

Substance Use Disorder

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Measure Basic Information

Name and date of specifications used: The measure specifications were developed by OHA in collaboration with a workgroup including CCOs and clinics and included clinical piloting. The measure calls for use of standardized assessment tools.

URL of Specifications: N/A. Value sets used in this measure may be accessed through the Value Set Authority Center (VSAC): <https://vsac.nlm.nih.gov/>.

Measure Type:

- HEDIS
 PQI
 Survey
 Other. Specify: OHA-developed

Measure Utility:

- CCO Incentive
 State Quality
 CMS Adult Core Set
 CMS Child Core Set
 Other. Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2025 – December 31, 2025

Benchmark: This measure is no longer incentivized.

| | 2023 | 2024 | 2025 |
|--|---|---|------|
| Benchmark for OHA measurement year | Both components must be met. Rate 1, screening: 66.6% Rate 2, brief intervention: 28.7% | Both components must be met. Rate 1, screening: 66.6% Rate 2, brief intervention: 46.7% | n/a |
| Improvement target for OHA measurement year | MN Method with 1 percentage point floor | MN Method with 2 percentage point floor | |
| Source | MY CCO 2021 75th percentile | MY2021 & MY2022 75 th Percentile | |

For standard, national measures, the Metrics & Scoring Committee has used CCO percentiles and national-level data/percentiles from the National Committee for Quality Assurance (NCQA). For all types of measures, Metrics and Scoring has also used CCO statewide data/percentiles. For ease of reference, the measurement year (MY) is noted for national-level and CCO statewide data/percentiles rather than the publication year. NCQA publishes annual data with national Medicaid, Commercial, and Medicare percentiles.

Note on telehealth: This measure is telehealth eligible. The base denominator before exclusions and exceptions for SBIRT rate 1 (screening) is the same as the depression screening and follow-up measure (CMS2), which is telehealth eligible according to CMS [2025 telehealth guidance](#). For further information

specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Changes in Specifications from 2024 to 2025:

- Added clarification that reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

| Value Set Name and OID | Status |
|--|---|
| Value set Encounter to Screen for Depression (2.16.840.1.113883.3.600.1916) | Added 1 CPT code (92622) based on review by technical experts, SMEs, and/or public feedback. |
| Value set Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022) | Deleted 1 SNOMED CT code (33849009) based on terminology update. |
| Value set Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584) | Added 2 SNOMED CT codes (170935008, 170936009) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 SNOMED CT code (385765002) based on review by technical experts, SMEs, and/or public feedback. |
| Value set Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090) | Added 3 SNOMED CT codes (305686008, 305824005, 441874000) based on review by technical experts, SMEs, and/or public feedback. |
| Value set Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167) | Added 3 SNOMED CT codes (305686008, 305824005, 441874000) and contains code that was formerly standalone ICD10CM Code Z51.5. |
| Value set Substance Use Disorder (2.16.840.1.113883.3.464.1003.106.12.1001) | Added 3 SNOMED CT codes (1255013006, 1255015004, 1255018002) based on review by technical experts, SMEs, and/or public feedback. Deleted 34 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback. |
| Value set (2.16.840.1.113883.3.526.3.1005) | Renamed to Dementia and Mental Degenerations based on review by technical experts, SMEs, and/or public feedback. |
| Value set Dementia and Mental Degenerations (2.16.840.1.113883.3.526.3.1005): | Added 4 ICD-10-CM codes (G31.80, G31.85, G31.84, G31.89) based on review by technical experts, SMEs, and/or public feedback. |

Denied claims: n/a

Measure Details

Measure Components and Scoring

Detailed measure specifications for the depression screening and follow-up measure, which is used in SBIRT for the Rate 1 denominator and for denominator exceptions, are available in the eCQI Resource Center: <https://ecqi.healthit.gov/ecqm/ec/2025/cms0002v14>. Detailed value set contents are available in the [Value Set Authority Center](#).

Two rates are reported for this SBIRT measure:

- (1) The percentage of patients who received age-appropriate screening and
- (2) The percentage of patients with a positive full screen who received a brief intervention, a referral to treatment, or both

Screening in an ambulatory setting is required once per measurement year. This measure does not require screening to occur at all encounters.

Rate 1

Data elements required denominator: All patients aged 12 years and older before the beginning of the measurement period with at least one qualifying encounter during the measurement period.

These denominator criteria for SBIRT Rate 1 are identical to the denominator criteria for the depression screening and follow-up measure (CMS2v14). The denominator *exclusions* for depression screening and follow-up, however, are different from the exclusions for SBIRT. SBIRT exclusions are set out below. Qualifying encounters are identified through the value sets Encounter to Screen for Depression (2.16.840.1.113883.3.600.1916), Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022), and Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080).

Required denominator exclusions and exceptions: See below.

Data elements required numerator: Patients screened on the date of the qualifying encounter or up to 14 calendar days prior to the date of the qualifying encounter using an age-appropriate, SBIRT screening tool approved by OHA **AND** had either a brief screen with a negative result or a full screen.

Note: This measure leaves flexibility for clinical preferences on whether to do a brief screen before a full screen. Although a negative brief screen is numerator compliant, a positive brief screen, by itself, is **not** numerator compliant. If a patient has a positive brief screen, then a full screen must be completed for numerator compliance on Rate 1. A full screen is numerator compliant, regardless of the result.

Note: Approved SBIRT screening tools are available on the HSD-Approved Evidence-Based Screening Resources/ Tools (SBIRT) page: <https://www.oregon.gov/oha/HSD/AMH/Pages/EB-Tools.aspx>. The name of the screening tool used must be documented in the medical record, but it does not need to be captured in a queryable field.

The clinician should interpret the age-appropriate screening tool to determine if the result is positive or negative. Where the screening tool includes guidance on interpreting scores, the

clinician should consult that guidance. This is the same approach used to identify positive or negative results for depression screening in CMS2. There may be instances in which it is appropriate for clinicians to use their discretion in interpreting whether a result is positive or negative, such as for patients reporting use of topical medicinal marijuana.

Note: The screening(s) and result(s) must be captured as queryable structured data in the EHR. The EHR does not need to capture each response to each question in the screening tool as structured data. It is acceptable to capture the interpretation and the follow-up as structured data, without having a field for each question in the screening tool used. For supporting documentation, keeping a scan or other non-structured documentation of the screening tool (including the name of the screening tool used) is acceptable. The intent of this guidance is that the data elements needed to calculate the measure can be reported out of the EHR, without chart review. OHA does not intend to be prescriptive about how supporting documentation is maintained in a patient's medical record.

Required exclusions for numerator: SBIRT services received in an emergency department (e.g., Place of Service 23) or hospital setting (e.g., Place of Service 21).

Rate 2

Data elements required denominator: All patients in Rate 1 denominator who had a positive full screen during the measurement period.

Required denominator exclusions and exceptions: See below.

Data elements required numerator: Patients who received a brief intervention, a referral to treatment, or both during the qualifying encounter that is documented on the date of or up to two calendar days after the date of the qualifying encounter.

Note – Brief Intervention: Brief interventions are interactions with patients that are intended to induce a change in a health-related behavior. They are short, one-on-one counseling sessions ideally suited for people who use substances or drink in ways that are harmful or abusive. Examples of brief interventions include assessment of the patient's commitment to quit and offer of pharmacological or behavioral support, provision of self-help material, or referral to other supportive resources.

A brief intervention of less than 15 minutes can count for Rate 2 numerator compliance. Because reimbursement codes for brief intervention services may require services of at least 15 minutes, such codes would undercount services that qualify for the Rate 2 numerator. Although clinics may bill for SBIRT services when appropriate, this measure (unlike the earlier claims-based CCO SBIRT measure) does not require use of billing codes to determine whether screening or a brief intervention or referral occurred. Documentation in the medical record (e.g., through checkboxes, flowsheets, or other structured data) that a brief intervention was completed is sufficient.

Note – Referral to Treatment: A referral is counted for Rate 2 numerator compliance when the referral is made. Given the challenges of documenting whether a referral was completed (that

is, whether the patient actually saw the provider to whom the patient was referred), numerator compliance is not dependent on referral completion.

Required exclusions for numerator: SBIRT services received in an emergency department (e.g., Place of Service 23) or hospital setting (e.g., Place of Service 21).

Denominator Exclusions and Exceptions – Rate 1 and Rate 2

Required exclusions for denominator: Patients with:

| Exclusions | Value Set Name | Value Set OID |
|--|--|--|
| Active diagnosis of substance use disorder | Substance Use Disorder | 2.16.840.1.113883.3.464.1003.106.12.1001 |
| Engagement in substance use disorder treatment | Substance Use Disorder Treatment | 2.16.840.1.113883.3.464.1003.106.12.1005 |
| Dementia or mental degeneration | Dementia and Mental Degenerations | 2.16.840.1.113883.3.526.3.1005 |
| Hospice care | Discharge to home for hospice care (procedure) | SNOMEDCT Code 428361000124107 |
| Hospice care | Discharge to healthcare facility for hospice care (procedure) | SNOMEDCT Code 428371000124100 |
| Hospice care | Hospice Encounter | 2.16.840.1.113883.3.464.1003.1003 |
| Hospice care | Hospice care [Minimum Data Set] | LOINC Code 45755-6, where HospiceAssessment.result ~ "Yes (qualifier value) SNOMEDCT Code 373066001 |
| Hospice care | Hospice Care Ambulatory | 2.16.840.1.113883.3.526.3.1584 |
| Hospice care | Hospice Diagnosis | 2.16.840.1.113883.3.464.1003.1165 |
| Palliative care | Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal) | LOINC Code 71007-9 |
| Palliative care | Palliative Care Intervention | 2.16.840.1.113883.3.464.1003.198.12.1135 |
| Palliative care | Palliative Care Encounter | 2.16.840.1.113883.3.464.1003.101.12.1090 |
| Palliative care | Palliative Care Diagnosis | 2.16.840.1.113883.3.464.1003.1167 |

Note: As with the earlier, claims-based version of this measure, SBIRT screening and intervention services are designed to prevent Oregon Health Plan members from developing a substance use disorder or for early detection. These services are not intended to treat members already diagnosed with an active substance use disorder or those members already receiving substance use treatment services.

The exclusions for active diagnosis of substance use disorder and for dementia or mental degeneration, apply if they occur before the qualifying encounter (that is, before a visit that puts the patient in the denominator for Rate 1). The exclusions for hospice or palliative care apply if the patient is in hospice or palliative care for any part of the measurement period.

The exclusion for engagement in treatment applies if the patient was engaged in treatment before the qualifying visit and up to one year before the start of the measurement year.

Denominator Exceptions: Any of the following criteria also remove patients from the denominator.

| Exception | Grouping Value Set |
|---|--|
| Patient Reason Patient refuses to participate | Patient Declined 1 (2.16.840.1.113883.3.526.3.1582) |
| Medical Reason(s) Documentation of medical reason for not screening patient (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status) | Medical Reason 1 (2.16.840.1.113883.3.526.3.1007) |

Note: For this SBIRT measure, these exception criteria may be captured using the SNOMED-CT codes in the value sets listed above *or* otherwise captured in a queryable field, such as a checkbox for noting patient refusal of screening. In other words, as the measure steward for this CCO SBIRT measure, OHA uses the same concepts but is less stringent than the measure steward for the depression screening and follow-up measure (CMS2) about how data is captured for these denominator exceptions.

Note: These exceptions could be applied at different points in the SBIRT process. For example, if the patient refuses screening at any point before the needed screening is completed, the patient would be excepted from Rate 1. Because a positive full screen is required for a patient to be counted in Rate 2, a patient who is an exception for Rate 1 would not be counted in Rate 2.

- Patient refuses brief screen = Exception. Patient is not counted in rate 1.
- Patient completes brief screen, which is negative. = Process complete, and patient is numerator compliant for Rate 1.
- Patient completes brief screen, which is positive. Patient then completes full screen. = Process complete for rate 1, and patient is numerator compliant. (If full screen is positive, proceed to evaluate brief intervention or referral for rate 2.)
- Patient completes brief screen, which is positive. Patient then refuses full screen, either before starting or partway through. = Exception. Patient is not counted in rate 1.
- Patient completes full screen, which is positive. Patient then refuses brief intervention or referral to treatment. = Patient is numerator compliant for rate 1 but is not counted for rate 2.

Deviations from cited specifications for denominator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the “eligible as of the last date of the reporting period” rule may be used to identify beneficiaries.

Reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Educational materials and other resources related to EHR-sourced quality measurement can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>
- Value set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>
 - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint: <https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf>
- Additional information on OHA reporting requirements will be available in the Year Eleven (2025) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

Version Control