

HEDIS Provider Guide: Follow-up After Emergency Department Visit for Substance Use (FUA)

Measure Description

The percentage of emergency department (ED) visits among members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was a follow-up visit or a pharmacotherapy dispensing event. The following two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days); and
2. The percentage of ED visits for which the member received follow-up within seven (7) days of the ED visit; eight (8) total days.

Exclusions

- Exclude ED visits that result in an inpatient stay.
- Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 30 days after the ED visit, regardless of the principal diagnosis for the admission.
- Exclude ED visits followed by residential treatment on the date of the ED visit or within the 30 days after the ED visit.
- Members in hospice.

Codes to Identify Eligible Population

Description	Codes
ED Visit	CPT: 99281, 99282, 99283, 99284, 99285 UBREV: 0450, 0451, 0452, 0456, 0459, 0981
Substance Use Disorder (principal diagnosis)	ICD10CM: F10-F16, F18-F19
Drug Overdose (any diagnosis)	ICD10CM: T40-T43, T51

Codes to Bill for Follow-up Visits

Diagnosis	with	Type of Visit
Diagnosis of SUD, Substance Use or Drug Overdose or a visit with a mental health provider	with	Visit Setting Unspecified
		CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
		with
		with
ICD10CM: F10-F16, F18-F19, T40-T43, T51	with	Telehealth POS: 02, 10
		Outpatient POS: 03, 05, 07, 09, 11-20, 22, 27, 33, 49, 50, 71, 72
		Intensive Outpatient or partial hospitalization POS: 52 (must be with mental health provider)
with	Community mental health center POS: 53 (must be with mental health provider)	
	Nonresidential Substance Abuse Treatment Facility POS: 57, 58 (must be with mental health provider)	
	Behavioral Health (BH) Outpatient Visit	
with	CPT: 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99510	
	HCPSCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015	
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983	
with	Partial Hospitalization/Intensive Outpatient Visit	

Diagnosis	with	Type of Visit
		HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913
	with	Peer Support Service HCPCS: G0140, G0177, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017
	with	Opioid treatment service billed Weekly – HCPCS: G2074-G2077, G2080 Monthly – HCPCS: G2069, G2086, G2087
	with	Telephone Visits CPT: 98008-98015, 98966-98968, 98979-98981, 99441-99443, 99457, 99458, 99470 HCPCS: G0544
	with	Online Assessments CPT: 98016, 98970-98972, 99421-99423 HCPCS: G0071, G2010, G2012, G2250-G2252

Other Types of Visits

Description	Codes
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 UBREV: 0906, 0944, 0945
Substance Abuse Counseling and Surveillance	ICD10CM: Z71.41, Z71.51
Behavioral Health Assessment	CPT: 99408, 99409 HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Substance Use Services	HCPCS: H0006, H0028
Pharmacotherapy Dispensing Event	HCPCS: G0533, G2067, G2068, G2069, G2073, G2078, G2079, H0020, H0033, J0571-J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 Alcohol Use Disorder Treatment Medications: disulfiram (oral), naltrexone (oral and injectable), acamprosate (oral; delayed-release tablet) Opioid Use Disorder Treatment Medications: naltrexone (oral, injection), buprenorphine (sublingual tablet, injection, implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

How to Improve HEDIS® Scores

- Schedule follow-up appointments within seven (7) days of an ED visit, ideally before the patient leaves the ED. Any type of practitioner, e.g., medical and/or behavioral healthcare providers, can conduct the follow-up visit via telehealth, telephone, or virtual visit/online assessment. Ensure the rendering provider appropriately documents the follow-up visit.
- Encourage patients to enroll in Enhanced Care Management (ECM) at <https://www.blueshieldca.com/en/bsp/medi-cal-members/benefits/enhanced-care-management>. Members who are eligible to enroll in ECM are paired with a care team. The care team helps members make a care plan. ECM services can include connecting members with community and social services. ECM is provided at no cost to you or to the member.
- Contact patients who cancel or miss appointments to assist them with rescheduling as soon as possible.
- Recommend patients to receive Community Health Worker (CHW) services at <https://www.blueshieldca.com/en/bsp/providers/programs/community-healthcare-worker>. CHW services are a covered benefit. CHWs can support patients by offering health education, health navigation, screening, and health advocacy. ECM services include CHW services. Members who are currently enrolled in ECM are not eligible to simultaneously receive CHW services.
- Help patients navigate barriers, such as using their transportation benefit, for follow-up visits.
- Use the appropriate diagnosis codes for abuse or dependence (AOD), substance use, or drug overdose at each follow-up visit or ensure visits are with a mental health provider.
- Consider referring the patient to a behavioral health provider to engage the patient in ongoing treatment, if appropriate. Ensure the patient signs the appropriate authorization and disclosure forms for sharing information.

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