



## FOLLOW UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG DEPENDENCE (FUA)

### MEETING THE HEDIS MEASURE

The FUA measure assesses the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

Two rates are reported:

- ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

### WHY IS THE MEASURE IMPORTANT?

In 2016, 20.1 million Americans 13 years of age and over (which is about 7.5% of the population) were classified as having a substance use disorder involving AOD. Individuals receiving treatment in the ED for AOD use may signal a lack of access to care or issues with obtaining ongoing treatment. Follow-up care for individuals with AOD within 7 days of the ED result in a reduction in substance use, future ED use, hospital admissions and total inpatient days.

### TYPES OF VISITS INCLUDED IN THE MEASURE

Any of the following qualifies as a follow-up visit with a principal diagnosis of Alcohol and Other Drug Abuse or Dependence:

- Outpatient office-based care
- Behavioral health outpatient office-based care
- Medication assisted treatment
- Intensive outpatient
- Partial hospitalization
- Community mental health center
- Telehealth
- Telephone
- On-line assessment (E-visit or virtual check-in)
- Observation

Note: Check with member's health plan for specific coverage for these levels of care

### WHAT CAN BE DONE TO HELP MEET THE MEASURE?

**Reach** out to members as soon as you are notified of their Emergency Department (ED) visit to schedule a follow-up appointment within 7 days of discharge. Prompt follow-up for members with a diagnosis of AOD dependence after an ED visit can result in reduction in substance abuse, reduction in further ED use and hospital admissions, reduction in lengths of stay, improved entry into recovery, and better identification and treatment of mental and physical health issues.

**Encourage** members to bring their discharge paperwork to their first appointment.

**Educate** members about the importance of follow-up and adherence to treatment recommendations.

**Use** the same diagnosis for substance use at each follow-up visit (a non-substance diagnosis code will not fulfill this measure).

**Receiving** timely information from hospitals can assist in faster follow-up. Consider utilizing your health information exchange (HIE) to gain more information on ED discharges or by working collaboratively with hospital EDs to obtain data exchange reports on your members seen in the ED for better care coordination.

**Evaluate** your office procedure when a member calls to cancel an appointment. Consider implementing a workflow that encourages staff to outreach to members who cancel appointments and to reschedule as soon as possible.

**Consider** maintaining regular appointment availability in your schedule for members with recent ED visits to ensure they can get an appointment in the designated time frame. This can be especially important around weekends or near holidays when access to a provider's office is more difficult.


**Continuously** educate all your members that if they go to the ED for any reason, it is important to follow-up with their health care providers as soon as possible. Continuous reinforcement may help establish learned behaviors.

### WHAT CAN BE DONE TO HELP MEET THE MEASURE? (continued)

**Encourage** members to sign data sharing agreements that facilitate integrated health care between providers. All providers are encouraged to improve transition of care by connecting members with appropriate behavioral health providers in their area.

**Coordinate** care between behavioral health and primary care physicians by:

- Sharing progress notes and updates
- Including the diagnosis for substance use
- Reaching out to members who cancel appointments and assisting them with rescheduling as soon as possible

 <b>Important Notes</b>
Members who died during the measurement year are now a required exclusion.
ED visits followed by residential treatment (on or within 30 days of ED visit) is now an exclusion.

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

CPT® / CPT® II	
Outpatient Visit with Mental Health Provider or with Diagnosis of Substance Use Disorder or Drug Overdose	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55  Place of Service Code: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Behavioral Health Visit With a Mental Health Provider or With a Diagnosis of Substance Use Disorder or Drug Overdose	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510  Place of Service Code: 52
Visit Setting Unspecified	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55  Place of Service Code: 52
Telehealth Visit With a Mental Health Provider OR With a Diagnosis of Substance Use Disorder OR Drug Overdose	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55  Place of Service Code: 02, 10
Community Mental Health Center Visit With Appropriate Place of Service Code With a Mental Health Provider or With a	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55  Place of Service Code:

## CPT® / CPT® II

Diagnosis of Substance Use Disorder or Drug Overdose	53
Non-Residential Substance Abuse Treatment Facility Visit With Appropriate Place of Service Code With a Mental Health Provider or With a Diagnosis of Substance Use Disorder or Drug Overdose	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 Place of Service Code: 57, 58
Observation visit With a Mental Health Provider or With a Diagnosis of Substance Use Disorder or Drug Overdose	99217-20
Substance Use Disorder Service or Substance Use Behavioral Health Screening or Assessment for Substance Use Disorder or Mental Health Disorders	99408-09
Substance Use Disorder Service or Substance Use Behavioral Health Screening or Assessment for Substance Use Disorder or Mental Health Disorders	99408-09 Place of Service Code:
Telephone Visit With a Mental Health Provider or With a Diagnosis of Substance Use Disorder or Drug Overdose	98966-68, 99441-43 Place of Service Code:
E-Visit or Virtual Check-In with a Mental Health Provider or with a Diagnosis of Substance Use Disorder or Drug Overdose	98969-72, 99421-44, 99457, 99458 Place of Service Code:



## Medications

Drug Category	Medications
One or more medication dispensing events for alcohol abuse or dependence:	
Aldehyde dehydrogenase inhibitor Antagonist	Disulfiram (oral) Naltrexone (oral and injectable)
One or more medication dispensing events for opioid abuse or dependence	
Antagonist Partial agonist	Naltrexone (oral and injectable) Buprenorphine (sublingual tablet, injection, implant)* Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

**Required Exclusions:**

Members in hospice or using hospice services

Members who died

**Timeframe:** Any time during the measurement year

## Place of Service Codes

**Code Location**

02	Telehealth
03	School
05	Indian Health Service free-standing facility
07	Tribal 638 free-standing facility
09	Prison/Correctional facility
10	Telehealth
11	Office
12	Home
13	Assisted living facility
14	Group home
15	Mobile unit
16	Temporary lodging
17	Walk-in retail health clinic
18	Place of employment – worksite

**Code Location**

19	Off-campus outpatient hospital
20	Urgent care facility
22	On-campus outpatient hospital
24	Ambulatory surgical center
33	Custodial care facility
49	Independent clinic
50	Federally qualified health center
52	Psychiatric facility – partial hospitalization
53	Community mental health center
57	Non-residential substance abuse treatment facility
58	Non-residential opioid treatment facility
71	Public health clinic
72	Rural health clinic

## REFERENCES

Follow-up after emergency department visit for alcohol and other drug abuse or dependence. NCQA. (2023, February 3). Retrieved March 10, 2023, from [www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/](http://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/)

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