



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 2022, 48.7 million Americans over 12 years of age (about 17.3% of the population) were classified as having a Substance Use Disorder (SUD). Between 2018 and 2021, the use of ED services for substance use increased 39%, and the rate of ED visits related to substance use went up from 74.4 to 103.8 visits per 10,000 individuals. The ED plays a crucial role in helping individuals with substance use by providing immediate care and timely diagnosis and connecting individuals to further care. This measure focuses on making sure that people leaving the ED after a high-risk substance use event get coordinated care, because they might be at a higher risk of losing touch with the health care system.

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.

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

REQUIREMENTS

Diagnosis of SUD or any diagnosis of drug overdose and ED visit code and date of service

SERVICE DATE RANGE

January 1 through December 1 of the measurement year; the member being 13 years or older on the date of the visit

REQUIRED EXCLUSIONS


- Members in hospice or using hospice services during the measurement year
- Members who have died during the measurement year

CPT® / CPT® II Electronic Clinical Data System (ECDS)	
AOD Medication Treatment	HCPCS: G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
Behavioral Health Assessment	99408, 99409, G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
BH Outpatient	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
ED	99281, 99282, 99283, 99284, 99285
Interactive outpatient encounter	90791
Non-residential Substance Abuse Treatment Facility POS	POS: 57, 58
Online Assessments	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
OUD Monthly Office Based Treatment	HCPCS: G2086, G2087
OUD Weekly Drug Treatment Service	HCPCS: G2067, G2068, G2069, G2070, G2072, G2073

CPT® / CPT® II Electronic Clinical Data System (ECDS)	
ODU Weekly Non Drug Service	HCPCS: G2071, G2074, G2075, G2076, G2077, G2080
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Peer Support Services	HCPCS: G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
Residential Behavioral Health Treatment	HCPCS: H0017, H0018, H0019, T2048
Residential Program Detoxification	HCPCS: H0010, H0011
Substance Use Disorder Services	99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Substance Use Services	HCPCS: H0006, H0028
Telephone visit	99422, 99442 POS: 2, 10
Visit Setting Unspecified	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
ICD-10 Codes	
Substance Abuse Counseling and Surveillance	Z71.41, Z71.51
Substance induced disorders (SUD)	F10.90

*Codes are not all inclusive

**Claims data only, cannot accept data through any other supplemental sources such as data feeds and medical record collection methods.

 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)

REFERENCES

Follow-up after emergency department visit for substance use. NCQA. (2024, February 16). <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-substance-use/>

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