

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

Please note: The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

Lack of either access to care or continuity of care leads to high emergency department (ED) use for those with substance use disorder (SUD).¹ Reduction in substance use, ED use and hospital admissions can result from timely follow-up.¹ The FUA measure evaluates the percentage of eligible ED visits with measure-compliant follow-up.

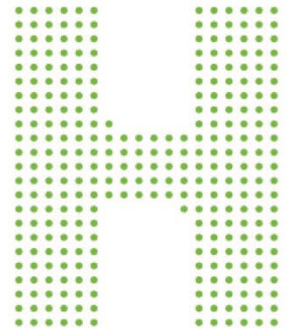
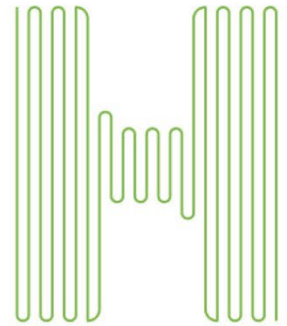
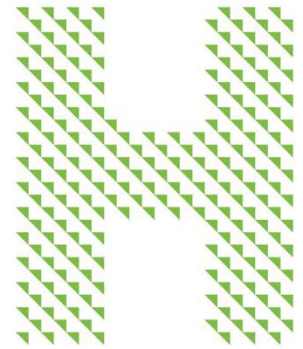
Measure description

The percentage of ED visits among members 13 years old and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)
- The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days)

Who is included in the FUA measure?

Patients 13 years old and older with a principal diagnosis of SUD or any diagnosis of drug overdose



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Addressing the measure

Follow-up visit with any practitioner, with a principal diagnosis of SUD, substance use or drug overdose within seven days after the ED visit (eight days), or within 30 days after the ED visit (31 days). The following meet criteria:

- Outpatient visit
- Intensive outpatient encounter or partial hospitalization
- Non-residential substance abuse treatment facility visit
- Community mental health treatment center visit
- Observation visit, telephone visit, e-visit or virtual check-in
- Peer support service
- Opioid treatment service that bills monthly or weekly
- Pharmacotherapy dispensing event
- Behavioral health screening or assessment for SUD or mental health disorders
- SUD or substance use service

Measure best practices

- Use correct coding, and submit claims and encounter data in a timely manner.
- Emphasize to patients the importance of follow-up care and instruct them to notify the office within 24–48 hours post-discharge from the ED.
- Reach out to patients to schedule a follow-up appointment promptly after notification of ED visit.
- Prioritize follow-up appointments for ED visits and reschedule patients who do not keep their initial appointment within 24 hours.

Exclusions

- ED visits that result in an inpatient stay on or within 30 days of the ED visit
- ED visits followed by residential treatment on the date of the ED visit or within 30 days
- Patients in hospice or using hospice services
- Patients who died anytime during the measurement year

Common International Classification of Diseases, Tenth Revision (ICD-10) codes for SUD and drug overdose include but are not limited to: F1010, F1110, F1210, F1310, F1410, F1510, F1610, F1810, F1910, T40.1X1A, T40.411A, T42.4X1A. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year <2023>: Volume 2: Technical Specifications for Health Plans report.

1. NCQA (n.d.) Follow-Up After Emergency Department Visit for Substance Use (FUA). Retrieved on <March 1, 2024>, from www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-substance-use/

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