



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Physicians, Physician Assistants, Advanced Practice Nurses and Managed Care Organizations – For Action

SUBJECT: **NJ FamilyCare Coverage of Screening Brief Intervention and Treatment (SBIRT) Services**

EFFECTIVE: Immediately

PURPOSE: To provide NJ FamilyCare (NJFC) providers additional information regarding the availability of NJFC covered service: Screening, Brief Intervention & Referral to Treatment (SBIRT).

BACKGROUND: SBIRT is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs.

NJFC has provided coverage for SBIRT services since January 2008 to serve as a comprehensive, integrated, public health approach to the delivery of early intervention and referral 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.

The importance of integrating SBIRT into the clinical setting is becoming increasingly apparent. Problem substance use is highly prevalent in the United States. According to the 2017 National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 24.5% of Americans engage in risky drinking, 11.2% engage in illicit drug use, and 7.2% meet the criteria for either alcohol or other substance abuse or dependence. The same survey revealed that 87.8% of people with Substance Use Disorders (SUD) do not receive treatment. Of those who do not receive treatment, 94.3% do not know that they have a problem.

The integration of SBIRT into clinical settings attempts to raise awareness of substance use issues, enables provider intervention before substance misuse progresses, and helps patients find appropriate services and treatment options as indicated.

Benefits of SBIRT include:

1. Screening quickly assesses the severity of substance use risk and identifies the appropriate level of needed intervention;

2. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change;
3. Referral to treatment provides those identified as needing more extensive risk assessment with access to specialty care services (e.g. referral for substance use assessment by a licensed practitioner);
4. Reduced health care costs;
5. Early intervention to reduce or mitigate problematic drug and alcohol use;
6. Reduced risk of physical trauma and other negative health consequences; and,
7. Reduce the percent of patients who go without specialized treatment.

Components of SBIRT:

A brief pre-screen is administered:

- Pre-screening should be universal (e.g. all adult patients within a clinical setting).
- Pre-screening for substance use/misuse occurs during routine patient intake.
- Pre-screen questions can be stand-alone or part of a wellness survey or social history.
- Typically, pre-screen is 3 questions about alcohol consumption; 1 question about drug use.
- Pre-screen can be self-administered or conducted by interview.

There are three components of SBIRT after a “positive” pre-screen result:

1. Screening – a healthcare professional full screens “pre-screen positive” patients for risky substance use behavior using standardized screening tools. Recommended screening tools for adult patients include the Alcohol Use Disorders Identification Test, US version (US-AUDIT), and the Drug Abuse Screening Test (DAST-10).
2. Brief Intervention – a healthcare professional engages “at risk” patients in brief, motivational discussion to raise awareness regarding substance misuse and encourage positive behavioral change.
3. Referral to Treatment – a healthcare professional provides a referral to substance use assessment for those patients who screen in need of additional services.

In addition:

- SBIRT is brief (typically 3 -10 minutes for brief interventions);
- Full screening can be administered by varied healthcare staff (Ex. Nurses, Health Educators)

- Services occur in a public health non-substance abuse treatment setting;
- Strong research and experiential evidence supports the SBIRT model's effectiveness.

ACTION: NJFC SBIRT can be provided by the following:

- Physician
- Physician assistant (PA)
- Advanced Practice Nurse (APN)
- Clinical Psychologist (CP)
- Clinical Social Worker (CSW)

CODES	SERVICE	MEDICAID FEE SERVICE
99408	Alcohol and/or substance use structured screening and brief intervention (15-30 minutes)	\$15.21 specialist \$12.93 non-specialist/clinic
99409	Alcohol and/or substance use structured screening and brief intervention (greater than 30 minutes)	\$29.84 specialist \$25.36 non-specialist/clinic
G0396	Alcohol and/or substance use structured screening and brief intervention (15-30 minutes)	\$18.14 specialist \$15.41 non-specialist/clinic
G0397	Alcohol and/or substance use structured screening and brief intervention (greater than 30 minutes)	\$38.40 specialist \$29.58 non-specialist/clinic

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