

**State of Tennessee**  
**SBIRT Guidelines**  
**February 2010**

- SBIRT services must be delivered within a Federally Qualified Health Care Setting or Primary Care Setting.
- SBIRT is intended to encourage primary health care providers to inquire about and follow-up any indication of alcohol and drug use/abuse. Primary A&D and primary mental health agencies will not be reimbursed by Tennessee managed care organizations/health plans for SBIRT screening, assessment and brief treatment services. These services are already supported under existing contracts between A&D or MH agencies and health plans.
- Pre-Screens may be conducted by individuals of the health care agencies choice (e.g., front desk intake personnel; staff assigned to take vital signs, etc.) Pre-Screens are not reimbursable SBIRT services. Pre-Screens may be negative or, if positive, lead to billable SBIRT services (i.e., Full Screen, Brief Treatment).
- SBIRT service providers must be licensed to practice independently within their fields. Providers may be physicians, physician assistants, nurse practitioners or licensed behavioral health care practitioners such as clinical social workers, psychologists or professional counselors who practice in a primary health care setting. Individual MCO contracts must be considered (all providers must be credentialed to be reimbursed).
- Primary health care service providers who are independently licensed may provide SBIRT services themselves OR they may make a referral for SBIRT services to licensed behavioral health care practitioners within the primary health care setting.
- A validated SBIRT screening tool must be used. Validated questionnaires include: AUDIT for adult alcohol use; DAST-10 for adult drug use; ASSIST for alcohol and drug use; and CRAFFT for adolescent alcohol and drug use.
- SBIRT services delivered by a licensed behavioral health care practitioner must be supported by an order for these services from the agency's licensed independent primary health care service provider or there must be a notation in the chart indicating that the medical practitioner and the behavioral health specialist communicated to coordinate SBIRT services.
- SBIRT codes may only be billed by licensed, independent primary health care practitioners (e.g., physicians, physician assistants, nurse practitioners) and licensed, independent behavioral health care practitioners (e.g., clinical social workers, psychologists, and professional counselors). Reimbursement is dependent on individual contracts with MCOs.
  - Business decisions regarding who will provide SBIRT services in FQHCs will be left up to each agency.

**Scenario**

- A doctor or other primary health care practitioner sees a new patient whose chief complaint relates to their physical health.
- The doctor or other primary health care practitioner inquires of the patient regarding his/her use of alcohol and/or drugs – i.e., conducts a Pre-Screen.
  - a. If the Pre-Screen is negative, the primary health care practitioner:

- i. Would not pursue further SBIRT services. No SBIRT billing occurs.
- b. If the Pre-Screen is positive, the primary health care practitioner:
  - i. May choose to conduct the Full Screen (and other Brief Intervention Service, for that matter) himself/herself, billing under the regular E&M code for the primary health complaint and the SBIRT service using either code 99408 or 99409.
  - ii. May choose to order the patient sees another licensed independent practitioner – including either a primary health or behavioral health care practitioner – within that primary health care setting to conduct a Full Screen and, if indicated, Brief Intervention services.
  - iii. May ask that the patient return to see the referring practitioner to discuss results, offer support, etc. In such cases, billing for all services conducted for the patient by multiple staff may be billed under the doctor or other primary health care practitioner's billing authority and use the appropriate E&M and SBIRT codes.
- c. If the Full Screen is negative, the practitioner:
  - i. May choose to not pursue further SBIRT services.
    1. No SBIRT billing would occur.
    2. Billing for services provided would be under E&M billing codes, depending on time and complexity of the primary health service.
  - ii. May choose to provide general feedback, prevention counseling, discuss risky lifestyle choices, self-management, etc. and bill under SBIRT codes 99408 or 99409, depending on time.
- d. If the Full Screen is positive, the practitioner:
  - i. May provide more complete screening and brief intervention services.
    1. Billing for services under SBIRT codes may occur; AND;
    2. Billing for primary health services under E&M codes may occur.
- e. If the SBIRT service experience indicates the need for more specialized alcohol and drug abuse services, the primary health care agency may choose:
  - i. To provide those services from a behavioral health/addictions specialist employed by that same primary health care agency; OR
  - ii. To refer the patient to an outside behavioral health/addictions specialist.
  - iii. In either case (i or ii), SBIRT billing codes may not be used, since the services provided are beyond the scope of the Brief Intervention Services authorized under SBIRT.

### Scenario

- A doctor sees a returning patient whose chief complaint relates to their physical health. The practitioner may choose to conduct either a Pre-Screen or a Full Screen at that time.
- All of the steps addressed above may be followed, depending on need, service limitations and allowable billing.