



SBIRT Services



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What's Changed?

Note: No substantive content updates.

Medicare and Medicaid cover screening, brief intervention, and referral to treatment (SBIRT) services. This booklet discusses eligible providers, covered services, documenting and billing SBIRT services, and dually eligible Medicare-Medicaid patients.

We cover [alcohol misuse screening and counseling](#) (a preventive screening once per year for adults who use alcohol but don't meet dependency criteria; if you detect misuse, we cover up to 4 brief face-to-face counseling sessions per year if the patient is alert and competent during counseling).

We also cover [wellness visits](#). During these visits, physicians or other health care professionals review the patient's medical and social history related to their health, education, and counseling about preventive services. These include substance use disorder (SUD) screenings, current opioid prescriptions review, and referrals to treatment as appropriate.

The [Medicare & Medicaid Basics](#) fact sheet explores the Medicare- and Medicaid-covered service requirements.

We also cover several mental health services. The [Medicare Mental Health](#) booklet explains qualifications, coverage, and payment guidelines.

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the [CMS Office of Minority Health](#):

- [Health Equity Technical Assistance Program](#)
- [Disparities Impact Statement](#)

Throughout this booklet, **we** refers to **Medicare**.

SBIRT Benefits

In primary care settings, systematically screen people who may not seek substance use help and offer SBIRT treatment services access to:

- Reduce health care costs
- Decrease drug and alcohol use severity
- Reduce the risk of physical trauma
- Reduce the percentage of patients who go without specialized treatment

What's SBIRT?

SBIRT is an evidence-based, early intervention approach for people with non-dependent substance use before they need more extensive or specialized treatment. This approach differs from specialized treatment for those with more severe substance misuse or a SUD.

SBIRT has 3 major components:



1

Screening:

Screen or assess a patient for risky substance use behaviors with standardized assessment tools to identify the appropriate level of care (known as Medicare Structured Assessment). Screening quickly assesses a patient's substance use severity and identifies the appropriate treatment level.



2

Brief Intervention:

Brief intervention increases substance use insight and awareness and motivates behavioral change. Engage the patient in a short conversation to increase their awareness of risky substance use behaviors and provide feedback, motivation, and advice. We cover 1 preventive screening per year and up to 4 brief face-to-face counseling sessions per year at no cost to patients.



3

Referral to Treatment:

Refer patients whose assessment or screening shows a need for additional services to brief therapy or specialty care treatment.

SBIRT Assessment & Screening Tools

The first SBIRT element is assessment or screening. You may use tools, including the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) Manual and the Drug Abuse Screening Test (DAST). [SAMHSA Resources for SBIRT](#) has more SBIRT assessment and screening tools information.

Substance Use Disorders: The [Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition \(DSM-5\)](#) no longer uses the terms "substance abuse" and "substance dependence." Instead, it refers to "substance use disorders" (SUDs), classified as mild, moderate, or severe. The number of diagnostic criteria a person meets determines their severity level. [SAMHSA's Mental Health and SUDs](#) webpage has common SUD facts. [SAMHSA's Behavioral Health Treatment Locator](#) can help you find mental health treatment facilities and programs around the country.

Medicare SBIRT

Medicare-Eligible Providers

We pay for medically reasonable and necessary SBIRT services in [physicians' offices and outpatient hospital settings](#). In these settings, you assess and identify people with, or at risk for, substance use-related issues and provide limited interventions or treatment. Here are specific, authorized SBIRT supplier qualifications.

Eligible SBIRT Services Health Care Suppliers

Provider Type & Reference	Qualifications
<p>Medical Doctors (MDs) and Doctors of Osteopathy (DOs), particularly psychiatrists 42 CFR 410.20 Section 30 of Medicare Benefit Policy Manual, Chapter 15</p>	<ul style="list-style-type: none"> • Legally authorized to practice medicine in the state where you provide services • Perform services within the scope of your licenses, as defined by state law
<p>Physician Assistants (PAs) 42 CFR 410.74 Section 190 of Medicare Benefit Policy Manual, Chapter 15</p>	<ul style="list-style-type: none"> • Licensed by the state where you practice and meet 1 of these criteria: <ul style="list-style-type: none"> • Graduated from a PA educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant (or its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs, and Committee on Allied Health Education and Accreditation) • Passed the National Commission on Certification of Physician Assistants exam
<p>Nurse Practitioners (NPs) 42 CFR 410.75 Section 200 of Medicare Benefit Policy Manual, Chapter 15</p>	<ul style="list-style-type: none"> • Registered nurse (RN) licensed and authorized by the state where you provide NP services according to state law • Got Medicare NP billing privileges for the first time since January 1, 2003, and both: <ul style="list-style-type: none"> • NP certified by a recognized national certifying body with established NP standards • Master's degree in nursing or a doctor of nursing practice degree • Got Medicare NP billing privileges for the first time before January 1, 2003, and meets certification requirements • Got Medicare NP billing privileges for the first time before January 1, 2001

Eligible SBIRT Services Health Care Suppliers (cont.)

Provider Type & Reference	Qualifications
<p>Clinical Nurse Specialists (CNSs) 42 CFR 410.76 Section 210 of Medicare Benefit Policy Manual, Chapter 15</p>	<ul style="list-style-type: none"> • RN currently licensed in the state where you practice and authorized to provide CNS services according to state law • Doctor of nursing practice or master’s degree in a defined clinical nursing area from an accredited educational institution • Certified as a CNS by a recognized national certifying body with established CNS standards
<p>Clinical Psychologists (CPs) 42 CFR 410.71 Section 160 of Medicare Benefit Policy Manual, Chapter 15</p>	<ul style="list-style-type: none"> • Psychology doctoral degree • Licensed or certified in the state where you practice at the independent level and directly provide diagnostic, assessment, preventive, and therapeutic patient services
<p>Clinical Social Workers (CSWs) 42 CFR 410.73 Section 170 of Medicare Benefit Policy Manual, Chapter 15</p>	<ul style="list-style-type: none"> • Social work master’s or doctoral degree • At least 2 years supervised clinical social work • Licensed or certified CSW by the state where you provide services • If you practice in a state that doesn’t have licensure or certification, and complete at least 2 years or 3,000 supervised social work practice clinical hours, post-master’s degree in an appropriate setting (for example hospital, skilled nursing facility, or clinic)
<p>Certified Nurse-Midwives (CNMs) 42 CFR 410.77 Section 180 of Medicare Benefit Policy Manual, Chapter 15</p>	<ul style="list-style-type: none"> • RN legally authorized to practice as a nurse-midwife in the state where you provide services • Successfully completed a nurse-midwives program of study and clinical experience accredited by an accrediting body approved by the U.S. Department of Education • Certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council
<p>Independently Practicing Psychologists (IPPs) Section 80.2 of Medicare Benefit Policy Manual, Chapter 15</p>	<ul style="list-style-type: none"> • Psychologist who isn’t a CP • Meets 1 of these criteria: <ul style="list-style-type: none"> • Practices independent of an institution, agency, or physician’s office and licensed or certified to practice psychology in the state or jurisdiction where you provide services • Practicing psychologist who provides services in a jurisdiction that doesn’t issue licenses

Medicare-Covered SBIRT Services

According to Section 1862(a)(1)(A) of the [Social Security Act](#), we cover reasonable and necessary SBIRT services you provide to evaluate or treat patients with signs or symptoms of illness or injury.

We pay for these services under the Medicare Physician Fee Schedule and the hospital Outpatient Prospective Payment System. Section 200.6 of [Medicare Claims Processing Manual, Chapter 4](#) has more Medicare SBIRT payment services information.

We currently pay for screening and brief intervention as a preventive service.

Documenting Medicare SBIRT Services

The patient's medical record must support all Medicare claims. Incomplete records place you at risk for partial or full Medicare payment denial. The patient's medical record must:




- Be complete and legible
- Record start and stop times or total face-to-face time with the patient (some SBIRT HCPCS codes are time based)
- Document the patient's progress, response to treatment changes, 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 exam findings and prior diagnostic test results
 - Plan of care
 - Encounter reason and relevant history
- Identify appropriate health risk factors
- Make past and present diagnoses accessible for treating and consulting physicians
- Have signatures for all services provided or ordered

Physicians, certified registered nurse anesthetists (CRNAs), PAs, CNMs, CNSs, and NPs may review and verify (sign and date), rather than re-document, notes in a patient's medical record made by physicians; residents; nurses; medical, PA, and APRN students; or other medical team members, including, as applicable, notes documenting the physician's, CRNA's, PA's, CNM's, CNS's, and NP's presence and service participation.

Medicare Telehealth Includes SBIRT Services




You can provide SBIRT services via [telehealth](#) if you meet all requirements.

Billing Medicare SBIRT Services

HCPCS Code G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 5-14 minutes	
HCPCS Code G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	
HCPCS Code G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	

Note: If you diagnose your patient with opioid use disorder (OUD), we cover treatment services, including office-based treatment, in addition to the comprehensive treatment provided by an OTP.

Opioid Use Disorder Bundled Physician Fee Schedule Payments

HCPCS Code G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	
HCPCS Code G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	
HCPCS Code G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	

Note: Don't bill HCPCS codes G2086–G2088 more than once per month per patient. These codes describe treatment for 1 or more SUDs.

Opioid Use Disorder: Part D Treatment Drugs

Medicare drug plan (Part D) sponsors **must** cover OUD Part D treatment drugs, when medically necessary, by including them on the formulary or by exception. Coverage isn't limited to single entity products (for example, buprenorphine) but must include combination products when medically necessary (for example, buprenorphine naloxone and long-acting naltrexone).

Part D sponsors must have a transition policy to prevent interruptions in Part D therapeutic treatment drugs when new patients transition into the benefit. This transition policy, along with CMS's non-formulary exceptions and appeals requirements, helps ensure all patients have timely access to medically necessary OUD Part D drug therapies.

A pharmacy can dispense a Part D drug only upon prescription if the drug is helping treat a medically accepted indication. The [Medicare Prescription Drug Benefit Manual, Chapter 6](#) has more information.

Since January 1, 2021, you can prescribe a Medicare Part D Schedule II, III, IV, or V controlled substance electronically according to the electronic prescription drug program requirements.

Methadone isn't an OUD Part D drug because a retail pharmacy can't dispense it for treatment. [42 CFR 8.12\(h\)\(2\)](#) has more FDA-authorized OUD investigational use medication information, and [42 CFR 8.1](#) has more OUD medication-assisted treatment information.

Note: Methadone is a Part D drug when indicated for pain. State Medicaid Programs may include the methadone costs in their bundled payment to qualified Opioid Treatment Programs (OTPs) or hospitals dispensing OUD methadone. Section 10.8 of [Medicare Prescription Drug Benefit Manual, Chapter 6](#) has more information.



Opioid Treatment Programs

We'll pay for treatment at SAMHSA-certified OTPs through bundled payments for OUD treatment services under Medicare Part B. Covered services include FDA-approved oral, injected, and implanted opioid agonist and antagonist medication-assisted treatment medications (including methadone, buprenorphine, and naltrexone) and their administration (if applicable). We also cover substance use counseling, individual and group therapy, toxicology testing, intake, and periodic assessments. The [Opioid Treatment Programs \(OTPs\) Medicare Billing & Payment](#) booklet and [Opioid Treatment Program Directory](#) have more information.

These add-on codes cover the cost of naloxone:

HCPCS Code G2215

Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 ml nasal spray (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

HCPCS Code G2216

Take-home supply of injectable naloxone (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

HCPCS Code G1028

Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

Note: We limit payment for HCPCS codes G1028, G2215, and G2216 to once every 30 days unless an additional take home supply of the medication is medically reasonable and necessary.

OTPs can provide substance use counseling and individual and group therapy services through audio-only interaction (for example, phone calls) in cases where audio and video communication isn't available to the patient, including circumstances where the patient isn't capable of, or doesn't consent to, using devices that permit a 2-way audio or video interaction, provided all other applicable requirements are met.

There's no copayment for OTP services for patients with Medicare.

The COVID-19 public health emergency ended on May 11, 2023. For information on services you provided during that time, as well as audio-only assessments you can provide until the end of 2023, view [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 \(PDF\)](#).

Medicaid SBIRT

States may cover SBIRT as a Medicaid state plan service. Several Medicaid statutory authorities may cover SBIRT including, but not limited to:

- [42 CFR 440.50](#): Physicians' services
- [42 CFR 440.60](#): Services of other licensed practitioners
- [42 CFR 440.130\(c\)](#): Preventive services
- [42 CFR 440.130\(d\)](#): Rehabilitative services

Section 1905(r) of the [Social Security Act](#) states that the early and periodic screening, diagnostic, and treatment benefit provides a comprehensive selection of preventive, diagnostic, and treatment services for eligible children under age 21. Medicaid includes this mandatory benefit to ensure children get early detection and care to treat or avoid health problems.

States must arrange for children to get health screening services at regular intervals and diagnostic services when needed. They must also provide services or items within the Medicaid-covered benefits listed in Section 1905(a) of the [Social Security Act](#) if that service or item is necessary and corrects or improves defects and physical and mental illnesses or conditions.

A physician or other licensed practitioner, within the scope of their practice under state law, must recommend preventive and rehabilitative services.

When state Medicaid plans cover SBIRT, the states establish which practitioners may provide services and their qualifications. Practitioner qualifications for offering SUD treatment include, but aren't limited to those:







- Licensed or certified to perform SUD services by the state where they perform the services
- Qualified to perform specific SUD services
- Supervised by a licensed practitioner (in some instances when a qualified unlicensed professional provided the services)
- Working within their state scope-of-practice act

Documenting Medicaid SBIRT Services

You must comply with the state's Medicaid SBIRT documentation policy. You can often find the state's documentation policy in its Medicaid Provider Manual. Your [state Medicaid agency](#) has more documentation information.

Billing Medicaid SBIRT Services

If a state chooses to cover SBIRT under its Medicaid Program, the state may choose which codes to bill brief intervention services; for example, HCPCS codes:

HCPCS Code G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	
HCPCS Code G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	
HCPCS Code G0442	Annual alcohol misuse screening, 5 to 15 minutes	
HCPCS Code G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	
HCPCS Code G0444	Annual depression screening, 5 to 15 minutes	
HCPCS Code H0049	Alcohol and/or drug screening	
HCPCS Code H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	

Check with your state Medicaid agency about which billing codes to use.

Section C (14) of [Medicaid National Correct Coding Initiative Policy Manual, Chapter 12](#) has information about billing codes G0396 and G0397 with evaluation and management and behavioral health codes.

Dually Eligible Medicare-Medicaid Beneficiaries

For people enrolled in both Medicare and Medicaid Programs (dually eligible), Medicare-participating providers should bill Medicare and their Medicare Administrative Contractor (MAC) will transfer the claim to Medicaid after paying the Medicare-approved amount. Medicare providers must enroll in their state Medicaid Program to get paid. States must accept the claim and decide if they'll pay the cost-sharing amounts.

Medicaid Telemedicine Includes SBIRT

If your state allows it, you may provide SBIRT via [telemedicine](#).

States accept claims for all Medicare-covered services for certain dually eligible beneficiaries and pay cost-sharing amounts according to the state plan's payment method.

Note: Nominal Medicaid cost-sharing may apply for certain dually eligible beneficiaries. State Medicaid Programs pay some cost-sharing. However, you can't balance-bill dually eligible beneficiaries when Medicare and Medicaid payments fall below the approved Medicare rate.

The [Beneficiaries Dually Eligible for Medicare & Medicaid](#) fact sheet has more information.

Find your [MAC's website](#) for more information.

Resources

- [Opioid Treatment Programs \(OTPs\) Medicare Enrollment](#)
- [Stopping the Misuse of Fentanyl and Other Synthetic Opioids](#)

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