

SBIRT

October 2013

“SBIRT stands for screening, brief intervention, and referral to treatment– an evidence-based, effective method to intervene in alcohol and drug misuse, but that is currently underused in the primary care setting in the United States.” - www.sbirthoregon.org

In an effort to improve the identification and treatment of patients who are misusing drugs and/or alcohol, SBIRT screening is being emphasized by Oregon’s Coordinated Care Organizations as well as some commercial payers, particularly as part of Patient Centered Medical Home initiatives.

Clinic Workflow



1. Adult patients are given a short screening questionnaire once per year, typically as part of the screening process. This is known as an Annual Screen.

- One question asks about alcohol use
- One question asks about drug use
- It also includes PHQ-2 for depression screening

The purpose is to quickly identify patients who warrant further screening.

2. Patients for whom further screening is indicated are given an AUDIT (Alcohol Use Disorders Identification Test), a DAST (Drug Abuse Screening Test), or both. This is known as a Full Screen.

The AUDIT and/or DAST is then interpreted to place the patient in a “zone of use”:

- Zone I – Low Risk,
- Zone II – Risky,
- Zone III – Harmful, or
- Zone IV – Dependent

3. At this point the provider (or behaviorist) may perform one of three things

- Brief education for patients at low risk

- Brief intervention (discussion to raise awareness and enhance motivation towards behavioral change) for patients in the Risky or Harmful zone
- Brief intervention plus referral to specialized care for patients who have been assessed to have substance use dependence

Much more detail, downloadable screening forms, and excellent information (including instructional videos) on the process and how to perform a brief intervention are available at www.sbirtoregon.org.

Documentation and Billing

For patients who received an Annual Screen only, there are no billing codes and supporting documentation is not required.

For patients who received a Full Screen only, CPT 99420 (G0442 for Medicare) is used along with an ICD-9 code of V79.1, V82.9, or V65.42.

Recommended documentation in the case of Full Screen only would look like this:

Mr. Davis was given a _____ screening form today. His score placed him into the _____ zone.

- Low risk
- Risky
- Harmful
- Dependent

We did not discuss this further because _____

- the patient's low risk did not warrant further discussion
- the patient expressed an unwillingness to do so
- we ran out of time and scheduled a follow-up visit for further assessment

For patients who received a Full Screen and Brief Intervention (with or without referral), CPT 99408 (G0396 for Medicare) is used when aggregate time spent administering and interpreting the full screen, plus performing a brief intervention is between 15-30 minutes. In cases where the aggregate time spent is 30 minutes or more, CPT 99409 (Medicare G0396) is used. The corresponding ICD-9 code is V65.42. Information on billing codes and reimbursement is also available at www.sbirtoregon.org.

Recommended documentation in the case of Full Screen with Brief Intervention +/- referral would look like this:

Mr. Davis was given a _____ screening form today. His score placed him into the _____ zone.

- Low risk
- Risky
- Harmful
- Dependent

In discussing this issue, my medical advice was that he _____

- abstain
- cut back to no more than 4 drinks in one day and no more than 14 per week (men)
- cut back to no more than 3 drinks in one day and no more than 7 per week (women or >65)

His readiness to change was _____ on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient's own motivation for change.

AND/OR

He agreed that he should _____

- cut back to the advised daily and weekly limits
- abstain from use
- _____



We agreed that he would benefit from _____

- participation in a 12-step program
- referral to X
- calling for information on substance abuse to explore further treatment options (CSAT hotline: 1-800-662-HELP)

At least _____ minutes of aggregate clinic personnel time was spent administering and interpreting the screening tool, plus over _____ minutes performing a brief intervention, equaling or exceeding over _____ minutes total.

NextGen Content

In order to facilitate documentation, charge capture, and tracking of SBIRT screening, we have built some new content into NextGen.

1. Screening Summary

The Screening Summary template has been modified to display the date of last SBIRT Annual Screening:

Screening Summary

Pain severity: Functional status: ☐ Lead risk assessed [Lead Screen Form](#) Last updated: 10/03/2013

Assessment method: ☐ No change ☐ Change ☐ Detailed document ☒ Reviewed, updated

Social History:

Nutrition ☐ Reviewed ☐ Tobacco use ☐ Reviewed ☐ Alcohol use ☐ Reviewed

Type of diet: ☐ Tobacco cessation discussed ☐ No ☐ Yes ☐ Former

Caffeine use ☐ Reviewed ☐ Smoking status: **Required for MU** Amt: Last drink:

Type(s): Tobacco use: [Tobacco Usage](#) Freq: Yr stopped:

Amount/day:

Enc Date	Use	Type	Total Pk Yrs

 2nd hand exposure ☐ No ☐ Yes

Drugs of abuse ☐ Reviewed ☐ No ☐ Yes ☐ Former

Drug type(s): Frequency of use: Quit ☐

Counseling: ☐ Reviewed: [Counseling/Educational Factors](#)

Marital status: Race: Religion:

Screenings: Last PAP: Hearing screened: Last mammogram:

Additional info: Additional info:

mv_jcaho_screenings

When the Annual Screen is due (i.e. it has never been done or it was last done over one year ago), it will turn red.

2. The starting template for recording SBIRT screening is called “SBIRT Annual”. It can be added to your template favorites or custom left navigation bar.

“SBIRT Annual” duplicates the Annual Screen form to ease data entry. It also has a few additional features:

Annual questionnaire ☐ Patient Refused [Interpreting the Annual Questionnaire](#)

Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: Geriatric Female MVIPA

Date of birth: 05/06/1938

- A. There is a checkbox to indicate if the patient has refused to complete the questionnaire.
- B. An infobutton that launches information about how to interpret the questionnaire
- C. Note that the patient’s name and date of birth are auto-populated.

	AUDIT	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?		<input type="radio"/>	<input checked="" type="radio"/>
WOMEN: How many times in the past year have you had 4 or more drinks in a day?		<input type="radio"/>	<input checked="" type="radio"/>

Under Alcohol:

- D. The template is aware of the patient's gender and will gray-out the radio buttons for the opposite gender.
- E. If the "1 or more" radio button is selected, a button labeled "AUDIT" will appear. Choosing the "AUDIT" button will launch the "SBIRT AUDIT" template.

	DAST	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?		<input type="radio"/>	<input checked="" type="radio"/>

Under Drugs:

- F. Similarly, if the "1 or more" radio button is selected, a button labeled "DAST" will appear. Choosing the "DAST" button will launch the "SBIRT DAST" button

Date: 10/03/2013	Print Blank	Print	Documentation	Save and Close
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- G. Today's date becomes the new date of last Annual Screen. If you need to manually enter a different date, you may do so.
 - H. "Print Blank" will print a blank Annual Screening questionnaire with the patient's name and date of birth on it.
 - I. "Print" will print a copy of the completed questionnaire should you have a need to do so.
 - J. "Documentation" launches the "SBIRT Documentation" template. Please note: YOU SHOULD USE THIS BUTTON ONLY IF AND ONLY AFTER A FULL SCREEN (AUDIT or DAST) HAS BEEN COMPLETED AND RECORDED.
 - K. If the Annual Screen was negative and a Full Screen was not indicated, click "Save and Close", which will close the template and save the Date to the "Screening Summary" template.
- 3.** The "SBIRT AUDIT" template duplicates the AUDIT screening form with a few additional features:

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Scoring and Interpreting the AUDIT

Patient name **Geriatric Female MV**

Date of birth **05/06/1938**

- A. This infobutton launches information about scoring and interpreting the AUDIT questionnaire.
- B. The patient's name and date of birth are auto-populated.

because of your drinking:

	No	Yes, but not in the last year	Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	No	Yes, but not in the last year	Yes, in the last year
	0	1	2

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

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I	II	III	IV
M: 0-4	5-14	15-19	20+
W: 0-3	4-12	13-19	20+

Print Blank **Print** **Continue**

- C. Based upon the responses and the scoring criteria for the patient's gender, the template will automatically calculate the "zone of use" and populate the blank field.
- D. "Print Blank" will print a blank form with the patient's name and date of birth completed.
- E. "Print" will print a copy of the completed questionnaire.
- F. "Continue" will save the template and return you to the "SBIRT Annual" template for the next step.

4. The "SBIRT DAST" template duplicates the DAST screening form with the same additional features as are present on the "SBIRT AUDIT" template.

5. SBIRT Documentation template

Name: Geriatric Female MVI Patient DOB: 05/06/1938 Gender: Female

Screening form used: Resulting Zone: ☐ Low Risk ☒ Risky ☐ Harmful ☐ Dependent

Did not discuss further because: ☐ The patient's low risk did not warrant further discussion.
☐ The patient expressed an unwillingness to do so.
☐ We ran out of time and scheduled a follow up visit for further assessment.

Discussed and my medical advice was: ☐ Abstain
☐ Cut back to no more than 4 drinks in one day, and no more than 14 per week (men).
☒ Cut back to no more than 3 drinks in one day, and no more than 7 per week (women or >65).

Readiness to change is: (out of a possible 10 point scale)
☒ We explored why it was not a lower number and discussed the patient's own motivation for change.

They agree that they should: ☐ Cut back to the advised daily and weekly limits.
☐ Abstain from use.
☐ Other

We agreed that they would benefit from: ☐ Participation in a 12-step program.
☐ Referral to:
☐ Calling for further information on substance abuse to explore further treatment options.
(CSAT hotline: 1-800-662-HELP (4357))

At least minutes of aggregate clinic personnel time was spent administering and interpreting the screening tool,
plus over minutes performing a brief intervention, equaling or exceeding over minutes total.

[SBIRT Billing Codes](#)

	Screening Only	Screening and Intervention	Diagnosis Codes
Commercial/Medicaid:	<input type="radio"/> 99420	<input type="radio"/> 99408	<input type="radio"/> V79.1 -- Screening for alcoholism
Medicare:	<input type="radio"/> G0442	<input checked="" type="radio"/> G0396	<input type="radio"/> V82.9 -- Screening for unspecified condition
		<input type="radio"/> G0397	<input checked="" type="radio"/> V65.42 -- Counseling, substance use and abuse

Patient's Payer: MEDICARE Noridian
Patient's Financial Class:

[Submit to Superbill](#) [Preview Document](#) [Continue](#)

This template is used to complete the billing and supporting documentation when a Full Screen or a Full Screen with Brief Intervention +/- referral has been done. Please note: THIS TEMPLATE SHOULD NOT BE USED WHEN THE ANNUAL SCREEN WAS NEGATIVE.

A few features of note:

- An infobutton which displays information about the CPT codes
- The template is aware of the patient's financial class (Medicare or not) and will gray out the incorrect billing codes.
- The template will auto-select a suggested billing and ICD-9 code based upon the selections in the upper and middle of the template. You may override and change these codes if you wish.
- When finished with data entry, select the "Submit to Superbill" button.
- Choose "Preview Document" to generate the "SBIRT Document"

An important note about the time calculation: Per the Oregon Health Authority, time spent administering and interpreting the screening tool can be counted towards total time as long as more than 50% of the total time was spent performing the brief intervention.

6. SBIRT Document

ZDefault Location

1234 NextMD Way
Salem, OR 97306-4321
Phone: (503) 665-8842
Fax: (503) 663-5285

PATIENT: Geriatric Female MVPATest
DATE OF BIRTH: 05/06/1938
PATIENT PHONE #: Phone: (503)555-5555
ENCOUNTER DATE: 10/03/2013 01:36 PM
PROVIDER: ProviderTest ZMvipa MD
Visit Type: Office Visit , Established Patient

The patient was given a AUDIT today. The score placed them into the Risky zone.

In discussing this issue, my medical advice was that they cut back to no more than 3 drinks in one day, and no more than 7 per week.

Their readiness to change was 5 on a scale of 1 - 10. We explored why it was not a lower number and discussed the patient's own motivation for change.

At least 5 minutes of aggregate clinic personnel time was spent administering and interpreting the screening tool, plus over 10 minutes performing a brief intervention, equaling or exceeding 15 minutes total.

Provider: ProviderTest ZMvipa MD 10/03/2013

The document should go to the provider's PAQ and be assigned to the "Confidential" view category.

NextGen Workflow

