Screening Tool Examples

Screening, Brief Intervention and Referral to Treatment (SBIRT)

What is SBIRT?

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment.

- Screening — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools.
- Brief Intervention — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
- Referral to Treatment — a healthcare professional provides a referral to therapy or additional treatment to patients whose screening indicates a need for additional services.

Beyond connecting individuals with substance dependence to treatment options, using SBIRT as an early intervention can reduce risky alcohol and drug use before it leads to more severe consequences or dependence. For example, screening patients in emergency settings makes it possible to use their substance use-related injury or illness as motivation to change.

There are many evidence based SBIRT screening tools available which can be adapted easily to almost any health or specialty setting. In the pages that follow are some sample SBIRT screening tools.

How effective is SBIRT?

Brief interventions with patients can promote significant, lasting reductions in risky use of alcohol and other drugs:

- A review of New Mexico’s SBIRT program by Gryczynski et al. (2011) found that participants reported a significant decrease in the frequency of illicit drug use, alcohol use, and alcohol intoxication 6 months after receipt of SBIRT services.¹

- Madras et al. (2009) found an almost 68-percent reduction in illicit drug use over a 6-month period among people who had received SBIRT services. In addition to significantly reducing illicit drug use, SBIRT also reduced individuals’ drinking. Among those who reported heavy drinking at baseline, the rate of heavy alcohol use was almost 39 percent lower at the 6-month follow-up. Those who received brief interventions or referrals to specialty treatment also reported other improvements, including fewer arrests, more stable housing situations, improved employment status, fewer emotional problems, and improved overall health.²

- A study of Washington State’s SBIRT (WASBIRT) program found that among high risk-users of prescription opioids, at a six-month follow-up, there was a 41% reduction in the days of drug use for individuals who received only a brief intervention, and a 54% reduction for the individuals who received a brief intervention, followed by brief therapy or chemical dependency treatment.³

- A World Health Organization study of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) by Humeniuk et al. (2008) found that 82.8% of all participants who received the brief intervention at baseline reported attempting to cut down on their substance use as a result of the feedback and information they had received.⁴

SBIRT is a cost effective intervention. Fleming et al. (2000) estimate the SBIRT benefit-cost ratio is 5.6:1, or $5.6 in total benefit for every $1 invested.¹

Reimbursement for Screening

SAMHSA is working with the Centers for Medicare and Medicaid Services (CMS) to educate practitioners about the importance of SBIRT coverage and the Medicare billing rules around these services. In the case of Medicare, SBIRT services are defined as alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) and brief intervention. **Note: Starting July 1, 2013, Ohio Medicaid will reimburse for screening services.**

Reimbursement for screening and brief intervention is available through commercial insurance CPT codes, Medicare G codes, and Medicaid HCPCS codes (now available through Ohio Medicaid). Information regarding these codes can be found in the table below.

<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$33.41</td>
</tr>
<tr>
<td></td>
<td>CPT 99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$65.51</td>
</tr>
<tr>
<td>Medicare</td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$29.42</td>
</tr>
<tr>
<td></td>
<td>G0397</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$57.69</td>
</tr>
<tr>
<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
<td>$24.00</td>
</tr>
<tr>
<td></td>
<td>H0050</td>
<td>Alcohol and/or drug service, brief intervention, per 15 minutes</td>
<td>$48.00</td>
</tr>
</tbody>
</table>

Billing information provided courtesy of the Substance Abuse & Mental Health Services Administration: [http://www.samhsa.gov/prevention/SBIRT/coding.aspx](http://www.samhsa.gov/prevention/SBIRT/coding.aspx)


⁵ [http://journals.lww.com/lww-medicalcare/Abstract/2000/01000/Benefit_Cost_Analysis_of_Brief_Philosophy_Advice.3.aspx](http://journals.lww.com/lww-medicalcare/Abstract/2000/01000/Benefit_Cost_Analysis_of_Brief_Philosophy_Advice.3.aspx)
SBIRT Screening Tools

1. Screening Brief Intervention Referral to Treatment: Assessment Orders. Kettering Health Network. For more information contact Kettering Medical Center, Medical Education Dept. 4NW, 3535 Southern Blvd. Kettering, OH 45429, (937) 298-3399.

2. The CRAFFT Screening Questions. The CRAFFT is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. For more information visit: [http://www.ceasar-boston.org/clinicians/crafft.php](http://www.ceasar-boston.org/clinicians/crafft.php)

3. NIDA Quick Screen. The NIDA Quick Screen and NIDA-modified ASSIST are appropriate for patients age 18 or older. You may deliver it as an interview and record patient responses, or read the questions aloud and have the patient fill out responses on a written questionnaire. For more information visit: [http://www.drugabuse.gov/publications/resource-guide/nida-quick-screen](http://www.drugabuse.gov/publications/resource-guide/nida-quick-screen)
Screening Brief Intervention Referral to Treatment: Assessment Orders

Yes / No 1 In the past 3 months have you had more than:

*(Men) 4 drinks in one day?
*(Women) 3 drinks in one day?
*(Age 65+) 3 drinks in one day?

Yes / No 2 In the last 12 months, did you ever drink alcohol or use drugs more than you meant to?

Yes / No 3 In the last 12 months, did you ever feel you should cut down on your drinking or drug use?

In the last 12 months, did you use:

Yes / No 4 * Marijuana?
Yes / No 5 * Another recreational drug?
Yes / No 6 * A prescription pain killer, stimulant or sedative more than recommended?

Any “Yes” answers = “At Risk” designation

ORDERS for “At Risk” designation:

☐ SBIRT Assessment includes:

Urine Drug Abuse Screen (inc. semi-quantitative)
Serum Drug Abuse Screen
Height & Weight

unless already ordered

Physician signature: ____________________________  RN signature: ____________________________

Date/Time: ____________________________  Date/Time: ____________________________

RightFAX to SBIRT Team: 522-7570

RightFAX (Internal): 27570
The CRAFFT Screening Questions
Please answer all questions honestly; your answers will be kept confidential.

**Part A**
During the PAST 12 MONTHS, did you:

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Drink any <strong>alcohol</strong> (more than a few sips)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Smoke any <strong>marijuana</strong> or <strong>hashish</strong>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Use anything else to get high?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”

If you answered **YES** to **ANY** (A1, A2, A3), answer only **B1** below, then STOP.

If you answered **NO to ALL** (A1 to A3), answer **B1 to B6** below.

**Part B**

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Do you ever use alcohol or drugs while you are by yourself, or ALONE?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Do you ever FORGET things you did while using alcohol or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Have you ever gotten into TROUBLE while you were using alcohol or drugs?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONFIDENTIALITY NOTICE:
The information on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.
NIDA Quick Screen V1.0

Name: ......................................................................... Sex ( ) F ( ) M   Age.......
Interviewer........................................ Date ....../....../......

Introduction (Please read to patient)

Hi, I’m __________, nice to meet you. If it’s okay with you, I’d like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we’ll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I’ll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the “Monthly” column in the “illegal drug” row.

<table>
<thead>
<tr>
<th>NIDA Quick Screen Question:</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For men, 5 or more drinks a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• For women, 4 or more drinks a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs for Non-Medical Reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If the patient says “NO” for all drugs in the Quick Screen, reinforce abstinence. Screening is complete.
- If the patient says “Yes” to one or more days of heavy drinking, patient is an at-risk drinker. Please see NIAAA website “How to Help Patients Who Drink Too Much: A Clinical Approach” http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm, for information to Assess, Advise, Assist, and Arrange help for at risk drinkers or patients with alcohol use disorders
- If patient says “Yes” to use of tobacco: Any current tobacco use places a patient at risk. Advise all tobacco users to quit. For more information on smoking cessation, please see “Helping Smokers Quit: A Guide for Clinicians” http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm
- If the patient says “Yes” to use of illegal drugs or prescription drugs for non-medical reasons, proceed to Question 1 of the NIDA-Modified ASSIST.

1 This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Saitz et al. (available at http://archinte.ama-assn.org/cgi/reprint/170/13/1155) and the National Institute on Alcohol Abuse and Alcoholism’s screening question on heavy drinking days (available at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at http://www.who.int/substance_abuse/activities/assist_v3_english.pdf).