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

By collaborating, we can improve health outcomes for your patients, our members. This MDwise tip sheet provides best practices and tips that can optimize HEDIS scores and identify opportunities to improve patient care.

What Is the Measure?

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 follow-up.

Two (2) 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).
- 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Follow-Up Care:

Follow-up may include an outpatient visit, intensive outpatient visit, partial hospitalization, telehealth, telephone visit or pharmacotherapy dispensing appointment (methadone or buprenorphine/naloxone). No diagnostic information is required if follow-up care occurs with a behavioral health provider.

IHCP-Covered Codes to Identify Follow-Ups for FUA:

Common Value Set Codes

Abuse and Dependence (AOD)	ICD10CM: F10.1xx, F10.2xx, F11.1xx, F11.2xx, F12.1XX, F12.2xx, F13.1xx, F13.2xx, F14.1xx, F14.2xx, F15.1xx, F15.2xx, F16.1xx, F16.2xx, F18.1xx, F18.2xx, F19.1xx, F19.2xx		
Substance-Induced Disorders	ICD10CM: F10.9xx, F11.9xx, F12.9xx, F13.9xx, F14.9xx, F15.9xx, F16.9xx, F18.9xx, F19.9xx		
Unintentional Drug Overdose	ICDIOCM: T40.0xxx, T40.1xxx, T40.2xxx, T40.3xxx, T40.411x, T40.414x, T40.421x, T40.424x, T40.491x, T40.494x, T40.5xxx, T40.601x, T40.604x, T40.691x, T40.694x, T40.711x, T40.714x, T40.721x, T40.724x, T40.8xxx, T40.901x, T40.904x, T40.991x, T40.994x, T41.0xxx, T41.1xxx, T41.201x, T41.204x, T41.291x, T41.3xxx, T41.41xx, T41.44xx, T41.5xxx, T42.3xxx, T42.4xxx, T43.601x, T43.604x, T43.621x, T43.624x, T43.631x, T43.634x, T43.641x, T43.644x, T43.651x, T43.654x, T43.694x, T51.0xxx		
Visit Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 992 99233, 99238, 99239		

Behavioral Health Specialty Provider* Billing Combinations

Follow-up Visit Type	Required Code/Value Set Code	Required Places of Service (POS) Code/Value Set Code
Outpatient Visits	Visit Setting Unspecified Value Set	03, 05, 07, 11-20, 22, 33, 49, 50, 71, or 72
	CPT: 98960-98962, 99202-99205, 99211-99215, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401 HCPCS: G0463, H0031, H0034, H2000, H2011, T1015 REV: 510, 513, 515-517, 519-521, 523, 900, 914-916, (H2014, H2017, H2019)**	
Intensive Outpatient Visit	Visit Setting Unspecified Value Set	52
	HCPCS: H0035, S9480, S9484, S9485, H2012** REV: 905, 907, 912, 913	-
Non-residential Substance Abuse Treatment Facility Visit	Visit Setting Unspecified Value Set	57 or 58
Community Mental Health Center (CMHC) Visit	Visit Setting Unspecified Value Set	53
Telehealth Visit	Visit Setting Unspecified Value Set	02 or 10
E-visit or Virtual Check-in Visit	CPT: 98980, 98981, 99457, 99458	-

^{*}Behavioral Health Specialty Providers: Psychologists, Psychiatrists, Licensed Clinical Social Workers, Psychiatric/Mental Health Nurse Practitioners/Clinical Nurse Specialists, Psychiatric Physician Assistants, Licensed Mental Health Counselors and Licensed Marriage and Family Therapists.

^{**}These HCPCS codes are covered by Medicaid Rehabilitation Option (MRO) when billed by a Community Mental Health Center (CMHC). MRO claims for MDwise members must be billed separately and submitted to the IHCP Fee For Service (FFS) claim-processing unit. Providers should refer to the Indiana Health Coverage Programs (IHCP) MRO Services Module for further billing instructions.

