

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)



Why is the FUI Measure Important?

Timely follow up and continuity of care after being discharged from high-intensity services for a diagnosis of substance use disorder (SUD) is critical. Individuals receiving treatment for SUD in these settings are vulnerable to losing contact with the healthcare system.¹



What is the FUI Measure Looking At?

This measure assesses the percentage of acute inpatient hospitalizations, residential treatments, or withdrawal management visits for a diagnosis of substance use disorder among members ages 13 and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

- 1** A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder **within 30 days after the visit** or discharge.
- 2** A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder **within 7 days after the visit** or discharge.

(continued)

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What is Included?	What is Excluded?
<ul style="list-style-type: none"> ✓ Medicaid and Medicare members age 13+. ✓ The denominator is based on all episodes between January 1 and December 1 of the measurement year. ✓ Only follow-up visits that occur after episode/discharge count toward measure compliance. 	<ul style="list-style-type: none"> ✗ Nonacute inpatient stays, other than behavioral health is excluded from the denominator. ✗ Follow-up for withdrawal management (detox) events are excluded from the numerator. ✗ Members in hospice or who died during the measurement year.



What Can You Do to Help?

- ✓ Offer virtual, telehealth, and phone visits.
- ✓ Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making and a relapse prevention plan.
- ✓ Consider Medication Assisted Treatment (MAT) options for patients with alcohol or opioid use disorder and maintain appointment availability.
- ✓ Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- ✓ Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.
- ✓ Provide integrated/coordinated care between the physical and behavioral health providers to address any comorbidity.
- ✓ Reinforce the treatment plan and evaluate any medication regimen considering presence/absence of side effects, etc.
- ✓ Partner with the health plan to address social determinants, health equity, and quality care.
- ✓ Provide timely submission of claims and code substance related diagnosis and visits correctly.



How is FUI Adherence/Compliance Met?

The measure is met when the member adheres to a 7-day follow-up visit or event with any practitioner for a principal diagnosis of SUD. If follow-up did not occur within 7 days, it must occur within 30 days after discharge.

*ICD-10 Diagnosis Codes

Substance Use Disorders: F10.XX – F19.XX (excludes remission codes)

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**CPT and HCPCS Visit Codes

Outpatient Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255	BH Outpatient: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510	Partial Hospitalization/Intensive Outpatient: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485
Telephone: 98966-98968, 99441-99443	Online Assessment (Virtual/E-visit): 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, G0071, G2010, G2012, G2061, G2062, G2063	Observation Visit: 99217, 99218, 99219, 99220
Substance Use Disorder Services: 99408, 99409, G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	Medication Assisted Treatment: H0033, J0570-J0575, J2315, Q9991, Q9992, G2077, G2080, G2086-87	Residential Behavioral Health: H0017, H0018, H0019, T2048

POS Visit Codes

Outpatient: 03, 05, 07, 09, 11-20, 22, 33, 49-50, 71-72	Community Mental Health Center: 53	Partial Hospitalization: 52
Telehealth: 02	Ambulatory Surgical Center: 24	Non-residential Substance Use Facility: 57, 58



Additional Support:

- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
- Provider Clinical Support Systems (PCSS): www.pcssnow.org – Answers from clinicians in real time



We are committed to the care and wellbeing of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website Wellcareky.com for additional tools and local resources, or contact a Provider Relations or Quality Improvement Specialist for assistance.

References:

1. Care Coordination. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/ncepcr/care/coordination.html>
2. National Committee for Quality Assurance. (n.d.b.). HEDIS® and performance measurement. <https://www.ncqa.org/HEDIS/>

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients.

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*2023 ICD-10 Diagnosis Codes

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