



# Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

## Why Is Follow-Up Important?

Multiple trips to the emergency department (ED) for people with alcohol or other drug abuse or dependence (AOD) may mean they lack access to care or have issues with continuity of care. Timely follow-up care for individuals with AOD seen in the ED often reduces substance use, future ED use, hospital admissions and length of hospitalizations.<sup>1</sup> A 2018 study showed that an estimated 21.2 million people 12 years old and older had a substance use disorder but only 3.7 million received treatment, less than 20%.<sup>2</sup>

## Follow-Up Documentation<sup>3</sup>

Document follow-up visits for alcohol or other drug (AOD) abuse or dependence in members 13 years and older after a principal diagnosis of AOD abuse or dependence during an ED visit.

Two rates are reported for follow-up visits after an ED visit:

- **Within 7 days** of the ED visit (8 total days)
- **Within 30 days** of the ED visit (31 total days)

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

## Medical Record Documentation and Best Practices

Emergency departments can improve their quality score and help our members by:

- Assisting members with scheduling an in-person or telehealth visit within 7 days
- Educating members about the importance of following up with treatment
- Focusing on member preferences for treatment, allowing the member to take ownership of the treatment process
- Sending discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.

Providers can improve their quality score and help our members by:

- Encouraging members to bring their discharge paperwork to their first appointment
- Educating members about the importance follow-up and adherence to treatment recommendations
- Using the same diagnosis for substance use at each follow-up visit (a non-substance diagnosis code will not fulfill this measure)
- Coordinate care between behavioral health and primary care physicians by:
  - Sharing progress notes and updates
  - Including the diagnosis for substance use
  - Reaching out to members who cancel appointments and assisting them with rescheduling as soon as possible

## Behavioral Health Codes

### Coding Instructions

Use CPT®, HCPCS and ICD-10 to close care gaps

### Initiation, Engagement and Treatment Follow-Up Visits

**CPT:** 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-50, 99384-7, 99394-7, 99401-4, 99408-9 99411-2, 99483, 99510

### Alcohol Counseling or Other Follow-Up Visits

**CPT:** 99408-9

**HCPCS:** G0396-7, G0443, H0005, H0007, H0016, H0022, H0050, H2035-6, T1006, T1012

### AOD Medication Treatment

**HCPCS:** G2067-77, G2080, G2086-7, H0020, H0033, J0570, J0571-5, J2315, Q9991-2, S0109

### Substance Use Disorder Diagnosis Codes

**ICD-10:** F10-16.xx, F18-19.xx

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1 NCQA HEDIS MY 2020 & MY 2021, HEDIS measure for FUA; <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/>

2 Substance Abuse and Mental Health Services Administration (SAMHSA), Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health, page 3; <https://www.samhsa.gov/>

3 NCQA HEDIS MY 2020 & MY 2021 Technical specifications for health plans, volume 2, Washington DC, 2020