



The COVID-19 pandemic has not only been a physical health crisis, but it has fueled a major mental and behavioral health crisis as well. There have been significant increases in people struggling with depression, suicidal ideation, anxiety and substance use.

Medical physicians can greatly influence a patient's decision to adjust harmful behaviors or engage in treatment. The information below provides information about how to treat alcohol use disorder and how primary care practices in Oklahoma can enroll in an initiative (Screening, Brief Intervention and Referral to Treatment) to equip their staff with proper training, resources and support to help patients struggling with mental and behavioral health. Also included are statistics about how the pandemic has exacerbated these issues across America.

Treating Alcohol Use Disorder

Some physicians are concerned their patients may be offended by questions about their alcohol consumption. However, evidence suggests the majority of adult patients do not object to alcohol screenings; expect physicians to ask about lifestyle factors that could impact their health; and are open to advice from physicians about their alcohol use. See the chart below for more information.

Agree / Strongly Agree	
"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."	92%
"If my doctor asked me how much alcohol I drink, I would give an honest answer."	99%
"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."	96%
Disagree / Strongly Disagree	
"I would be annoyed if my doctor asked me how much alcohol I drink."	86%
"I would be embarrassed if my doctor asked me how much alcohol I drink."	78%



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Did you know?

SoonerCare covers three medications (one with two formulations) used to treat AUD. Medication assisted treatments are reimbursable for the following medications.

Drug	Pharmacy coverage	OTP coverage	OBOT coverage
ReVia® (naltrexone) oral tablets	Generic required, no PA required	No (no billing code)	No (no billing code, OBOTs not allowed to dispense only administer)
Vivitrol® (naltrexone) 4-week intramuscular injection	No PA required	Yes, no PA	Yes, no PA required
Campral® (acamprosate) oral tablets	Generic required, no PA required	No (no billing code)	No (no billing code, OBOTs not allowed to dispense; only administer)
Antabuse® (disulfiram) oral tablets	Generic required, no PA required	No (no billing code)	No (no billing code, OBOTs not allowed to dispense only administer)

Below is information about SoonerCare’s reimbursement for alcohol or substance use disorder intervention services and depression screenings.



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	Code	Description	Fee Schedule
Alcohol or Substance Abuse Intervention	CPT 99408	Alcohol or substance abuse structured screening and brief intervention services; 15 to 30 minutes.	\$31.28
Depression Screening	CPT 96127	Brief emotional/behavioral assessment. Compensable code for providers to bill when they render a behavioral health screen.	\$4.32
Depression Screening	CPT 96160	Non-compensable code for SoonerCare Choice (Patient-centered medical home) providers to meet their tier requirements of performing an annual behavioral health screening for panel members ages 5 and above.	\$5.00 incentive payment issued quarterly

Knowing where to start can be confusing and navigating the treatment options can seem overwhelming. Please encourage your patients to visit the [Oklahoma Department of Mental Health and Substance Abuse Services' directory](#) to learn about support available to them that will help start their recovery journey.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT is an evidence-based, public health approach that aims to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs and symptoms of depression and suicidality. This integrated approach focuses on identifying risk early and intervening in the health care setting to prevent the onset of more costly disease and addiction. Visit the [Oklahoma Department of Mental Health and Substance Abuse Services \(ODMHSAS\) website](#) for more information about establishing SBIRT protocol at your practice – including training, resources and support.

In collaboration with the ODMHSAS, the Oklahoma Primary Healthcare Improvement Cooperative (OPHIC) is enrolling primary care practices to participate in the SBIRT OK Initiative. Enrollment benefits include:

- Access to electronic screening tools
 - Alcohol Use Disorders Identification Test (AUDIT)
 - Drug Abuse Screening Test (DAST)
 - Patient Health Questionnaire (PHQ-9) for depression



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- Guidance to help practices change workflows and maximize their information technology for SBIRT implementation
- In-practice coaching by trained practice facilitators
- Academic detailing by peer physicians
- Academic detailing guides for physicians in the areas of substance use disorders, depression and suicide prevention
- Tailored training, ongoing technical assistance, resources and support

ODMHSAS also offers a free, CE-certified online training called At-Risk in Primary Care. It is designed to prepare primary care providers to screen patients for mental health and substance use; perform brief interventions using motivational interviewing techniques; and refer patients to treatment.

Maternal Depression Screening at Well-Child (EPSDT) Visits

The American Academy of Pediatrics (AAP) recommends integrating postpartum depression screening and assessment at the one-, two-, four- and six-month well-child (Early and Periodic Screening, Diagnostic and Treatment) visits. SoonerCare providers are encouraged to administer this important screening at these recommended visits. SoonerCare allows reimbursement of maternal depression screening when provided in accordance with the AAP Bright Futures periodicity recommendations. CPT code 96161 is currently reimbursed at \$5.00. AAP recommendations for surveillance, screening tools, follow-up and more can be accessed at <https://pediatrics.aappublications.org/content/143/1/e20183259>.

	Code	Description	Fee Schedule
Maternal Depression Screening— Well-child visit	CPT 96161	Maternal depression screening at well-child visit: Compensable code providers may bill on the child’s SoonerCare ID number when performed on the mother during the child’s EPSDT screening according to the AAP Bright Futures periodicity schedule (currently by one month, two months, four months, six months).	\$5.00



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COVID-19 Impact on Mental Health

Since the onset of the COVID-19 pandemic, people have experienced unprecedented life disruption, isolation, job loss, closing of businesses, COVID-19-related illness, death of loved ones and more.

- According to the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report, at the end of June 2020, 40% of Americans reported experiencing significant emotional upheaval with anxiety, depression, trauma-related symptoms, increased use of substances and suicidal ideation (11% reported seriously considering suicide), which was a higher percentage than in the previous year.
- CDC reported 1 in 10 individuals responding to a survey indicated they had initiated substance misuse as a means of coping with stress induced by COVID-19. These individuals are at increased risk for developing alcohol and other substance use disorders, experiencing overdose and other substance-related adverse events.
- 62% of Americans reported feeling more anxious in 2020 compared with 2019, according to a public opinion poll released by the American Psychiatric Association.

COVID-19 Impact on Alcohol Use Disorder

Substance abuse issues have also seen a major increase during the pandemic.

Alcohol Use During the COVID-19 Pandemic

- Nearly 1 in 4 adults (23%) reported drinking more alcohol to cope with their stress during the COVID-19 pandemic. This proportion jumps to more than half of adults (52%) who are parents with early elementary school-age children.
- NielsenIQ reported increased brick-and-mortar alcohol sales during the pandemic and, at one point, an increase of 234% online alcohol sales compared to the same period in the previous year.
- A study by the Rand Corporation showed a 41% increase in heavy drinking by women during the pandemic. Researchers from Johns Hopkins Bloomberg School of Public Health and the University of Maryland conducted a survey with 832 participants, the majority of whom were white women. They reported a 60% increase in drinking habits during the pandemic.



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