HEDIS® MEASURE
Follow-Up After Emergency Department Visit for Substance Use (FUA)

Measure Overview

Healthcare Effectiveness Data and Information Set (HEDIS®) measures are used across the country to measure population health outcomes. These quality measures help support efforts to improve behavioral health and issues related to substance use. Research suggests that timely follow-up care for individuals with substance use disorder (SUD) who were seen in the emergency department (ED) is associated with a reduction in substance use, future ED use, hospital admissions/readmissions and length of stay.

Measure Description

This measure focuses on follow-up visits for patients 13 years and older with a principal diagnosis of SUD, or any diagnosis of drug overdose for which there was a follow-up appointment. Two rates are reported for follow-up visits after an ED visit:

- A follow-up visit with any provider within seven days of the ED visit (eight total days)
- A follow-up visit with any provider within 30 days of the ED visit (31 total days)

Please Note: This measure **includes** visits and pharmacotherapy events that occur on the date of the ED visit.

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Ways to Improve Measure Performance

Emergency departments can improve their quality scores and help their patients by:

- Assisting the patient or the patient's parent/guardian/caregiver to schedule a seven-day follow-up visit with any provider prior to discharge; it is helpful to have the visit occur within two days of the ED visit to allow flexibility in rescheduling
- Working collaboratively with hospital discharge planners for better care coordination
- Obtaining a release of information and sending discharge paperwork to the appropriate outpatient provider within 24 hours of discharge
- Ensuring the patient has transportation to the follow-up visit
- Educating the patient/parent/guardian/caregiver about services available through their insurance plan, such as transportation, care management and nurse advice line
- Involving the patient/parent/guardian/caregiver in the follow-up plan after an ED discharge
- Assessing the patient's social determinants of health and refer appropriately
- Educating the patient on Medication Assisted Treatment (MAT) services, if appropriate
- Sending a referral to the Care Management Organization (CMO) care management department to provide support to the patient while in the community

Providers can improve their quality scores and help their patients by:

- Reminding patients to bring their discharge paperwork to their initial appointment
- Ensuring patients are aware of the importance of follow-up appointments and adhering to treatment recommendations
- Addressing the SUD identified in the ED during follow-up visits
- Coordinating care between physical and behavioral health providers by:
  - Obtaining a release of information and sharing treatment plans and progress notes
  - Consistently utilizing the diagnosis code for substance use in documentation
- Outreaching to patients who cancel or miss appointments and helping them to reschedule as soon as possible
- Utilizing Peer Recovery Specialists to assist the patient in scheduling behavioral health appointments
- Utilizing telehealth services when appropriate

CareSource Resources

Post-discharge care is essential to providing high quality care and avoiding readmission. CareSource has care coordination programs such as Care Management, Transitions of Care and Job Connect™ designed to positively impact the member's overall health and well-being. Please visit **CareSource.com** or contact Indiana Provider Services for more information.

Marketplace: 1-833-230-2101

Dual Special Needs Plan: 1-833-230-2176

Follow-Up Visit Compliance Codes

Using CPT®, HCPCS and ICD-10 codes improves our ability to capture this data.

TYPE OF VISIT	CODES
Outpatient Follow-Up Visits	**CPT:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 99078, 99201-5, 99211-5, 99221-3, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99408-9, 99411-2, 99483, 99492-4, 99510
	HCPCS: G0155, G0176-7, G0396-7, G0409-11, G0463, G0512, H0001-2, H0004-5, H0007, H0015-6, H0022, H0031, H0034, H0036-7, H0039-40, H0047, H0050, H2000-1, H2010-20, H2035-6, S0201, S9480, S9484, S9485, T1006, T1012, T1015
Behavioral Health Assessment	**CPT:** 98969-72, 99408-9, 99421-23, 99444, 99457-8
	HCPCS: G0071, G0442, G2010-2, G2061-63, G2250-52, H0001-2, H0031, H0049
Telephone Visits	**CPT:** 98966-8, 99441-3
Substance Use Disorder Services	**CPT:** 99408-9
	HCPCS: G0396-7, G0443, G2071, G2074-7, G2080, H0001, H0005-7, H0015, H0022, H0028, H0047, H0050, H2035-6, T1006, T1012
Alcohol or Other Drug Medication Treatment	**HCPCS:** G2067-70, G2072-73, G2086-7, H0020, H0033, J0570-75, J2315, Q9991-2, S0109
Substance Use Disorder Diagnosis	**ICD-10:** F10.920-21, F109.29-32, F10.939, F10.94, F10.950-1, F10.959, F10.96, F10.97, F10.980-2, F10.988, F10.99, F11.90, F11.920-22, F11.929, F11.93-94, F11.950-51, F11.951, F11.959, F11.981-2, F11.988, F11.99, F12.90, F12.920-22, F12.929, F12.93, F12.950-1, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920-1, F13.929-32, F13.939, F13.94, F13.950-1, F13.959, F13.96, F13.97, F13.980-2, F13.988, F13.99, F14.90, F14.920-2, F14.929, F14.93, F14.94, F14.950-1, F14.959, F14.980-2, F14.988, F14.99, F15.90, F15.920-2, F15.929, F15.93, F15.94, F15.950-1, F15.959, F15.980-2, F15.988, F15.99, F16.90, F16.920-1, F16.929, F16.94, F16.950-1, F16.959, F16.980, F16.983, F16.988, F16.99, F18.90, F18.920-1, F18.929, F18.94, F18.950-1, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920-1, F19.922, F19.929, F19.930-1, F19.932, F19.939, F19.94, F19.950-1, F19.959, F19.96, F19.97, F19.980-2, F19.988, F19.99

Please Note: The codes in this document are derived from the National Committee for Quality Assurance (NCQA) HEDIS® Volume 2 Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Submitting claims using these codes helps improve reporting of quality measure performance. Billing these codes does not guarantee payment.

Providers should check the Centers for Medicare & Medicaid Services (CMS) Fee Schedule prior to claim submission.

References:

NCQA HEDIS® MY2022 Follow-Up After Emergency Department Visit for Alcohol and other Drug Abuse or Dependence
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

U.S. Department of Health and Human Services
Best Practices and Barriers to Engaging People with Substance Use Disorders in Treatment

Substance Abuse and Mental Health Services Administration (SAMHSA)
Key Substance Use and Mental Health Indicators in the United States:
Results from the 2018 National Survey on Drug Use and Health

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