Follow-Up After Emergency Department Visit for Substance Use (FUA)
HEDIS Tip Sheet MY 2024

Measure definition
The percentage of emergency department (ED) visits for members ages 13 and older with a principal diagnosis of substance use disorder (SUD) or any
drug overdose diagnosis and who had a follow-up visit

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicaid Medicare	NCQA Accreditation NCQA Health Plan Ratings	Administrative and Claim/Encounter Data

Two rates are reported:
1. The percentage of ED visits for which the member received follow-up for ED visits within the 7 days after the ED visit (8 days total).
2. The percentage of ED visits for which the member received follow-up for ED visits within the 30 days after the ED visit (31 days total).

Best practices for quality of care
- Facilitate appointments for timely follow up care.
    - If not treating the member directly, refer the member to be seen by a behavioral health provider within seven days of discharge if possible, and prioritize scheduling an appointment within 30 days of discharge if seven days is not possible.
    - Encourage the use of telehealth appointments when in-person visits are not feasible or preferred by the member, ensuring continued access to care.
    - Provide reminder calls to confirm appointments.
    - Reach out proactively within 24 hours if the member does not keep a scheduled appointment to schedule another.
    - Be aware of barriers affecting the member's ability to keep appointments, such as transportation, interpreter needs or equipment needed for telehealth visit (cell phone etc.).
- Confirm who the member's PCP is and keep them informed.
    - Ensure communication between the PCP and the behavioral health practitioner.
    - Share care transition plans with the PCP.
    - If the member does not have a PCP, instruct them to select one by contacting WellSense Member Services using the phone number on their WellSense ID card.

Quality score improvement tips
- Encourage members to bring their discharge paperwork to their first appointment.
- Use appropriate documentation and correct coding. A non-substance diagnosis code will not fulfill this measure.
- Maintain appointment availability for patients with recent ED visits.
- Explain the importance of follow up to your patients.

HEDIS Tip Sheets are designed to help WellSense Providers improve and record the quality of care delivered to WellSense members across key metrics.

- Telehealth and telephone visits with a behavioral health provider are acceptable, so encourage their use when appropriate.
- Follow-up visits and pharmacotherapy events can occur on the same date of the ED visit.

Exclusions

- Members who used hospice services or elected to use a hospice benefit anytime during the measurement year.
- Members who died any time during the measurement year.
- Members who were admitted to inpatient care or residential treatment on the date of or within 30 days of their ED visit.

Numerator codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT	99408-99409	Behavioral Health Screening or Assessment
CPT	98960-99510	Behavioral Health Outpatient visits
CPT	99408-99409	Substance Use Disorder
CPT	98966-98968, 99441-99443	Telephone Visits
HCPCS	G2250-G2252	E-visit/Online Assessments
HCPCS	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting
HCPCS	G0411	Interactive group psychotherapy, in a partial hospitalization setting
HCPCS	H0002	Behavioral health screening to determine eligibility for admission to treatment program
HCPCS	H0004	Behavioral health counseling and therapy
HCPCS	H0001, H0005-H0007	Substance Use Disorder
HCPCS	H0035	Mental health partial hospitalization, treatment,
HCPCS	H0036, H0037	Community psychiatric supportive treatment
HCPCS	H2011	Crisis intervention service
HCPCS	H2012	Behavioral health day treatment
HCPCS	H2013	Psychiatric health facility service
HCPCS	H2015, H2016	Comprehensive community support services
HCPCS	H2017, H2018	Psychosocial rehabilitation services
HCPCS	H2019, H2020	Therapeutic behavioral services
HCPCS	S0201	Partial hospitalization services
HCPCS	S9480	Intensive outpatient psychiatric services
HCPCS	S9484, S9485	Crisis intervention mental health services

ICD 10	F10	Alcohol related disorders
ICD 10	F11	Opioid related disorders
ICD 10	F12	Cannabis related disorders
ICD 10	F13	Sedative, hypnotic, or anxiolytic related disorders
ICD 10	F14	Cocaine related disorders
ICD 10	F15	Other stimulated related disorders
ICD 10	F16	Hallucinogen related disorders
ICD 10	F18	Inhalant related disorders
ICD 10	T40	Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics (hallucinogens)

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.