

## 2023 Quality Measure Highlight

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

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here to help you. We are sharing the 2023 Quality Measure Highlight: Follow-Up After Emergency Department Visit for Substance Use (FUA) to provide a snapshot of the Healthcare Effectiveness Data and Information Set® (HEDIS®) technical specifications and suggested best practices to help meet the measure.

For more information, please contact the Alliance Quality Improvement (QI) Department at [deptQIteam@alamedaalliance.org](mailto:deptQIteam@alamedaalliance.org).

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**Measure Description:** For members age 13 years and older who go to the emergency department (ED) with a diagnosis of substance use disorder (SUD)/drug overdose, the percentage of ED visits for which there was a follow-up visit within 30 days.

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**Identifying Visits for Inclusion:** If a member has more than one (1) ED visit in a 31-day period, only the first substance use-related visit is included. After 31 days, the member may have another eligible ED visit to include in this measure.

<b>Example:</b>	<ul style="list-style-type: none"> <li>A patient visits the ED on January 1 for an overdose, then again for drug abuse on January 15. ➔ Only the visit on January 1 counts in the denominator.</li> </ul>
	<ul style="list-style-type: none"> <li>The patient visits the ED for another overdose on February 1. ➔ This visit also counts in the denominator.</li> </ul>

**Denominator:** ED visits for a diagnosis of SUD/drug overdose for members age 13 and older.

**Please Note:** The denominator for this measure is based on **ED visits**, not on the patients. A patient *may* be included in this measure more than once.

**Numerator:** A follow-up visit or pharmacotherapy dispensing event within 30 days after the ED visit. Includes visits and pharmacy dispensing events that occur on the date of the ED visit.

Follow-up visits are compliant when conducted by:

- A mental health provider, or
- Any provider when the visit includes a diagnosis of SUD or overdose.

For example, if a general practitioner conducts a follow-up outpatient visit it must include a SUD or overdose diagnosis in order to count.

**Important things to note:**

- Any provider who can code a visit with a qualifying CPT code may conduct the follow-up visits or services.
  - An outreach/scheduling or care coordination call alone **does not** count as a follow-up visit.
  - Qualifying medications include naltrexone, buprenorphine (alone or with naloxone), disulfiram, and acamprosate. These medications must be **dispensed** in order to count.
  - A qualifying follow-up visit may be conducted by a provider outside of your clinic/office.
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### Exclusions

**Visits:** ED visits that result in or are followed by admission (regardless of principal diagnosis) or residential treatment on the date of the ED visit or within 30 days after the ED visit.

**Members:** Those who were in hospice or who died at any time during the measurement year.

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## Best practices

<b>Data</b>	<ul style="list-style-type: none"> <li>• If you use an electronic health record (EHR), set up automatic alerts for patient ED visits.</li> <li>• If you are not already integrated with an ED's EHR, participate in a Health Information Exchange (HIE) to obtain visit records.</li> <li>• If you work with paper charts, define staff responsibilities to review and triage incoming visit reports.</li> <li>• The Alliance can also send ED visit reports upon request; use these reports to arrange follow-up.</li> </ul>
<b>Care Coordination</b>	<ul style="list-style-type: none"> <li>• Establish a workflow in your practice to review records for visits that need follow-up.</li> <li>• Work with a hospital social worker or care coordinator who can schedule follow-up visits for the patient before discharge.</li> <li>• Once a follow-up visit is scheduled, establish workflows to provide member reminder calls.</li> <li>• Connect patients with care coordinators or community health workers to address any access barriers.</li> <li>• Consider telehealth appointments to remove barriers around transportation and patient schedule.</li> </ul>

## Codes for Follow-up Visits

The following visit codes meet the requirements for the measure and are reimbursable under Medi-Cal.

Type	Code
<b>Alcohol and Other Drugs (AOD) Medication Treatment</b>	H0033, J2315, Q9991, Q9992, S0109
<b>Behavioral Health (BH) Care Outpatient Visit</b>	98960, 98961, 98962, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99483, 99492-99494
<b>Behavioral Health Assessment</b>	G0442, H0049
<b>E-visit or Virtual Check-In</b>	99457, 99458
<b>Opioid Use Disorder (OUD) Medication Treatment</b>	G2086, G2087
<b>Peer Support Service</b>	T1016
<b>Visit with Setting Unspecified</b>	90791, 90792, 90832, 90833, 90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99251-99255  <i>With</i> <b>Place of Service (POS)</b> 2, 10, 11, 49, 50, 52, 53, 57, 58

**Please Note:** This is not an exhaustive list.

**Reminder:** Visits must be conducted **either** by a mental health provider **or** by another provider with any diagnosis of SUD, substance use, or drug overdose.

For any questions about acceptable visit types, please email the Alliance QI Department [deptQIteam@alamedaalliance.org](mailto:deptQIteam@alamedaalliance.org).