



SBIRT – IF YOU DON'T ASK...

ADDICTION MEDICINE EDUCATIONAL SERIES WORKBOOK

SAMHSA Releases New Data on Drug-related Hospital Emergency Department Visits (2008)

- Drug Abuse Warning Network (DAWN) report* - indicates that more than 1.9 million visits for treatment were associated with some form of substance misuse or abuse.
 - Cocaine was involved in 482,188 ED visits.
 - Marijuana was involved in 374,435 ED visits.
 - Heroin was involved in 200,066 ED visits.
 - 132,842 ED visits by patients under age 21 where alcohol was the only substance involved in the visit.
 - Stimulants, including amphetamines and methamphetamines, were involved in 97,842 ED visits.

* [https://dawninfo.samhsa.gov/data/ed/National/National_2008_AllMA.xls#ED Visits by Drug!A1](https://dawninfo.samhsa.gov/data/ed/National/National_2008_AllMA.xls#ED%20Visits%20by%20Drug!A1)
[https://dawninfo.samhsa.gov/data/ed/National/National_2008_AllMA.xls#ED Visits by Drug!A1](https://dawninfo.samhsa.gov/data/ed/National/National_2008_AllMA.xls#ED%20Visits%20by%20Drug!A1)



The Problem

- **Primary Care Physicians Miss or Misdiagnose Alcohol-Abusing Patients**
 - 94% of primary care physicians fail to diagnose substance abuse when presented with early symptoms of alcohol abuse in an adult patient.
 - 41% of pediatricians fail to diagnose illegal drug abuse when presented with a classic description of a drug-abusing teenage patient.
 - Only a small percentage of physicians consider themselves “very prepared” to diagnose:
 - alcoholism (19.9%),
 - illegal drug use (16.9%),
 - and prescription drug abuse (30.2%).
 - In sharp contrast, 82.8% feel “very prepared” to identify hypertension; 82.3%, diabetes; 44.1% depression.



The Problem

- **Primary Care Physicians Miss or Misdiagnose Alcohol-Abusing Patients**
 - Most patients (53.7%) say their primary care physician did nothing about their addiction.
 - Less than a third of primary care physicians (32.1%) carefully screen for substance abuse.
 - Nearly 75% of patients say their primary care physician was not involved in their decision to seek treatment.
 - 29.5% of patients said their physicians knew about their addiction and prescribed psychoactive drugs such as sedatives or valium, which could cause additional problems.



Costs Associated With Substance Use Disorders

- Traffic crashes, property destruction:
 - \$24 billion (alcohol)
 - \$37 billion (other drugs)
- Health care:
 - \$26 billion (alcohol)
 - \$16 billion (other drugs)
- Productivity losses:
 - \$134 billion (alcohol)
 - \$129 billion (other drugs)
- TOTAL \$184 billion (alcohol) \$181 billion (other drugs)

Office of National Drug Control Policy (2005a). *National Drug Control Strategy Data Supplement*. Washington, DC: Executive Office of the President. Available at www.whitehousedrugpolicy.gov/publications/policy/ndcs06_data_supl/

Hanson GR, Li TK (2003). Public health implications of excessive alcohol consumption. Editorial. *Journal of the American Medical Association* 289(8):1031-2.

National Institute on Alcohol Abuse and Alcoholism (2005). *Helping Patients Who Drink Too Much. A Clinician's Guide* [NIH Publication No. 07-3769; revised January 2007]. Rockville, MD: NIAAA, National Institutes of Health.



What Is SBIRT?

- SBIRT stands for **S**creening, **B**rief **I**ntervention and **R**eferral to **T**reatment
- Evidence-based early intervention strategy
- Designed to identify and intervene with at-risk and high-risk users in the healthcare/hospital and other settings.
- The primary goal is not to identify alcohol – and drug-dependent individuals but to deliver brief intervention services and make referrals to treatment.



Where Can SBIRT Be Implemented?

- Primary Care Medical Offices
- Colleges
- Emergency Rooms
- Trauma Centers
- Community Clinics
- School-based Health Clinics
- Mental Health Centers and Clinics
- Any setting where there is potential for an intervention



Screening

- Involves the use of specific, evidence-based questionnaires in verbal, written or electronic formats that are designed to detect risky alcohol and/or drug use.
- The questions asked in formal screening are intended to measure quantity and frequency of substance use over defined periods, as well as the occurrence of its adverse consequences.
- These screenings are designed to be quick, often lasting only five to fifteen minutes.



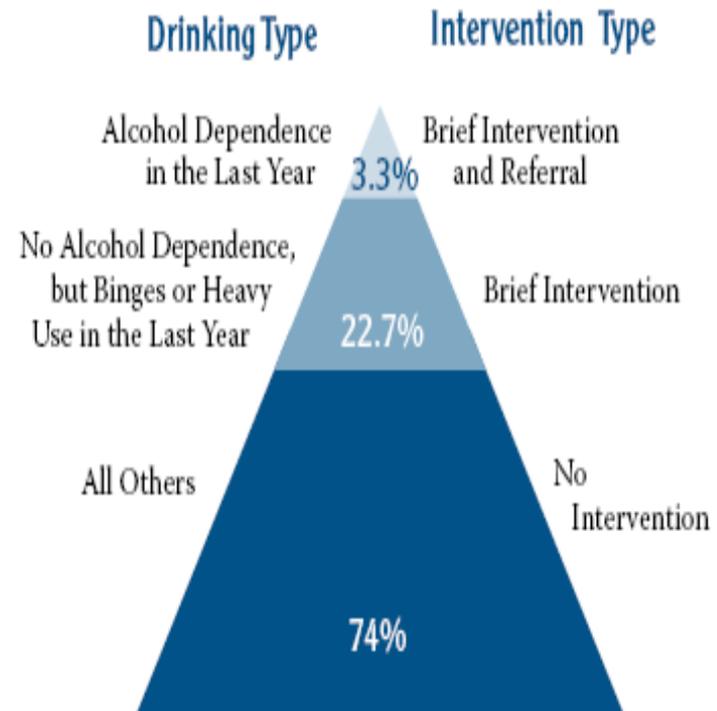
Who is Screened?

- Screening is universal (everyone) for patients in primary care, emergency room/trauma and other healthcare settings.
- Little attention has been paid to the large group of individuals who use drugs but are not, or not yet, dependent and who could successfully reduce their drug use through "early intervention" (Klitzner et al., 1992; Fleming, 2002).
- The primary focus of specialized treatment has been persons with more severe substance use or those who have met the criteria for a Substance Use Disorder. The SBIRT Initiative targets those with nondependent substance use and provides effective strategies for intervention prior to the need for more extensive or specialized treatment.



Pyramid of Alcohol Problems

The triangle on the right shows that even if we were able to effectively treat the 3.3 percent who are dependent, we would not have addressed the largest portion of the U.S. alcohol problem: the 22.7 percent who are not dependent, but have experienced problems or have significant risks related to their drinking.



Note: The prevalence estimates in this figure are for non-institutionalized U.S. population, not trauma patients.



Research

- Research shows that risky drinking causes more total accidental harm than the heavy drinking of alcoholics (Higgins-Biddle et al., Reducing Risky Drinking: Alcohol Research Center, University of Connecticut Health Center, 1996)
- The rate of alcohol involvement in fatal crashes is on an upward trend, increasing from 24 percent in 2004 to 28 percent in 2007. Moreover, while New York had known Blood Alcohol Count (BAC) results for 68 percent of 2007 driver fatalities (comparable to the national average of 64 percent), **only 2 percent of the surviving drivers' BAC was known - far below the national average of 23 percent.**
- Following a four-year decline (from 1997 to 2001), the New York State Division of Criminal Justice Services (DCJS) reports that arrest rates for driving while intoxicated (DWI) **have increased 16 percent since 2001**, reaching 35.3 per 10,000 adult residents in 2006.



SBIRT Screening

- There are a number of effective tools available to health professionals for screening.
- The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends that all physicians use a **One-Question screen** about heavy drinking days that can help determine whether a patient is drinking at risky levels and requires further assessment.



SBIRT Screening

- The National Institute on Alcohol Abuse and Alcoholism (NIAAA) One Question Approach
- Prescreen: Do you sometimes drink beer, wine or other alcoholic beverages?
 - NO – screen is complete
 - YES – ask the screening question about heavy drinking days:
 - How many times in the past year have you had...
 - 5 or more drinks* in a day (for men)
 - 4 or more drinks* in a day (for women)

* A drink being equivalent to 12 ounces of beer, 5 ounces of wine or 1.5 ounces of 80 proof spirits



SBIRT Screening

- The National Institute on Alcohol Abuse and Alcoholism (NIAAA) One Question Approach
 - This approach will tend to screen out about two-thirds of patients who are not engaging in at-risk drinking according to Dr. Jeffrey Samet, Boston University School of Medicine.
- If a patient is not screened out by the one question approach, the patient can proceed to the AUDIT (Alcohol Use Disorders Identification Test) screen.
 - The AUDIT is a 10 item questionnaire that takes about five minutes to complete
 - The AUDIT questions center around levels of alcohol consumption and harmful effects from drinking.



SBIRT Screening: AUDIT

1. How often do you have a drink containing alcohol?

(0) Never (Skip to Questions 9-10)

- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8 or 9
- (4) 10 or more

3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily



AUDIT

- 6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**
 - (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily
- 7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?**
 - (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily
- 8. How often during the last year have you had a feeling of guilt or remorse after drinking?**
 - (0) Never
 - (1) Less than monthly
 - (2) Monthly
 - (3) Weekly
 - (4) Daily or almost daily
- 9. Have you or someone else been injured as a result of your drinking?**
 - (0) No
 - (2) Yes, but not in the last year
 - (4) Yes, during the last year
- 10. Has a relative, friend, doctor or another health professional expressed concern about your drinking or suggested you cut down?**
 - (0) No
 - (2) Yes, but not in the last year
 - (4) Yes, during the last year



AUDIT

Scoring: Add up the points associated with your answers above. Scores between 8 and 15 are most appropriate for simple advice focused on the reduction of hazardous drinking. Scores between 16 and 19 suggest brief counseling and continued monitoring. AUDIT scores of 20 or above clearly warrant further diagnostic evaluation for alcohol dependence.

Figure 4: Drinker's Pyramid with Corresponding AUDIT Zones



Table 2. AUDIT Risk Levels

Risk Level	Description	Intervention	AUDIT Score
Zone I	Low-risk	Alcohol education to support low-risk use	0-7
Zone II	At-risk	Brief Intervention focused on reduction of at-risk use	8-15
Zone III	High-risk	Brief Intervention focused on reduction of high-risk, hazardous use; possible referral	16-19
Zone IV	Probable Dependence	Referral to specialist for diagnostic evaluation and treatment	20-40



SBIRT Screening: ASSIST

The ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) is another instrument that can be used.

- Developed by the World Health Organization
- 8 question instrument
- The entire screen can be downloaded at:
http://www.who.int/substance_abuse/activities/assist/en/index.html



SBIRT Screening: DAST

The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28 item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has “exhibited valid psychometric properties” and has been found to be “a sensitive screening instrument for the abuse of drugs other than alcohol.

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or “over-the-counter” drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then, decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question YES or NO.



DAST

1. Have you used drugs other than those required for medical reasons? ____
2. Have you abused prescription drugs? ____
3. Do you abuse more than one drug at a time? ____
4. Can you get through the week without using drugs (other than those required for medical reasons)? ____
5. Are you always able to stop using drugs when you want to? ____
6. Do you abuse drugs on a continuous basis? ____
7. Do you try to limit your drug use to certain situations? ____
8. Have you had “blackouts” or “flashbacks” as a result of drug use? ____
9. Do you ever feel bad about your drug abuse? ____
10. Does your spouse (or parents) ever complain about your involvement with drugs? ____
11. Do your friends or relatives know or suspect you abuse drugs? ____
12. Has drug abuse ever created problems between you and your spouse? ____
13. Has any family member ever sought help for problems related to your drug use? ____
14. Have you ever lost friends because of your use of drugs? ____
15. Have you ever neglected your family or missed work because of your use of drugs? ____ related to drug use? ____



DAST

16. Have you ever been in trouble at work because of drug abuse? ____
17. Have you ever lost a job because of drug abuse? ____
18. Have you gotten into fights when under the influence of drugs? ____
19. Have you ever been arrested because of unusual behavior while under the influence of drugs? ____
20. Have you ever been arrested for driving while under the influence of drugs? ____
21. Have you engaged in illegal activities in order to obtain drugs? ____
22. Have you ever been arrested for possession of illegal drugs? ____
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? ____
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? ____
25. Have you ever gone to anyone for help for a drug problem? ____
26. Have you ever been in a hospital for medical problems related to your drug use? ____
27. Have you ever been involved in a treatment program specifically related to drug use? ____
28. Have you been treated as an outpatient for problems related to drug abuse? ____



DAST Scoring

Scoring and interpretation: A score of “1” is given for each YES response, except for items 4,5 and 7 for which a NO response is given a score of “1.”

- Cut-off scores of 6 through 11 are considered to be optimal for screening for substance use disorders.
- Using a cut-off score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders).
- Using a cut-off score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders.
- More than 12 is definitely a substance abuse problem.



CRAFFT – for Adolescents

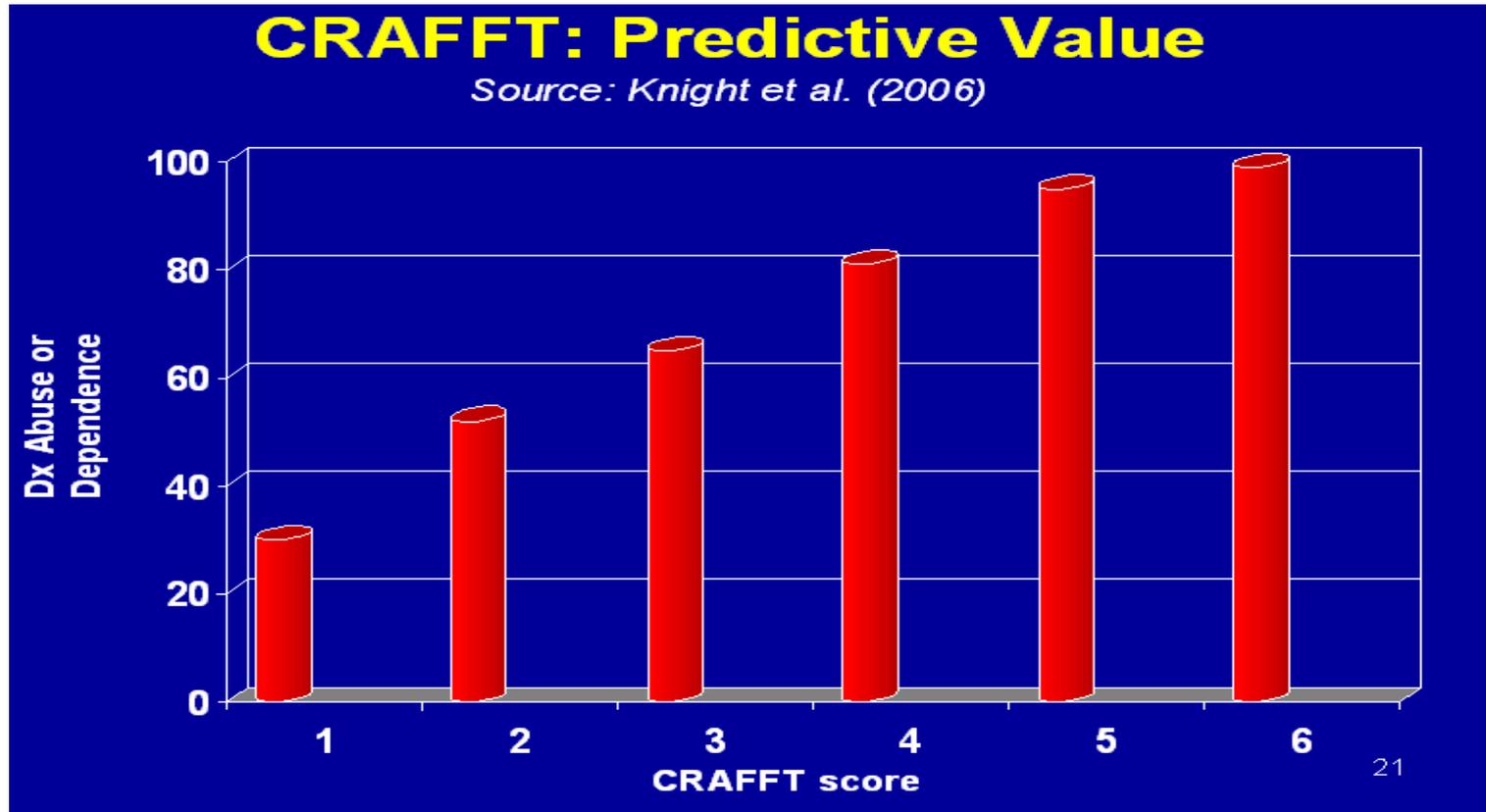
1. Have you ever ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself **A**lone?
4. Do you ever **F**orget things you did while using alcohol or drugs?
5. Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **T**rouble while you were using alcohol or drugs?

Scoring: 1 point for each yes answer; 2 or more positive items indicate the need for further assessment.

From: Knight JR; Sherritt L; Shrier LA//Harris SK//Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatrics & Adolescent* 156(6) 607-614, 2002.



CRAFFT Predictive Value



Brief Intervention

- Generally consists of a nonconfrontational encounter between a health professional and a patient that is designed to help improve chances that the patient will reduce risky alcohol consumption or discontinue harmful drug use. A brief intervention goes beyond the sharing of simple advice. Evidence-based approaches are used to give the patient tools for changing his/her beliefs about substance use and coping with everyday situations that exacerbate his/her risk for harmful use.



Brief Intervention

- SBIRT is all about creating a meaningful conversation.
- One interviewing technique is known as the FRAMES model of intervention.
 - Give the patient verbal **F**eedback regarding personal alcohol consumption
 - Leave **R**esponsibility for change to the patient
 - Give **A**dvice to make a change
 - Provide a **M**enu of options
 - Use an **E**mpathic conversational style
 - Boost the patient's **S**elf-efficacy to make a change



An Example of an Intervention

- **RANGE** for giving patient BAC feedback:
 - Range of BAC goes from 0 (sober) to 0.4 (lethal).
 - All people know 0.08 (drunk driving, heavy drinking).
 - Normal drinkers stay under 0.05.
 - Give result: Your BAC was _____. What do you think about that?
 - Elicit patient reaction (don't argue, just listen and summarize).
- Teaching patients guidelines for low-risk drinking:
 - Over 65 y: 1 drink/d maximum, 3 drinks/wk maximum
 - Women: 2 drinks/d maximum, 4 drinks/wk maximum
 - There is no safe level of alcohol consumption in a pregnant woman
 - Men: 3 drinks/d maximum, 5 drinks/wk maximum
- **MENUS** for exploring change options:
 - Manage your drinking (low-risk drinking).
 - Eliminate drinking (become abstinent).
 - No driving after drinking (drink the same but reduce harm).
 - Utterly nothing (not ready to change anything).
 - Seek help (refer to social worker if patient wants help).

MacLeod J et al. J Am Coll Surg 2008;207:639–645.



Possible Next Steps

- Brief Treatment: for individuals at moderate to high risk, brief treatment emphasizes motivations to change and client empowerment.
- Brief Treatment consists of a limited number of highly focused and structured clinical sessions with the purpose of eliminating hazardous and/or harmful alcohol and/or substance use.
- Referral to Treatment: for those whose screening indicates a severe problem or dependence or who find themselves unable to limit drinking, the next step is referral to specialized treatment for substance use disorders.



Screening

Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and self-report. Three of the most widely used screening instruments are AUDIT, ASSIST, and DAST.

Brief Intervention

Following a screening result indicating moderate risk, brief intervention is provided. This involves motivational discussion focused on raising individuals' awareness of their substance use and its consequences, and motivating them toward behavioral change. Successful brief intervention encompasses support of the client's empowerment to make behavioral change.

Brief Treatment

Following a screening result of moderate to high risk, brief treatment is provided. Much like brief intervention, this involves motivational discussion and client empowerment. Brief Treatment, however, is more comprehensive and includes assessment, education, problem solving, coping mechanisms, and building a supportive social environment.

Referral To Treatment

Following a screening result of severe or dependence, a referral to treatment is provided. This is a proactive process that facilitates access to care for those individuals requiring more extensive treatment than SBIRT provides. This is an imperative component of the SBIRT initiative as it ensures access to the appropriate level of care for all who are screened.

<http://sbirt.samhsa.gov/index.htm>



Results of SBIRT

- SBIRT programs decrease illicit-drug use rates by 67.7 percent and heavy alcohol use rates by 38.6 percent.
 - Researchers from the Office of National Drug Control Policy, National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration (SAMHSA) analyzed data from 459,599 patients who were screened for alcohol and other drug use at a variety of health-care facilities, and followed up with subjects six months later to track changes in drug-use rates. The report showed that of the illicit-drug users participating in SBIRT programs, 64.3 percent reported fewer arrests, 45.8 percent who were homeless said they were no longer homeless and 31.2 percent reported fewer emotional problems.
 - The SBIRT program can be used in health-care facilities like primary care centers, hospital emergency rooms, and trauma centers to screen patients for signs of substance abuse and refer them to treatment, as needed.
 - The report includes data from six organizations running SBIRT programs funded by SAMHSA.
- Published online in the October 16, 2008, issue of the Journal - Drug and Alcohol Dependence



SBIRT Sites

- Physicians' Offices
- Emergency Rooms and Trauma Centers
- Colleges
- Schools
- Nursing Homes
- Any site where there are professionals trained in evidence-based intervention techniques and that have established linkages, for those in need, to specialized treatment



Barriers to SBIRT

- Physicians are not trained in alcohol and drug issues in medical school.
- Time constraints pose a significant barrier for physician office practice.
- Physicians are not trained in the empathic, reflective listening approach.
- Payment codes must be adopted to cover SBIRT costs.



Barriers to SBIRT

Yes - In January 2008, the American Medical Association (AMA) introduced new health care codes for screening and brief intervention (SBI). Fees are based on length of activity (15-30 minutes; more than 30 minutes):



Barriers to SBIRT

Reimbursement Codes

Code	Description
CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
H0049	Alcohol and/or drug screening
H0050	Alcohol and/or drug service, brief intervention, per 15 minutes



Barriers to SBIRT

Reimbursement Codes

The G-codes, which may only be used for people age 65 and older, use the definitions under the Healthcare Common Procedure Coding System (HCPCS) and focus on "assessment" instead of "screening." G0396 is defined as: "Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, ASSIST, DAST) and brief intervention, 15-30 minutes." G0397 is defined as: "Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) and intervention, greater than 30 minutes." *(Note that Medicare calls the 15-30 minute intervention "brief," but does not use that same denomination for the longer intervention.)*

Healthcare professionals may also use the Healthcare Common Procedure Coding System (CPT) codes (99408 and 99409) and Medicare made it much easier for them to do so by publishing the RVUs (relative value units) for the CPT codes. These RVUs, when multiplied by the conversion factor, give the dollar amount payable per code. Since most payers rely on the Medicare fee schedule, at least as a jumping off point to set their own fees, the publishing of RVUs makes it much more likely that non-Medicare patients will get these services as well. Finally, billing codes H0049 and H0050 are also available to practitioners who have provided SBI services. [\(continued next slide\)](#)



Barriers to SBIRT

Reimbursement Codes

With specific reference to Medicaid reimbursement for these services, each State must adopt or “turn on” the codes as part of its approved plan for services. As of January 2010, New York has activated these codes for use with Medicaid patients who are seen in a primary care clinic or emergency department. Payment in these settings is calculated as part of the established ambulatory payment group (APG) methodology. SBI reimbursement is further authorized, in New York, for services provided by federally qualified health centers that have agreed to the APG reimbursement methodology for their clinic services. For additional information on APGs, please refer to the New York State Department of Health’s website: [Ambulatory Care Payment Reform - Ambulatory Patient Groups \(APGs\)](http://www.nyhealth.gov/health_care/medicaid/rates/apg/). http://www.nyhealth.gov/health_care/medicaid/rates/apg/



Barriers to SBIRT

- Privacy Regulations
 - 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records)
 - If information is collected whose primary purpose involves screening patients for substance use and offering interventions, the patient information is protected under 42 CFR Part 2
 - If information about blood alcohol level or drug toxicology is collected for purposed of managing a patient's injuries, that information is exempt from the confidentiality requirements.



Physicians are not the only ones who can use SBIRT

- Medical assistants
- Nurse Practitioners
- Physician Assistants
- Nurses
- Health or Substance Use Counselor
- Prevention Specialists



Barriers to SBIRT

- On average, more than 520 people in New York lose their lives in alcohol-related vehicle crashes each year.¹
- In an effort to prevent alcohol-related accidents, New York state legislators reinstated a law (the Uniform Accident and Sickness Policy Provision Law or UPPL) in 2004 that allows insurers to sell accident and health insurance policies that deny payment for injuries that occur while the insured person is under the influence of alcohol or drugs.² New York's courts have upheld these alcohol exclusion laws (AELs).³
- OASAS has proposed legislation to remove the UPPL barrier for consideration.

1. National Highway Traffic Safety Administration, Fatality Analysis Reporting System Web-Based Encyclopedia, Persons Killed, by Highest Blood Alcohol Concentration in the Crashes, 1994-2004, New York. Available from: <http://www-fars.nhtsa.dot.gov>. Accessed December 7, 2005.
2. McKinney's Insurance Law § 3216.
3. Shader v. Railway Passenger Assur.



Special Populations

- Why SBIRT in adolescents?
 - A large population of subclinical AOD users exists
 - Only 1 in 20 with clinical AOD involvement get services
 - Primary care offers an opportunistic setting
- Screening of adolescents is conducted using the CRAFFT (Car, Relax, Alone, Forget, Family or Friends)
(see slide 23)



Special Populations

- Teen Brief Intervention research
 - Small but growing literature
 - Teen outcomes show a decrease in AOD use and AOD consequences
 - Abstinence is not typical
 - Effects are rapid and durable
 - High satisfaction ratings by teens
 - May promote additional help-seeking



Resources

- Screening instruments and other resources can be found at:
 - SAMHSA information on SBIRT:
http://www.samhsa.gov/SAMHSA_News/VolumeXVI_2/article2.htm
 - AUDIT: http://libdoc.who.int/hq/2001/WHO_MS_D_MSB_01.6a.pdf
 - ASSIST : http://www.who.int/substance_abuse/activities/assist/en/index.html
 - DAST : http://www.projectcork.org/clinical_tools/pdf/DAST.pdf
 - MAST: http://www.ncadd-sfv.org/symptoms/mast_test.html
 - CRAFFT: <http://ceasar-boston.org/clinicians/crafft.php>
 - NIAAA: single question screen and physicians guide:
<http://www.niaaa.nih.gov/NewsEvents/NewsReleases/NIAAANewCliniciansGuide.htm>
http://www.whitehousedrugpolicy.gov/treat/screen_brief_intv.html
 - IRETA toolkit for SBIRT: http://www.ireta.org/sbirt/clinical_tools.htm
 - Emergency Department toolkit:
<http://www.ena.org/ipinstitute/SBIRT/ToolKit/toolkit.asp>



Resources for Hospital Emergency Departments

- For emergency department services: **Recommended codes:**
 - **CPT**
 - 99408** - Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
 - 99409** - greater than 30 minutes
 - **Medicare**
 - G0396** - Alcohol and/or substance (other than tobacco) abuse structured assessment (AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
 - G0397** - greater than 30 minutes
 - **Medicaid**
 - H0049** - Alcohol and/or drug screening.
 - H0050** - Alcohol and/or drug services, brief intervention, per 15 minutes.



Resources for Hospital Emergency Departments

- **Other Codes** (cannot be used with recommended codes)
 - Screening 99281 - 99285 (emergency department services)
 - Brief Intervention 99281 - 99285 (emergency department services)
 - 99401 - 99405 (preventive counseling, risk factor reduction)
 - SBI provided by a hospital employee (social worker, nurse, health educator, or other mental health practitioner)
- SBI provided by an independent, licensed substance use treatment agency (or other agency under contract with the hospital to provide SBI services)
 - Screening
 - 99801 (psychiatric diagnostic exam)
 - H0001 (AOD assessment)
 - H0002 (AOD screening for treatment admission)
 - Brief Intervention 99804 - 99809 (psychotherapy)
 - H0004, H0005, H0016 (AOD counseling, therapy)

