refer for formal evaluation to diagnose an alcohol use disorder (AUD)

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Your nurse administers the AUDIT-C and the patient scores "positive". Which of the following would be *most* appropriate at this time?

- A. Tell her to cut back on her drinking and follow-up in 3 months
- B. Utilize motivational interviewing to reduce her "at risk" drinking
- C. **Administer the full AUDIT and act accordingly**
- D. Refer for formal evaluation to diagnose an alcohol use disorder (AUD)

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Your nurse administers the AUDIT-C and the patient scores "positive". Which of the following would be *most* appropriate at this time?

- A. Tell her to cut back on her drinking and follow-up in 3 months **Goal of MI is to elicit internal motivation, not tell a patient what to do**
- B. Utilize motivational interviewing to reduce her "at risk" drinking **AUDIT-C is just first step; she may need brief MI, but we don't know if she is an "at risk" drinker or have more needs until full AUDIT completed**
- C. **Administer the full AUDIT and act accordingly**
- D. Refer for formal evaluation to diagnose an alcohol use disorder (AUD) **Again, the AUDIT-C is just a screening tool; she may end up qualifying for an AUD but only after a thorough assessment**

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She also scores a 2 on the DAST-10 (low level of drug use). Of the following, which is *NOT* a reasonable next step?

- A. Given her opioid use disorder, begin buprenorphine/naloxone (Suboxone)
- B. Assess "where she is at" regarding her willingness to stop
- C. Employ motivational interviewing techniques, to help create internal motivation for her to cut back
- D. Have her follow-up one or two more times, to continue to motivate her to reduce her use

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She also scores a 2 on the DAST-10 (low level of drug use). Of the following, which is *NOT* a reasonable next step?

- A. **Given her opioid use disorder, begin buprenorphine/naloxone (Suboxone)**
- B. Assess "where she is at" regarding her willingness to stop
- C. Employ motivational interviewing techniques, to help create internal motivation for her to cut back
- D. Have her follow-up one or two more times, to continue to motivate her to reduce her use

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She also scores a 2 on the DAST-10 (low level of drug use).  
Of the following, which is *NOT* a reasonable next step?

- A. Given her opioid use disorder, begin buprenorphine/naloxone (Suboxone) OUD is diagnosed after assessment using the DSM-V criteria; buprenorphine is a great medication but at this time she is "only" at risk (low level)
- B. Assess "where she is at" regarding her willingness to stop This is one of the first steps in motivational interviewing (MI), to assess where a patient is
- C. Employ motivational interviewing techniques, to help create internal motivation for her to cut back This is a principle of MI
- D. Have her follow-up one or two more times, to continue to motivate her to reduce her use Per SAMHSA, brief intervention usually involves 1-5 sessions lasting about 5 minutes to one hour and is to increase their motivation to reduce risky behavior

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She downplays her drug use and is ambivalent about stopping.  
Of the following, what would be the most reasonable thing to say?

- A. "I'm sorry you feel that way; we'll move on and I won't ask about it ever again."
- B. "You should stop using; it's bad for you."
- C. "I understand you are upset with the costs and side effects of your blood pressure medication; were you aware that certain drugs can increase blood pressure?"
- D. "I respect your wishes to not discuss the drinking, but I'll refer you to a counselor who can help."

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She downplays her drug use and is ambivalent about stopping.  
Of the following, what would be the most reasonable thing to say?

- A. "I'm sorry you feel that way; we'll move on and I won't ask about it ever again." Do not dwell on something the patient does not want to address; however, periodically see if they are ready for change, maybe at upcoming visits, even next year
- B. "You should stop using; it's bad for you." Lecturing patients – especially when they are not ready to receive information – is the antithesis of MI; they know it's bad for them
- C. "I understand you are upset with the costs and side effects of your blood pressure medication; were you aware that certain drugs can increase blood pressure?" Pointing out how reducing drugs could help meet her goals regarding BP meds can help create internal motivation and "good" ambivalence (BP meds were important to her)
- D. "I respect your wishes to not discuss the drinking, but I'll refer you to a counselor who can help." Listen to the patient; if they are not ready, pushing something like counseling will only frustrate the patient, as well as waste time and resources

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## Case 2: Intro

- 17-year-old male for driver's physical
- Pmhx
  - Mild intermittent asthma
  - R ACL tear 7 months ago from football, s/p surgical repair at that time
- Medications
  - Albuterol MDI PRN
  - Ibuprofen 400 – 600 mg PRN (knee pain, back pain)

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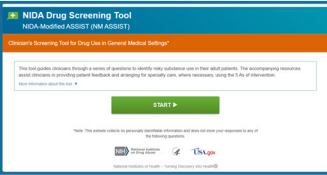
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## Screening

- Your practice uses the NIDA quick screener
- Online tool via iPad in the exam room
  - Available at: <https://archives.drugabuse.gov/nmassist/>



NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings>

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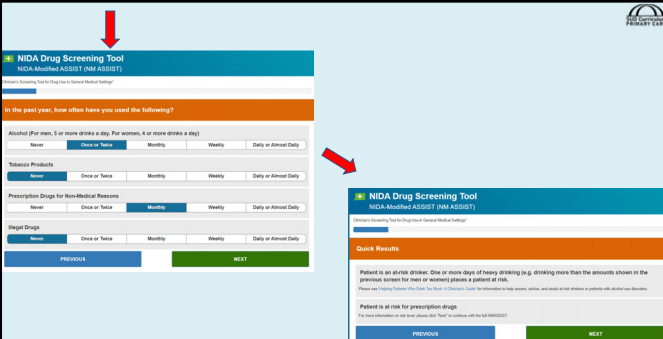
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NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings>

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**In your LIFE TIME, which of the following substances have you ever used?**

Cannabis (marijuana, pot, grass, hash, etc.) ☐ No ☐ Yes

Cocaine (crack, rock, etc.) ☐ No ☐ Yes

Prescription stimulants (Adderall, Concerta, Ritalin, etc.) ☐ No ☐ Yes

Methamphetamine (speed, crystal, ice, etc.) ☐ No ☐ Yes

Crack cocaine (crack, rock, etc.) ☐ No ☐ Yes

Substances (alcohol, vodka, gin, rum, etc.) ☐ No ☐ Yes

Substances or sleeping pills (Valium, Serenax, Ativan, Librium, etc.) ☐ No ☐ Yes

Heroin (heroin, smack, etc.) ☐ No ☐ Yes

Street opiates (heroin, smack, etc.) ☐ No ☐ Yes

Prescription opiates (Duramorph, Percocet, etc.) ☐ No ☐ Yes

**PREVIOUS** **NEXT**

**NIDA Drug Screening Tool**  
NIDA Modified ASSIST (NM ASSIST)

Consider Screening Tool for Drug Use in General Medical Setting?

**In the past 3 months, how often have you used the following substances?**

Cannabis (marijuana, pot, grass, hash, etc.) ☐ Never ☐ Once or Twice ☒ Monthly ☐ Weekly ☐ Daily or Almost Daily

Prescription opiates (Duramorph, Percocet, etc.) ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily or Almost Daily

**PREVIOUS** **NEXT**

NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings> NJAFF | NJSAM

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**In the past three months, how often have you had a strong desire or urge to use off-road drug, second drug, etc?**

Cannabis (marijuana, pot, grass, hash, etc.) ☐ Never ☒ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily or Almost Daily

Prescription opiates (Duramorph, Percocet, etc.) ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily or Almost Daily

**PREVIOUS** **NEXT**

**NIDA Drug Screening Tool**  
NIDA Modified ASSIST (NM ASSIST)

Consider Screening Tool for Drug Use in General Medical Setting?

**During the past three months, how often has your use of off-road drug, second drug, etc led to health, social, legal or financial problems?**

Cannabis (marijuana, pot, grass, hash, etc.) ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily or Almost Daily

Prescription opiates (Duramorph, Percocet, etc.) ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily or Almost Daily

**PREVIOUS** **NEXT**

NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings> NJAFF | NJSAM

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**During the past 3 months, how often have you failed to do what was normally expected of you because of your use of this substance?**

Cannabis (marijuana, pot, grass, hash, etc.) ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily or Almost Daily

Prescription opiates (Duramorph, Percocet, etc.) ☐ Never ☐ Once or Twice ☐ Monthly ☐ Weekly ☐ Daily or Almost Daily

**PREVIOUS** **NEXT**

**NIDA Drug Screening Tool**  
NIDA Modified ASSIST (NM ASSIST)

Consider Screening Tool for Drug Use in General Medical Setting?

**Has a friend or relative or anyone else ever expressed concern about your use of off-road drug, second drug, etc?**

Cannabis (marijuana, pot, grass, hash, etc.) ☐ No, never ☐ Yes, but not in the past 3 months ☐ Yes, in the past 3 months

Prescription opiates (Duramorph, Percocet, etc.) ☐ No, never ☐ Yes, but not in the past 3 months ☐ Yes, in the past 3 months

**PREVIOUS** **NEXT**

NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings> NJAFF | NJSAM

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**NIDA Drug Screening Tool**  
NIDA Modified ASSIST (NM ASSIST)

Screening Tool for Drug Use in General Medical Settings

**Have you ever tried and failed to control, cut down, or stop using this substance?**

(Cannabis (marijuana, pot, grass, hash, etc.))

Yes, but not in the past 1 month    Yes, in the past 1 month

Prescription opioids (Painaxil, oxycontin, Percocet, Percodan, hydrocodone/ibuprofen, morphine, fentanyl, etc.)

Yes, but not in the past 1 month    Yes, in the past 1 month

**Have you ever used any drug by injection (NONMEDICAL USE ONLY)?**

Yes, never    Yes, but not in the past 1 month    Yes, in the past 1 month

**NIDA Drug Screening Tool**  
NIDA Modified ASSIST (NM ASSIST)

Screening Tool for Drug Use in General Medical Settings

**Have you ever used any drug by injection (NONMEDICAL USE ONLY)?**

Yes, never    Yes, but not in the past 1 month    Yes, in the past 1 month

**NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings>**

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**Cannabis**

**RECREATE USE**

Greenish-gray mixture of the dried, shredded leaves, stems, seeds, and/or flowers of Cannabis sativa or cannabis indica—the hemp plant

**Acute**

Heightened sensory perception, euphoria, followed by drowsiness/relaxation; impaired short-term memory, attention, judgment, coordination and balance; increased heart rate; increased appetite

**Long-term**

Addiction: About 8 percent of users, about 1 in 8 of those who started using in their teens, 25 to 50 % of daily users. Mental disorders may be a causal factor in addiction/relapse disorders. In those with a preexisting vulnerability, it is associated with depression and anxiety. Smoking-related: chronic cough, bronchitis. Lung and upper airway cancers is undetermined.

**In combination with alcohol**

Magnified tachycardia and effect on blood pressure, amplified impairment of cognitive, psychomotor, and driving performance

**Withdrawal symptoms**

Irritability, difficulty sleeping, strange nightmares, craving, and anxiety

**Treatment Options**

**Medications**

There are no FDA-approved medications to treat marijuana addiction.

**Behavioral Therapies**

- Cognitive behavioral therapy (CBT)
- Contingency management or motivational incentives
- Motivational Enhancement Therapy (MET)
- Behavioral training aimed at adolescents

(For more information on these treatments, please see NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide – Behavioral Therapies*.)

**Vulnerabilities**

**Youth**

About 44 percent of teens have had marijuana by the time they graduate from high school (JPTT, 2010).

**NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings>**

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**Cannabis**

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**Youth**

About 44 percent of teens have had marijuana by the time they graduate from high school (JPTT, 2010).

**NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings>**

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**Prescription opioids**

**Hydrocodone, Oxycodone, Codeine**

**Abuse**

Pain relief, drowsiness, nausea, constipation, euphoria—in some cases, death. In some cases, abuse can be as serious as a "normal" medical use. Increased risk of dependence, addiction, leading to overdose, death. Opioid misuse can cause physical dependence and withdrawal symptoms. Abuse can lead to overdose and death. Abuse can lead to addiction and withdrawal symptoms. Abuse can lead to death.

**Long-term**

Tolerance, addiction

**In combination with alcohol**

Dangerous slowing of heart rate and respiration, coma, or death

**Withdrawal symptoms**

Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold chills"), and leg movements

**Treatment Options**

**Medications**

- Buprenorphine
- Naltrexone
- Methadone (oral and long-acting formulations)

**Behavioral Therapy**

Behavioral therapies that have proven effective for treating addiction to fast-acting drugs, such as buprenorphine, may be useful in addressing prescription opioid addiction. For more information on these therapies, please see NIDA's Principles of Drug Addiction Treatment in Research-Based Practice (Behavioral Therapy).

**Nonmedications**

**Health**

5-15% of high school seniors have used Vicodin nonmedically in the past year; 4% have abused OxyContin

**Pregnancy**

Symptomatic abstinence, low birth weight

**Other Adults**

The higher prevalence of pain in this population creates a greater number of prescriptions written for opioid medications. Compulsive misuse of opioids and other pain relievers may lead to physical dependence and withdrawal symptoms. Abuse of prescription opioids can lead to overdose and death. Abuse of prescription opioids can lead to addiction and withdrawal symptoms. Abuse of prescription opioids can lead to death.

NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings>

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**PREVIOUS** **START OVER**

**Substance Involvement Score- Risk Level**

**HIGH** Score >7

- Provide feedback on the screening results
- **Advise, Assess and Assist**
- Arrange referral
- Offering continuing support

**MODERATE** Score 4-7

- Provide feedback on the screening results
- **Advise, Assess and Assist**
- Consider referral based on clinical judgement
- Offering continuing support

**LOW** Score 0-3

- Provide feedback
- Reinforce abstinence
- Offer continuing support

For more information on how to discuss screening results and provide a brief intervention and/or referral to treatment if necessary, please see our [Resource Guide](#).

\*Note: This website collects no personally identifiable information and does not store your responses to any of the following questions.

NIDA 2012. <https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings>

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**Discussion**

- You ask: "Tell me about when you use marijuana and prescription opioids"
- He says:
  - "I do marijuana sometimes at parties, it helps me relax."
  - "I started using Percs [oxycodone/acetaminophen] after my surgery; it gave me energy and made me feel good. So, when the prescriptions stopped, I started buying from this guy at school."

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Based on the NIDA-Modified ASSIST Results and your discussion, which of the following is the *least* reasonable next thing to say?

- A. "You scored in the moderate risk levels for marijuana and prescription opioid abuse. Would you like to discuss further?"
- B. "Marijuana and prescription opioid abuse can be harmful; you should stop."
- C. "Do you see your marijuana and prescription opioid abuse as a problem?"
- D. "When you take marijuana and prescription opioids, what do they do for you?"

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Based on the NIDA-Modified ASSIST Results and your discussion, which of the following is the *least* reasonable next thing to say?

- A. "You scored in the moderate risk levels for marijuana and prescription opioid abuse. Would you like to discuss further?"
- B. "Marijuana and prescription opioid abuse can be harmful; you should stop."
- C. "Do you see your marijuana and prescription opioid abuse as a problem?"
- D. "When you take marijuana and prescription opioids, what do they do for you?"

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Based on the NIDA-Modified ASSIST Results and your discussion, which of the following is the *least* reasonable next thing to say?

- A. "You scored in the moderate risk levels for marijuana and prescription opioid abuse. Would you like to discuss further?" *Inviting patients to move forward rather than dictate what to do empowers patients, is much more conversational, and aligns with motivational interviewing principles*
- B. "Marijuana and prescription opioid abuse can be harmful; you should stop." *Barking orders to a patient rarely works*
- C. "Do you see your marijuana and prescription opioid abuse as a problem?" *Asking a patient's perspective is so helpful*
- D. "When you take marijuana and prescription opioids, what do they do for you?" *"The golden question" helps delineate next steps*

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He sees his opioid abuse as a problem but downplays the marijuana use. He becomes tearful and says he has tried to stop but can't; he even stole from his mom's purse. The *most* appropriate next step is to:

- A. Be sure to remind him that marijuana has been shown to damage developing brains.
- B. Call his parents about the situation.
- C. Bring him back 1-5 times for 10-minute sessions and utilize motivational interviewing.
- D. Once confirming he wants to stop, refer for further interventions.

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He sees his opioid abuse as a problem but downplays the marijuana use. He becomes tearful and says he has tried to stop but can't; he even stole from his mom's purse. The *most* appropriate next step is to:

- A. Be sure to remind him that marijuana has been shown to damage developing brains.
- B. Call his parents about the situation.
- C. Bring him back 1-5 times for 10-minute sessions and utilize motivational interviewing.
- D. Once confirming he wants to stop, refer for further interventions.

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He sees his opioid abuse as a problem but downplays the marijuana use. He becomes tearful and says he has tried to stop but can't; he even stole from his mom's purse. The *most* appropriate next step is to:

- A. Be sure to remind him that marijuana has been shown to damage developing brains. Though evidence supports this, he made clear he does not see the marijuana as a problem and lecturing won't help – however, he seems ready to receive help for the opioids
- B. Call his parents about the situation. In most states, issues surrounding mental health, drugs and alcohol and contraception are confidential with adolescents and this would break trust; however, part of the discussions and treatment would be encouraging him to incorporate the family and disclose the issues.
- C. Bring him back 1-5 times for 10-minute sessions and utilize motivational interviewing. This "brief intervention" would be appropriate if he were "at risk" but this has clearly progressed beyond that level.
- D. Once confirming he wants to stop, refer for further interventions. His use has affected his life, even to the point of concerning behaviors; he is most likely dependent if he cannot stop and at this point, aggressive intervention is warranted.

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### Additional Information in this Curriculum

- Interventions/treatments in the office setting:
  - Chapter 2 White Board: "Treatment principles and their application, review of specific substances such as alcohol, marijuana, stimulants, and opioids"
  - Chapter 2 Live Online Activity: "Motivational Interviewing - introduction, applications, basic principles and techniques"
- Referral for treatment:
  - Chapter 2 Monograph: "Treatment settings – inpatient, intensive outpatient (IOP), ASAM placement criteria and levels of care"

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### Further Reading

- SAMHSA (Substance Abuse and Mental Health Services Administration): Screening, Brief Intervention, and Referral to Treatment (SBIRT):
  - <https://www.samhsa.gov/sbirt>
- SAMHSA White Paper regarding SBIRT efficacy:
  - [https://www.samhsa.gov/sites/default/files/sbirtwhitepaper\\_0.pdf](https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf)
- NIH Screening and Assessment Tools Chart:
  - <https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

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### Summary

- SUD/AUD is prevalent AND treatable
- SBIRT is a simple, effective, evidence-based method to identify patients at risk (or already with problems), and treat accordingly
- Identify a screening tool
  - Remember: screening ≠ diagnosing
  - Many tools are available
  - Develop workflows
  - Use regularly/routinely
- Provide "brief interventions"
- Refer when needed

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## Questions are welcome!

Please send any questions for the faculty to [shockenberry@njafp.org](mailto:shockenberry@njafp.org)

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## Completing this Course

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## Continue to Learn

**Chapter 1**

- SBIRT Infographic
- SUD Epidemiology Whiteboard

**Chapter 2**

- SBIRT Webinar
- Treatment Principles Whiteboards
- Treatment Settings Monograph
- Motivational Interviewing Webinar

**Chapter 3**

- Addiction as a Chronic Disease Webinar
- MAT Whiteboard
- SUD Vigilance/Emergencies Webinar
- Common Substances Associated with SUD Infographic

- Residents: Follow your residency program faculty's guidance to your next SUD course on the Course Catalog
- Other Physicians: Return to the Course Catalog for more CME accredited SUD courses

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