

June 3, 2020

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<Provider City> <State> <zipcode5-zipcode4>

**RE:** Increasing Assessment and Treatment for Medicaid Recipients with Substance Use Disorder (SUD)

The purpose of this letter is to encourage providers to use Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication Assisted Treatment (MAT) services for beneficiaries with indications of a substance use disorder (SUD). SBIRT and MAT are covered by the Michigan Medicaid program. These services can be initiated in any community-based care setting, including the hospital emergency department (ED).

### **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, misuse, and dependence on illicit drugs, alcohol and nicotine. SBIRT consists of three major components:

- *Screening* - a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools, such as the Drug Abuse Screening Test (DAST) which can be found at <https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69> and the Alcohol Use Disorders Identification Test found at <https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>
  - Other screening tools are listed in the Guidance for Certain Vulnerable Populations section of this bulletin.
- *Brief Intervention* - a healthcare professional engages a patient who exhibits risky substance use behaviors in a short conversation providing feedback and advice.
- *Referral to Treatment* - a healthcare professional refers patients to additional services as necessary.

Examples of Medicaid-approved SBIRT codes include:

Code	Description	Duration
99408	Alcohol/substance use structured screening (e.g. AUDIT, DAST)	15-30 minutes
99409	Alcohol/substance use structured screening (e.g. AUDIT, DAST)	Greater than 30 minutes
G2011	Alcohol/substance use assessment	Brief, 5-14 minutes
G0396	Alcohol/substance use intervention	15-30 minutes
G0397	Alcohol/substance use intervention	Greater than 30 minutes

The following providers may provide and bill SBIRT codes:

- Advanced Practice Registered Nurses
- Marriage and Family Therapists
- Physician Assistants
- Physicians (MD, DO)
- Professional Counselors
- Psychologists (Masters Limited or Doctoral Level)
- Social Workers

**Note:** SBIRT services are considered a qualifying visit for Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Centers. Refer to the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual for additional information. The Manual is available on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

### Referral to Treatment

Ongoing treatment is a critical component of SBIRT. Hospital providers should investigate community services and referral processes and connect patients to necessary ongoing treatment after discharge from the ED. The Michigan Medicaid program provides therapeutic interventions for SUD through the Prepaid Inpatient Health Plan (PIHP) network and office based opioid treatment providers. The following link lists by county, the PIHP network and Access Centers: [www.michigan.gov/opioids](http://www.michigan.gov/opioids) >> Find Help >> Find Local Treatment.

### Medication Assisted Treatment (MAT)

MAT is the use of medications, with counseling and behavioral therapies, to treat SUD and reduce opioid overdoses. Most medications used for MAT relieve physiological cravings and improve treatment outcomes. MAT may be initiated as a result of SBIRT assessment, presentation of symptoms, past medical history, a stated desire to stop using a drug inappropriately, or other indications. The following medications, identified as “Preferred

Agents” on the Michigan Preferred Drug List, do not require clinical prior authorization when prescribed in accordance with U.S. Food and Drug Administration (FDA) approved labeling:

- Acamprosate calc 333 mg tab
- Antabuse 250 or 500 mg tab
- Buprenorphine SL tabs
- Buprenorphine/Naloxone SL tabs
- Disulfiram 250 or 500 mg tab
- Naltrexone tabs
- Sublocade® SC injection
- Suboxone® SL films
- Vivitrol® IM injection
- Zubsolv® SL tabs

For additional information see [Medical Services Administration Provider L-Letter 19-41, “Removing Prior Authorization from Preferred Medication for Opioid Use Disorders.”](#) Medicaid-enrolled providers with medication prescribing privileges and a DEA X license waiver can prescribe Buprenorphine in the outpatient setting.

### **Guidance for Certain Vulnerable Populations**

#### *Pregnant and Postpartum Women*

The American College of Obstetricians and Gynecologists (ACOG) states that providing early universal SBIRT and referral to MAT for pregnant and postpartum women improves maternal and infant health outcomes. Routine screening should rely on validated screening tools, such as the NIDA Quick Screen found at <https://www.drugabuse.gov/nmassist>.

ACOG also encourages breastfeeding for postpartum women who are stable on MAT, who are not using illicit drugs, and who have no other contraindications. For further information, refer to the ACOG Committee Opinion on Obstetric Practice for Opioid Use and Opioid Use Disorder in Pregnancy, found at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>. For an ACOG opinion on alcohol dependency and treatment in pregnant and postpartum women refer to <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/08/at-risk-drinking-and-alcohol-dependence-obstetric-and-gynecologic-implications>

#### *Children and Young Adults*

For children under 21 years of age, a SBIRT may be performed during an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) preventive health care well child visit beginning at 11 years of age or when there are circumstances suggesting the possibility of substance abuse beginning at an earlier age. A risk assessment should be administered and, if necessary, the child should be screened for tobacco, alcohol, and other drug use with a validated and standardized screening tool, such as the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) screen, found at <https://crafft.org>. If the assessment and screening are

positive, the provider should further evaluate the child, provide counseling, and refer the child as appropriate.

Refer to the MDHHS Medicaid Provider Manual, Early and Periodic Screening, Diagnosis and Treatment chapter, Developmental/Behavioral Assessment section for additional information on EPSDT Developmental/Behavioral Assessment requirements.

### **Provider Resources**

For information about Michigan's opioid response and available resources for providers and patients, visit [www.michigan.gov/opioids](http://www.michigan.gov/opioids).

For complete information on Medicaid-covered SUD services and supports, refer to the MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, Substance Abuse Services section.

For information on covered services in the Emergency Department, refer to the MDHHS fee schedules located at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information >> Michigan Provider Fee Screen or Outpatient Prospective Payment

For additional guidelines on billing SBIRT in Emergency Departments, refer to the Medicare Claims Processing Manual at <https://www.cms.gov/> Internet Only Manuals, Chapter 100-04 – Part B Hospital, Section 200.6.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Massey', with a long horizontal flourish extending to the right.

Kate Massey, Director  
Medical Services Administration