

Primary care/medical provider:

## Follow-up care for substance use disorders can improve outcomes



**One of the best things we can do for members who have been diagnosed with a substance use disorder is to ensure they get connected with follow-up care in a timely manner.** *Educating members on the importance of treatment for their condition and assisting the member in making follow-up appointments with a treating provider can go a long way toward improving outcomes.*

According to the National Institute on Drug Abuse, “**most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.**”<sup>i</sup> Additionally, substance use disorder treatment (including medication-assisted treatment) has shown to reduce mortality and AOD-related morbidity rates.<sup>ii iii</sup>

As a primary care or other medical provider, you play a vital role in helping members receive **timely initiation and engagement of alcohol and other drug (AOD) abuse or dependence treatment (IET).**

- Educate yourself and all staff about the IET measure and clinical practice guidelines.
- Try to schedule the follow-up appointments before the patient leaves the hospital. Same-day outpatient visits **do not count**.
- Make sure that the patient has at least three appointments before they leave the visit – One within **14 days** of diagnosis and another two within the **34 days** following the initial appointment.
- If you are not going to care for the patient after discharge from the facility or following the visit, make sure that the **referral process is secured**, that you’ve transitioned the treatment plan to the behavioral health provider and the primary care provider who will care for the patient after the hospitalization.
- If the patient is an adolescent, be sure to engage parents/caregivers in the treatment plan at the time of discharge. Advise them about the importance of these follow-up appointments.
- **Educate patients on the diagnosis and treatment options** and encourage the member to discuss any concerns with you if he/she is not ready to engage in treatment.
- Inform the member of the diagnosis and treatment options and provide educational materials on the diagnosis and treatment, as well as **community resources** available in their area (such as Narcotics Anonymous or Alcoholics Anonymous).
- Use correct diagnosis and procedure codes.
- Submit claims and encounter data in a timely manner.
- Consider the use of a **screening tool** during your assessment, such as the CAGE-AID. *You can access this tool from the Magellan PCP Toolkit at [www.MagellanPCPtoolkit.com](http://www.MagellanPCPtoolkit.com) > Diagnostic Tools > Screening Tools.*
- **Refer the patient to a behavioral health provider** for psychosocial support and skill building. *For assistance in identifying a behavioral health practitioner to whom you can refer your patients, please call the number listed on the back of the patient’s benefits ID card.*

- Work with Magellan discharge planners to optimize discharge plan after detoxification, emergency department visit, or any other inpatient or outpatient episode where the AOD diagnosis is determined.
- **Reach out to Magellan** if your patient visits an area emergency department for comorbid conditions to any related AOD issue and is discharged to home following the emergency department visit.

## About the IET measure

The National Committee for Quality Assurance’s Healthcare Effectiveness Data and Information Set (HEDIS®) IET measure evaluates the percentage of members 13 years and older who received the following:

- *Initiation of AOD Treatment*: Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) **within 14 days** of the diagnosis and have a 60-day negative diagnosis history of AOD.
- *Engagement of AOD Treatment*: Members who initiated treatment and who had two or more additional AOD services or MAT **within 34 days** of the initiation visit.

## Coding IET visits

CPT Coding	HCPCS	UB Revenue/Point of Service
Stand-alone visits		
96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-387, 99394-99397, 99401-99404, 99408-99411, 99412, 99510	G0155, G0176, G0177, G0396, G0397, G0409 -G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034- H0037, H0039, H0040, H0047, H2000, H2001, H2010- H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983
Visits – group 1		
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849,90853,90875,90876		02—Telehealth 03—School 05—Indian Health Service Free-standing Facility 07—Tribal 638 Free-standing Facility 09—Prison/Correctional Facility 11—Office 12—Home 13—Assisted-living Facility 14—Group Home 15—Mobile Unit 16—Temporary Lodging 17—Walk-in Retail Health Clinic 18—Place of Employment—Worksite 19—Off-campus Outpatient Hospital

CPT Coding	HCPCS	UB Revenue/Point of Service
		20—Urgent Care Facility 49—Independent Clinic 50—Federally Qualified Health Center 52—Psychiatric Facility—Partial Hospitalization 53—Community Mental Health Center 57—Non-residential Substance Abuse Treatment Facility 71—Public Health Clinic 72—Rural Health Clinic
Visits – group 2		
99221-99223,99231-99233,99238,99239, 99251-99255		02—Telehealth 52—Psychiatric Facility—Partial Hospitalization 53—Community Mental Health Center
Telephone visits		
98966-98968, 99441-99443		
Online assessments		
98969, 99444		

Providers should always bill codes appropriate to the services rendered. Participating providers should consult their contract and the member's benefits to confirm whether a particular code is a covered service.

CPT Coding	HCPCS	UB Revenue/Point of Service
If the initiation of AOD treatment was not a visit for dispensing medication-assisted treatment (MAT), one or more of the MAT visits, beginning the day after through 33 days after the initiation visit (total of 34 days), meets compliance.		
	H0020, H0033, J0571-J0575, J2315, S0109	If the Initiation of AOD treatment was a MAT dispensing event, two or more engagement events must occur where at least one visit is other than a MAT visit.

**Thank you for your continued collaboration! The tips above align with NCQA requirements and – more importantly – help members receive the services they need.**

<sup>i</sup> <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment>

<sup>ii</sup> <https://www.samhsa.gov/medication-assisted-treatment>

<sup>iii</sup> National Institute on Drug Abuse (NIDA). (2018). How effective is drug addiction treatment? <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment>