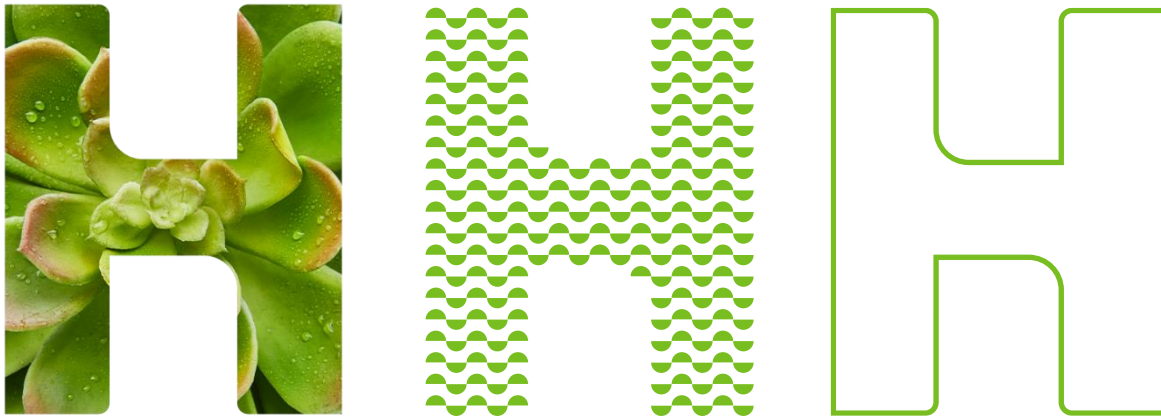


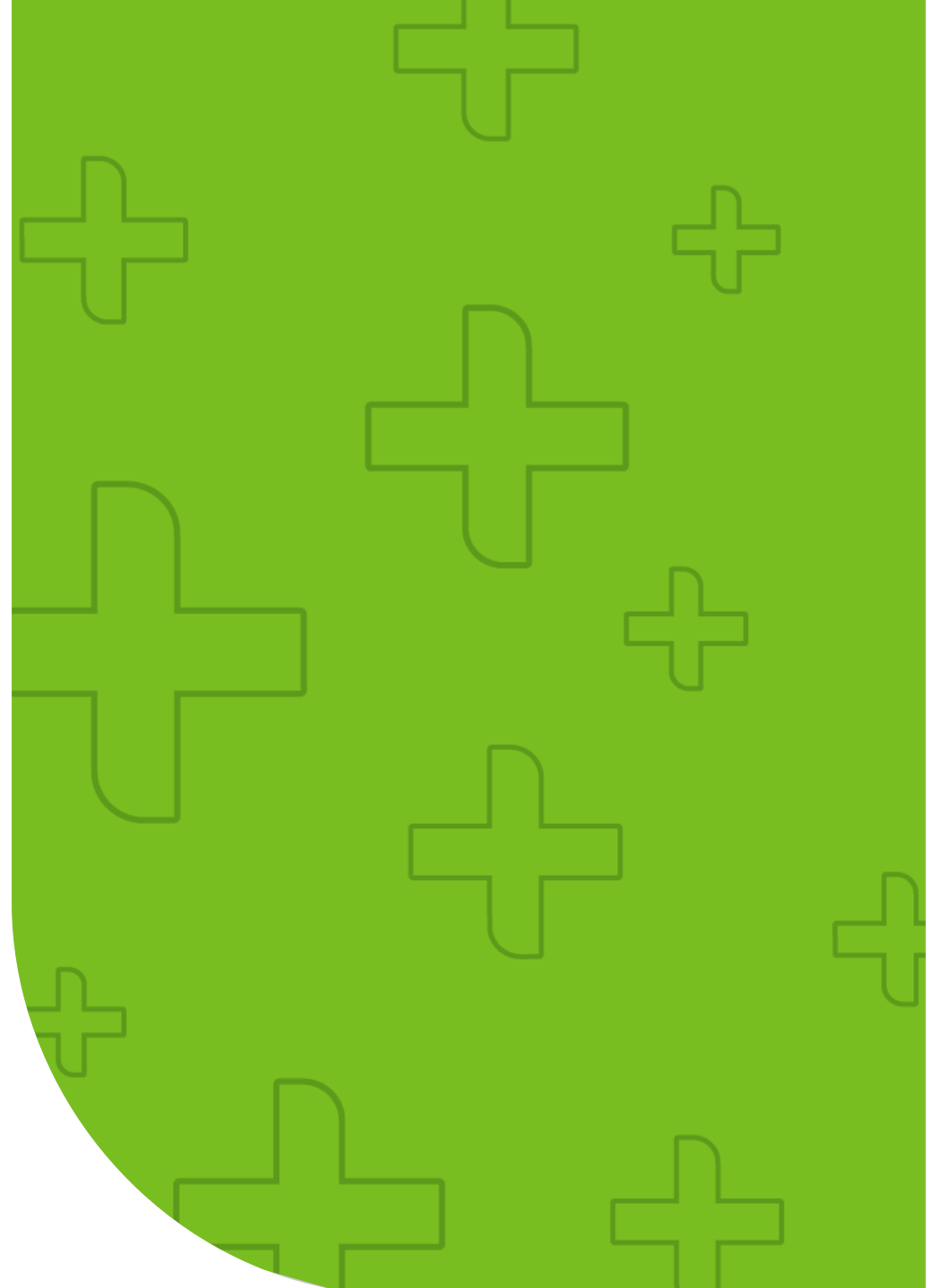


Humana Healthy Horizons Screening, Brief Intervention and Referral to Treatment 2024



Humana Healthy Horizons is a Medicaid Product offered by affiliates of Humana Inc.

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What is screening, brief intervention and referral to treatment?

Screening, brief intervention and referral to treatment (SBIRT) is an evidence-based approach to identify problematic use and reduce substance use disorders.

SBIRT is:

- Unique in that it screens for all types of substance use, not just substance dependence
- A comprehensive, integrated, public health approach to delivery of early intervention and treatment service for individuals with or at risk of developing substance use disorders
- A research-based framework to enhance behavior-change discussion skills with patients

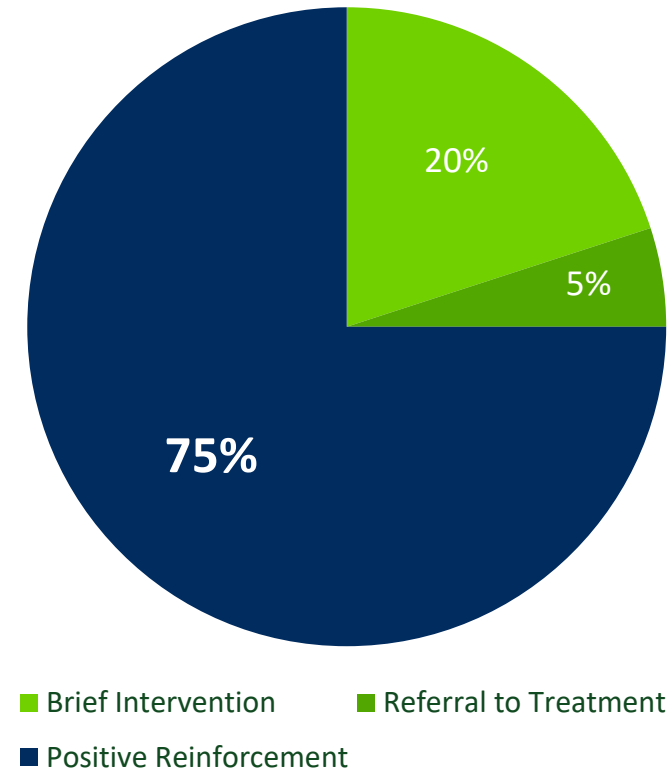
About **SBIRT**

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

The core components of SBIRT

- **S**creening: Universal screening using a brief, validated questionnaire to determine use and severity of alcohol, illicit drug and prescription drug use to inform the level of appropriate intervention
 - No blood or urine test is administered.
- **B**rief **I**ntervention: Brief motivational and awareness-raising intervention given to those whose substance use is putting their health and well-being at risk (5–30 minutes)
 - The intervention is performed on-site following the screening.
- **R**eferral to **T**reatment: Referral to specialty care for patients with high-risk substance use
 - The provider assists patients with accessing specialized treatment, selecting treatment facilities and obtaining authorizations from insurance.
 - After a referral is made, follow-up phone calls with the patient or treatment staff are part of collaboration to ensure care.

Percentage of patient outcomes



SBIRT operations

Where can SBIRT be implemented?

- Primary care centers
- Provider offices
- Hospitals
- Emergency departments
- Trauma centers
- Sexually transmitted disease clinics
- Schools

Who can perform SBIRT?

Anyone who has received SBIRT training

This may include:

- Providers
- Nurse practitioners
- Physician assistants
- Nurses
- Health or substance use treatment counselors
- Prevention specialists
- Care managers
- Other behavioral health or office staff



Is SBIRT effective?

SBIRT has been shown to:¹

- Decrease harmful alcohol use by 39% and lower illicit drug use by 68%
- Decrease overall healthcare costs by reducing emergency department visits and inpatient admissions
- Decrease rates of arrest, homelessness and mental health problems
- Increase rates of employment and improve general health

Research also has shown that among those requiring specialty treatment, brief interventions have increased the percentage of people who show up for their first substance use disorder treatment appointment from 5% (among controls) to between 55% and 65% (among those receiving SBIRT services).

Of those who received SBIRT services, 90%–95% continued to be involved in some kind of substance use disorder treatment or 12-step meeting on follow-up.²

Why is SBIRT effective?

- SBIRT is a proven approach to improving patient outcomes and decreasing emergency department and inpatient admissions.
- SBIRT expands the continuum of care, focusing on prevention before alcohol and other drug use escalates to problematic use or a substance use disorder, through assessing of otherwise overlooked patients.
- SBIRT prevents future problems by detecting risky behavior and current health problems related to substance use at an early stage before more serious problems develop.
- SBIRT creates better patient outcomes by enhancing patient care, improving treatment outcomes and increasing provider and patient satisfaction.³ SBIRT gives providers the opportunity to educate patients about the connection between their health issues and their substance use.
- SBIRT creates positive financial returns as a reimbursable, cost-saving and cost-effective practice.
 - Research has shown a net benefit of \$546 per patient receiving brief intervention in a primary care setting and net cost savings of \$89 per patient screened.
 - In emergency departments and trauma centers, the net benefit per patient offered a brief intervention is \$3,300 and the return on investment is about \$4 for every dollar spent.^{4,-5}

Widely endorsed by:

World Health Organization (WHO)

United States Prevention Services Task Force (USPSTF)








American Medical Association (AMA)

American College of Surgeons (ACS)

American Academy of Pediatrics (AAP)

Billing Medicaid for SBIRT services

If a state chooses to cover SBIRT under its Medicaid program, the state may choose which codes to bill brief intervention services. Below is the list of Current Procedural Terminology (CPT®)/Healthcare Common Procedure Coding System (HCPCS) codes that can be billed for the SBIRT services:

G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 5-14 minutes	
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	
G0442	Annual alcohol misuse screening, 5 to 15 minutes	
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	
G0444	Annual depression screening, 5 to 15 minutes	
H0049	Alcohol and/or drug screening	
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	

Best practice:

Regardless of SBIRT as a billable service, it is recommended to conduct SBIRT screening universally among your patient population and submit an alcohol or substance use disorder diagnosis when appropriate.

Notes: Please verify with your state and with your Humana Healthy Horizons representative that this is a billable Medicaid service. Medicaid fee schedules vary by state.

Dast stands for drug abuse screening test.

Evidence-based screening tools

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Provider-administered
Screening to brief intervention (S2BI)	X	X		X	X	X
Brief screener for alcohol, tobacco and other drugs (BSTAD)	X	X		X	X	X
Tobacco, alcohol, prescription medication and other substance use (TAPS)	X	X	X		X	X
Car, relax, alone, forgot, friends and trouble (CRAFFT)	X	X		X	X	X

Evidence-based screening tools:

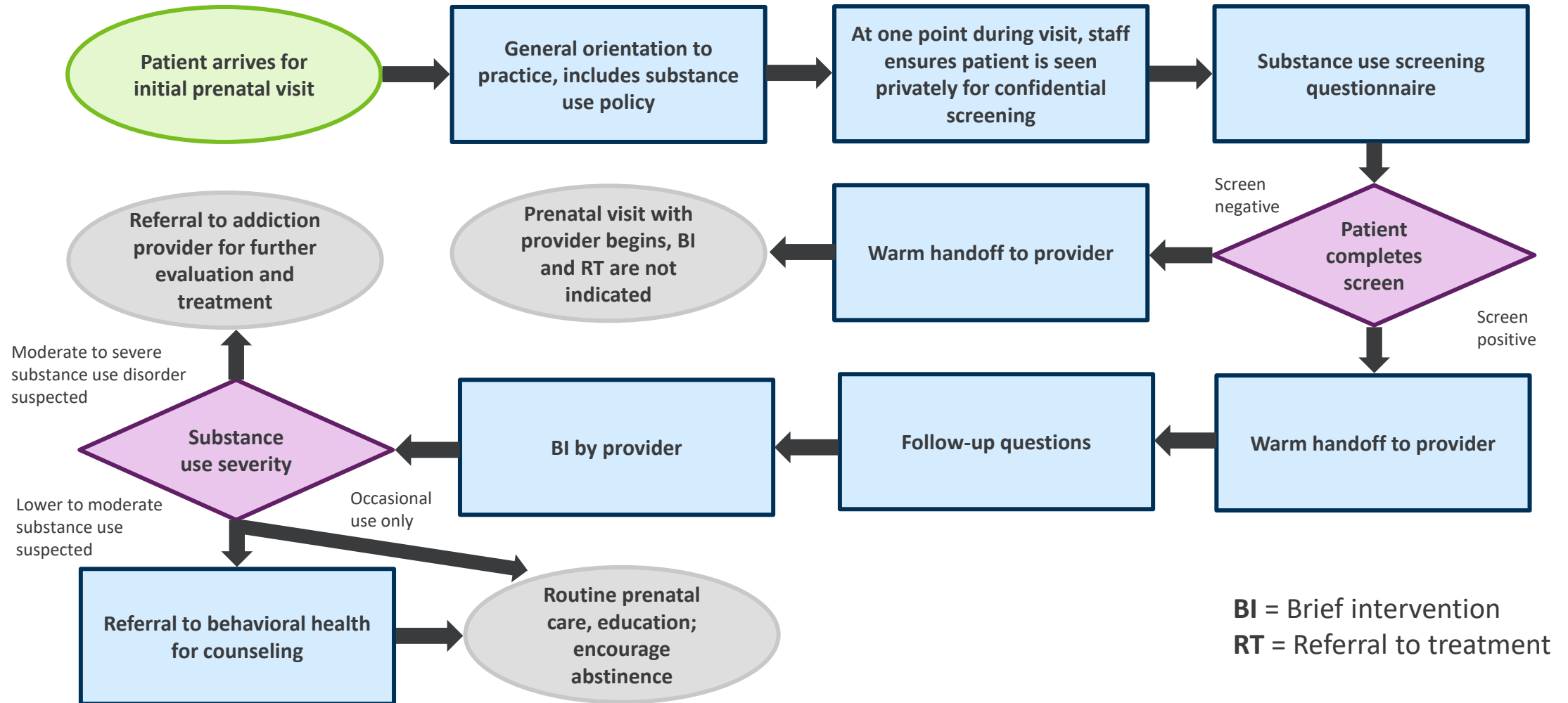
- Collect information about both alcohol and drug use
- Are free and easy to use
- Have strong research support

Key points to implementing SBIRT

- Determine staffing roles
 - Who will administer screening?
 - Who will discuss results with patient?
 - Who will intervene and/or refer when necessary?
- Train designated staff to screen, conduct brief intervention and refer to treatment
- Apply existing office procedures to screening practices
 - Include patient documentation, consent procedures, confidentiality and Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines, record storage and patient flow
- Understand and have available reimbursement information
- Know community resources
- Establish relationship with external substance use services providers
- Establish referral process for Humana Case Management to assist members

Implement SBIRT

What triage could look like in your practice



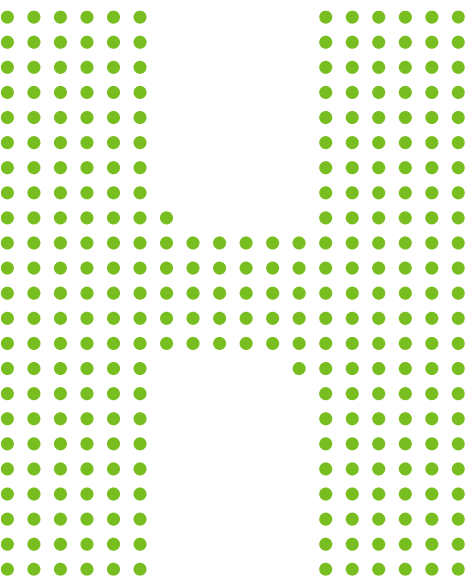


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Additional resources

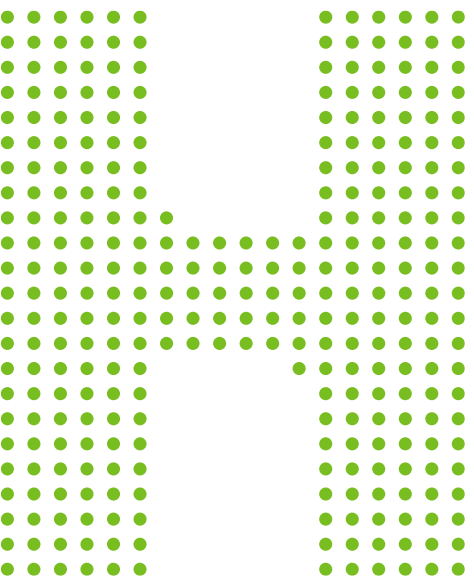
- [Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions—2018](#) recommends “screening and behavioral counseling interventions in primary care to reduce alcohol misuse.”
- [Alcohol Screening and Brief Intervention for Youth—A Practitioner’s Guide from the National Institute on Alcohol Abuse and Alcoholism \(NIAAA\)](#) is designed to help healthcare professionals quickly identify youth at risk for alcohol-related problems.
- [Preventative Health Services for Adults](#) within the Affordable Care Act includes alcohol misuse screening and counseling for adults.
- [TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)—2013](#) describes core elements of SBIRT programs for people with or at risk for substance use disorders.
- [The Clinician’s Screening Tool for Drug Use in General Medical Settings from the National Institute for Drug Abuse \(NIDA\)](#) guides clinicians through a series of questions to identify risky substance use in their adult patients.
- [Vital Signs: Communication Between Health Professionals and Their Patients About Alcohol Use—44 States and the District of Columbia, 2011 from the Centers for Disease Control and Prevention](#) reports on the number of patients discussing alcohol consumption with a health professional.
- [White Paper on Screening, Brief Intervention and Referral to Treatment \(SBIRT\) in Behavioral Healthcare—2011 \(PDF | 204 KB\)](#) report discusses the evidence supporting the effectiveness of SBIRT.



The Substance Abuse and Mental Health Services Administration’s (SAMHSA) [Behavioral Health Treatment Locator](#) can help you find mental health treatment facilities and programs around the country. You may also call [SAMHSA's National Helpline](#) 24 hours a day, 7 days a week, toll-free at [1-800-662-HELP](#) (4357) or send your ZIP code via text message to [435748](#) (HELP4U) to find help near you.



References

1. B. K. Madras et al. “Screening, Brief Interventions, Referral to Treatment (SBIRT) for Illicit Drug and Alcohol Use at Multiple Healthcare Sites: Comparison at Intake and 6 Months Later,” *Drug and Alcohol Dependence* 99, nos. 1–3 (2009): 280–295, <http://www.ncbi.nlm.nih.gov/pubmed/18929451>.
 2. T. F. Babor et al. (2007). “SBIRT: Toward a Public Health Approach to the Management of Substance Abuse,” Wisconsin Department of Human Services, [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\): toward a public health approach to the management of substance abuse—PubMed](#).
 3. L. I. Solberg, M. V. Maciosek, & N. M. Edwards. “Primary Care Intervention to Reduce Alcohol Misuse: Ranking Its Health Impact and Cost Effectiveness,” *American Journal of Preventive Medicine* 34, no. 2 (2008): 143–152, [doi:10.1016/j.amepre.2007.09.035](https://doi.org/10.1016/j.amepre.2007.09.035).
 4. M. F. Fleming et al. “Brief Physician Advice for Problem Drinkers: Long-Term Efficacy and Benefit-Cost Analysis,” *Alcohol, Clinical and Experimental Research* 26 (2002): 36–43, [Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis— PubMed](#).
 5. L. M. Gentilello et al., “Alcohol Interventions for Trauma Patients Treated in Emergency Departments and Hospitals: A Cost Benefit Analysis,” *Annals of Surgery* 241 (2005): 541–550, [Alcohol interventions for trauma patients treated in emergency departments and hospitals: a cost benefit analysis—PubMed](#).
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