

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

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Overview

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an early intervention approach used to identify individuals with substance use disorders as well as those who are at risk of developing these disorders. SBIRT is used to reduce and prevent substance use disorder through the use of screening tools, brief interventions, and if needed a referral to treatment.

Eligible Providers

The following Minnesota Health Care Programs (MHCP) providers are eligible to provide SBIRT:

- [Clinical nurse specialist \(CNS\)](#)
- [Licensed independent clinical social worker \(LICSW\)](#)
- [Licensed marriage and family therapist \(LMFT\)](#)
- [Licensed professional clinical counselor \(LPCC\)](#)
- [Licensed psychologist \(LP\)](#)
- [Psychiatric nurse practitioner \(NP\)](#)
- Psychiatrist
- Licensed Alcohol and Drug Counselor (LADC)
- Mental health practitioners working as [clinical trainees](#) under the supervision of a mental health professional.
- Tribal certified professionals
- [Physician](#)
- [Nurse practitioner](#)
- [Advanced Practice Registered Nurse \(APRN\)](#)
- [Physician assistant](#)
- [Nurse midwife](#)

Eligible Members

Fee-for-service members with major program MA and MinnesotaCare are eligible for SBIRT.

Providers should refer members enrolled through a managed care organization (MCO) to their MCO health plans for details on coverage and accessing SBIRT services.

Covered Services

SBIRT is a MHCP-covered service and includes any of the following when provided face to face:

- Screening: Screening a member for risky substance use behaviors using standardized tools. Some examples of valid and reliable screening tools include, but are not limited to, Alcohol Use Disorders Identification Test (AUDIT), Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFFT), and Problem-Oriented Screening Instrument for Teenagers (POSIT).

- Brief Intervention (BI): Engaging a member identified by screening as showing risky substance use behaviors in structured BI techniques designed to increase insight about substance use and increase motivation to reduce risky behavior. These motivational interventions may include a short conversation, providing feedback, motivation, and advice.
 - Programs utilizing BI should have procedures for determining which BI techniques and clinical model (or combination of models) are most appropriate and feasible.
 - BI should be provided by providers trained on BI techniques within their scope.
- Referral to Treatment: Providing a referral for additional treatment to members whose screening shows a need for additional services.

Documentation of SBIRT

Documentation must support that SBIRT services were provided by a qualified provider and that the service was reasonable and necessary. Documentation must include all of the following:

- Date of service
- Session start and stop times or total face-to-face time with the patient
- Scope of intervention (screening tool used, positive or negative results of screening, completion of brief intervention, or referral to treatment)
- Next steps, that is, referral to treatment was made or another screening or brief intervention is needed
- Document rationale for recommendation
- Name and signature and credential of provider

Billing SBIRT

- Bill SBIRT using [MN-ITS 837P](#).
- Enter the treating provider NPI number on each claim line.

Use the following table for billing SBIRT services.

SBIRT procedure code information

SBIRT procedure code	Service description	Unit	Claim format
G2011	Alcohol and/or substance abuse screening and brief intervention	5-14 minutes	837P
G0396	Alcohol and/or substance abuse screening and brief intervention	15-30 minutes	837P
G0397	Alcohol and/or substance abuse screening and brief intervention	Greater than 30 minutes	837P

Service Limitations

SBIRT services for an individual member may be provided and billed as reasonable and necessary, up to a total of 12 sessions per individual per calendar year. The annual limit applies to any combination of the three time-based SBIRT procedure codes, regardless of service type (screening, brief intervention (BI), or referral to treatment). The 12-session allowance is primarily intended to allow for BI and referral when needed following a positive screen.

- Screening is done in a single session and may be repeated as needed at intervals indicated by the screening tool used.
- BI may be done in a single session or multiple sessions following a screening showing risky substance use behaviors. The number of sessions should be based on the type of BI technique being used and the individual member's response.

- An individual cannot receive more than one SBIRT service per day. BI may be provided immediately following screening, in which case it should be billed as a single session.

It may be appropriate to provide SBIRT services as part of other medical or behavioral health services; however, SBIRT cannot be billed at the same time as another service for the same work. SBIRT may only be billed when it is a distinct and separate service.

Substance Use Disorder Services following SBIRT

If a member's SBIRT result indicates the member needs additional treatment, the member can choose to receive any or all of the following SUD services, up to six hours total, from an SUD provider of their choice before a comprehensive assessment:

- 4 hours of individual (H2035) or group treatment (H2035 HQ) or a combination of both
- 2 hours of treatment coordination (T1016 U8 HN) or peer support services (H0038 U8) or a combination of both

Any of the six hours of SUD services the member chooses to receive following SBIRT must be completed within three months of the first date of SBIRT service. The program must identify in the client record an individual who is receiving SBIRT referred treatment services, including the start date and end date of services.

Billing SUD Services after SBIRT

SUD providers will need to add modifier U1 to identify the member as a SBIRT referral. There are no other changes to the billing of individual or group treatment, treatment coordination, and peer support services.

Telehealth

Providers must have documentation of services provided and have followed all clinical standards to bill for services via telehealth or telephonic (audio-only) telehealth, as applicable. Refer to the [Telehealth Services](#) section of the MHCP Provider Manual under Billing for information about billing for services provided via telehealth.

Legal References

[Minnesota Statutes, 245G](#)

[Minnesota Statutes, 254A.03](#)

[Minnesota Statutes, 254B.05](#)

[Minnesota Statutes, 122A.09](#)

[Minnesota Statutes, 122A.18](#)