

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Patient Profile

MVP members age 13 or older with a principal diagnosis of **alcohol or other drug (AOD) abuse or dependence** and have had an emergency department (ED) visit, who need a follow-up visit for AOD within 7 days of the ED visit (8 total days) and then again within 30 days of the ED visit (31 total days).

Measure Details

The 7-day follow-up appointment can occur on the same date as the ED visit. Telephone visits count for both the 7- and 30-day follow-up visit. The follow-up visits can be with any provider as long as the principal diagnosis for the visit is due to alcohol or other drug abuse or dependence.



How to Implement Best Practices and Improve Performance

- Reach out to patients as soon as you are notified of their ED visit to schedule a follow-up appointment. Prompt follow-up for patients 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.
- 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 ED's to obtain data exchange reports on your patients seen in the ED for better care coordination.
- Evaluate your office procedure when a patient calls to cancel an appointment. Consider implementing a workflow that encourages staff to outreach to patients who cancel appointments and to reschedule as soon as possible.
- Consider maintaining regular appointment availability in your schedule for patients with recent ED visits to ensure they have the ability to 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 patients 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 patients to sign data sharing agreements that facilitate integrated health care between providers.
- All providers are encouraged to improve transitions of care by connecting patients with appropriate behavioral health providers in their area.

Information related to all 2021 HEDIS measures has been extracted from the NCQA 2021 HEDIS Technical Specifications Volume 2.

2021 Coding for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Codes for FUA	Use of these codes will make the member a pass for FUA
Alcohol or other drug (AOD) abuse or dependence	ICD-10 CM: F10.10, F10.120-F10.129, F10.14-F10.159, F10.180-F10.20, F10.220-F10.29, F11.10, F11.12-F11.20, F11.220-F11.29, F12.10, F12.120-F12.20, F12.220-F12.29, F13.10, F13.120-F13.20, F13.220-F13.29, F14.10, F14.120-F14.20, F14.220-F14.29, F15.10, F15.120-F15.20, F15.220-F15.29, F16.10, F16.120-F16.20, F16.220-F16.29, F18.10, F18.120-F18.20, F18.220-F18.29, F19.10, F19.120-F19.20, F19.220-F19.29
ED Visit	CPT: 99281-99285
	SNOMED CT US: 4525004
	UB Rev: 0450-0452, 0456, 0459, 0981
IET POS Group 1	POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 71-72
IET POS Group 2	POS: 02, 52, 53
IET Stand Alone Visits	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-39397, 99401-99404, 99408-99409, 99411-99412, 99510
	HCPCS: G0155, G0176-G0177, G0396-G0397, G0409-G0411, G0443, G0463, H001-H0002, H0004-H0005, H0007, H0015-H0016, H0022, H0031, H0034-H0037, H0039, H0040, H2000-H2001, H2010-H2021, H2035-H2036, M0064, S0201, S9480, S9484-S9485, T1006, T1012, T1015
	SNOMED CT US: 14736009, 17436001, 30346009, 32142009, 37667001, 37894004, 40274000, 60112009, 60689008, 69399002, 76464004, 83362003, 86181006, 90817005, 105395007, 108224003, 117250008, 117251007, 165309004, 171047005, 171208001, 225885004, 313071005, 371883000, 385781007, 405778003, 408933008, 408934002, 408935001, 408936000, 408941008, 408942001, 408943006, 408944000, 408945004, 408946003, 408947007, 408948002, 409063005, 409066002, 409071009, 410273004, 410314003, 410321003, 413473000, 426928008, 710355008, 710893009, 733810001, 429291000124102, 448571000124105
	UB Rev: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944-0945, 0982-0983
IET Visits Group 1	CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876
IET Visits Group 2	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255
Observation	CPT: 99217-99220
Online Assessment	CPT: 98969, 99444
Telephone Visits	CPT: 98966-98968, 99441-99443
	SNOMED CT US: 11797002, 185317003, 314849005, 386472008, 386473003, 386479004

**2021 Coding for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
(continued)**

Exclusion from FUA	The following codes excludes members from passing this measure.
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-6
	SNOMED CT US: 183919006, 183920000, 183921001, 305336008, 305911006
	UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-8
	HCPCS: G08182
	SNOMED CT US: 170935008, 170936009
Inpatient Stay	UB Rev: 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002