Injury Prevention Policy Brief

SBIRT: Screening for Substance Abuse

DECEMBER 2012

SUMMARY
• SBIRT stands for Screening, Brief Intervention, and Referral to Treatment.
• SBIRT is a cost effective intervention that can promote significant, lasting reductions in risky use of drugs and alcohol.
• Activating reimbursement codes for Ohio Medicaid and private insurers could expand the use of SBIRT and lead to a reduction in health care costs.

WHAT IS SBIRT?
SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

DRUG ABUSE AND OVERDOSE DEATHS
According the Centers for Disease Control and Prevention, unintentional drug overdose death rates have tripled since 1990 and, in 2008, were responsible for 36,000 deaths in the United States. In Ohio and in throughout the U.S., opioid analgesics, prescribed for the treatment of pain, are the main contributor to the increase in unintentional overdose fatalities. Prescription opioids such as OxyContin® and Vicodin® are involved in more overdose deaths than heroin and cocaine combined.

OHIO FACTS
- Each day, 4 Ohioans die because of drug-related overdose.
- An estimated 111,000 Ohioans are dependent on or abuse alcohol or illicit drugs.
- There were 327 fatal unintentional drug overdoses in 1999 growing to 1,544 annual deaths in 2010.
- Drug overdoses cost Ohioans $3.5 billion each year; while non-fatal, hospital-admitted drug poisonings cost an additional $31.9 million.

A study of Washington State’s SBIRT program found that among high risk-users of prescription opioids, at a six-month follow-up, there was a 41% reduction in the days of drug use for individuals who received a brief intervention.

www.healthyohioprogram.org/vipp/oipp/oipp.aspx
SBIRT IS EFFECTIVE AT REDUCING SUBSTANCE USE

A growing body of evidence about SBIRT’s effectiveness continues to demonstrate positive outcomes:

GRYCZYNSKI ET AL. (2011): A review of New Mexico’s SBIRT program found that participants reported a significant decrease in the frequency of illicit drug use, alcohol use, and alcohol intoxication 6 months after receipt of SBIRT services. 8

MADras ET Al. (2009): Found an almost 68-percent reduction in illicit drug use over a 6-month period among people who had received SBIRT services. In addition to significant reduction, those who received brief interventions or referrals to specialty treatment also reported other improvements including: fewer arrests, more stable housing situations, improved employment status, fewer emotional problems, and improved overall health. 9

HumEniuk ET Al. (2008): A World Health Organization study of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) found that 82.8% of all participants who received the brief intervention at baseline reported attempting to cut down on their substance use as a result of the feedback and information they had received. 10

EstEE ET Al. (2007): A study of Washington State’s SBIRT (WASBIRT) program found that among high risk users of prescription opioids, at a six-month follow-up, there was a 41% reduction in the days of drug use for individuals who received only a brief intervention, and a 54% reduction for the individuals who received a brief intervention, followed by brief therapy or chemical dependency treatment. 7

BerNstein ET Al. (2005): A study of cocaine and heroin users found that those provided with brief motivational interventions were more likely to be abstinent or have lower levels of drug use during 3 and 6 month follow ups compared to those who were screened and not provided brief interventions. 11

SBIRT IS COST EFFECTIVE

Abuse and addiction have far-reaching implications for the individual, family, workplace, community and health care system with costs to the US estimated at more than $600 billion dollars annually. 12

Cost benefit studies from around the country indicate that SBIRT reduces health care costs associated with substance abuse:

Wisconsin SBIRT: Reduction in hospital costs, emergency department (ED) visits, and associated problems resulting in $1,000 savings per person screened. 13

Texas SBIRT: A net savings of $3.81 in ED costs for every $1.00 invested in screening and brief intervention. ED saw a 50% reduction in recurrent alcohol-related injuries. 14

Washington State SBIRT: Reduction in Medicaid-specific expenditures of $185 - $192 per month per patient who received screening and brief intervention. Participants admitted as hospital inpatients after ED visits saw reductions in associated costs ranging from $238-$269 per month. 15

WHY UNIVERSAL SCREENING?

With SBIRT, substance abuse screening is incorporated into mainstream health care settings, as providers have an important responsibility to identify potential health problems. Universal screening of patients allows health care providers to detect current health problems related to at-risk alcohol and substance use at an early stage, before they result in more serious disease or other health problems. Routine screening of patients is important, as drinking and drug use are common and often go undetected. 16 In fact, more than 9 percent of Ohioans - about 111,000 people - are estimated to be dependent on or abuse illicit drugs and/or alcohol. 4

It is estimated that 20.6 million people in the US aged 12 or older were classified with substance dependence or abuse in the past year. 17

DID YOU KNOW?

SBIRT is a cost effective intervention. The estimated SBIRT benefit-cost ratio is 5.6:1, or $5.60 in total benefit for every $1 invested. 13
CONCLUSION

- Every 6 hours, an Ohioan dies from a drug overdose.
- SBIRT is a comprehensive public health approach that can reduce the number of people who move from substance use to addiction.
- SBIRT is a cost effective method to reduce alcohol and drug use.
- Activating SBIRT billing codes in Ohio Medicaid can result in significant health care cost savings to the state and could promote the increased utilization of SBIRT in Ohio.

Disclaimer: The policies featured in this publication do not necessarily reflect the views of the Ohio Department of Health or any other state agency. Allowable activities related to contact with public policy makers vary by state; therefore it is important to consult internal agency rules, state laws, and (where applicable) federal laws to ensure full compliance.

**SBIRT at a Glance**

**SCREEN PATIENTS**
Screening quickly assesses the severity of substance use and identifies the appropriate level of intervention. Screenings take place in trauma centers, emergency departments, community clinics, health centers, dental clinics, and school clinics. Screening can be done through one to five pre-screen questions based on evidence from NIDA and NIAAA.

**STEPS**

**2 and 3**

**CONDUCT BRIEF INTERVENTION AND BRIEF THERAPY**
Brief Intervention and Brief Therapy use motivational interviewing techniques to increase a person’s awareness of substance use and encourage changes in behavior.

**STEP 4**

**REFER TO TREATMENT**
Referral to treatment offers access to specialist care for individuals who are in need of treatment for substance abuse.

**POLICY OPTION: ACTIVATE SBIRT BILLING CODES IN OHIO MEDICAID**

Medicaid billing codes have been in effect since January 1, 2007. However, in order to reimburse for SBIRT, states must activate billing codes to allow for Medicaid to pay for SBIRT services. Currently, Ohio Medicaid does not reimburse for drug and alcohol abuse screenings. According to the Substance Abuse and Mental Health Services Administration (SAMSHA), as of February 2012, 19 states have activated SBIRT billing codes in their respective Medicaid programs. In addition, reimbursement codes exist for Medicare and private insurance. Activation of these codes could promote and expand utilization of SBIRT in Ohio.

**19 STATES HAVE ACTIVATED SBIRT MEDICAID BILLING CODES**

SBIRT has been shown to improve quality-of-life measures, including employment/education status, housing stability, and 30-day past arrest rates.

SOURCE: SAMHSA

**STEP 1**

SCREEN PATIENTS

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CODING FOR SBIRT REIMBURSEMENT

Reimbursement for screening and brief intervention is available through commercial insurance CPT codes, Medicare G codes, and Medicaid HCPCS codes. Information regarding these codes can be found in the table below.

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

FOR MORE INFORMATION ON SBIRT

Ohio Injury Prevention Partnership, Prescription Drug Abuse Action Group
www.healthyohioprogram.org/vipp/pdaag/pdaag.aspx

Substance Abuse & Mental Health Services Administration
http://www.samhsa.gov/prevention/sbirt/

Ohio Department of Health
www.healthyohioprogram.org/vipp/drug/dpoison.aspx

SBIRT Colorado
www.improvinghealthcolorado.org/

OHIO INJURY PREVENTION PARTNERSHIP
PRESCRIPTION DRUG ABUSE ACTION GROUP

Through a Centers for Disease Control and Prevention Core Injury grant, the Ohio Violence and Injury Prevention Program established the Ohio Injury Prevention Partnership (OIPP) in November of 2007. The purpose of the OIPP is to bring together a group of multi-disciplinary professionals from across the state to identify priority injury issues and develop strategies to address them. Prescription drug abuse is one of the OIPP’s priorities and members recommended the formation of the Prescription Drug Abuse Action Group (PDAAG). The purpose of the PDAAG is to identify and implement actions for the prevention of prescription drug misuse, abuse, addiction and overdose and to serve as a means of collaboration on this topic among interested organizations, agencies and individuals throughout the state. For more information about the OIPP or the PDAAG including how to join, please visit www.healthyohioprogram.org/vipp/oipp/oipp.aspx.

References