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 (SUD) 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."** [i] Additionally, SUD treatment (including medication-assisted treatment) has shown to reduce mortality and substance use-related morbidity rates.[ii] [iii]

As a primary care or other medical provider, you play a vital role in helping members receive **timely initiation and engagement of SUD treatment.**

- Collaborate with inpatient facilities on scheduling follow-up appointments before the patient leaves the hospital.
- If you are not going to care for the patient after discharge from the facility, make sure that the **referral process is secured** and that you've transitioned the treatment plan to the behavioral health or substance use treatment 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. Advise them about the importance of these follow-up appointments.
- **Educate patients on the diagnosis and treatment options** and encourage them to discuss any concerns with you if they are not ready to engage in treatment.
- 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.
- **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.*
- **Reach out to Magellan** if your patient visits an area emergency department for comorbid conditions to any related SUD issue and is discharged to home following the emergency department visit.

About the HEDIS® IET measure

The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Initiation and Engagement of Substance Use Disorder Treatment (IET) measure evaluates the percentage of new SUD episodes that result in treatment initiation and engagement for patients 13 years and older. Two rates are reported:

- **Initiation of SUD Treatment.** The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.
- **Engagement of SUD Treatment.** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Coding IET visits

CPT Coding	HCPCS	UB Revenue/Point of Service
Behavioral health outpatient visits		
99483; 98961; 98962; 98960; 99345; 99342; 99344; 99341; 99350; 99348; 99349; 99347; 99510; 99385; 99386; 99387; 99384; 99382; 99381; 99383; 99494; 99492; 99245; 99243; 99244; 99242; 99205; 99203; 99204; 99202; 99211; 99215; 99213; 99214; 99212; 99395; 99396; 99397; 99394; 99392; 99391; 99393; 99078; 99401; 99402; 99403; 99404; 99411; 99412; 99493	G0176; H0040; H0039; H0004; H0002; T1015; H0037; H0036; H2015; H2016; H2010; H2000; H2011; G0463; H0034; H0031; H2013; H2017; H2018; G0512; G0155; H2014; G0409; H2019; H2020; G0177	0904; 0917; 0983; 0521; 0517; 0523; 0916; 0510; 0520; 0900; 0915; 0522; 0914; 0902; 0919; 0519; 0529; 0982; 0515; 0903; 0513; 0911; 0516; 0526; 0528; 0527
Substance use disorder services		
	H0001; H0022; H0050; H0007; H0005; H0015; H0016; H0047; H2036; H2035; G0396; G0397; T1006; T1012; G0443	0945; 0944; 0906
Opioid use disorder (OUD) weekly drug treatment service and OUD monthly office-based treatment		
	G2072; G2070; G2069; G2068; G2067 G2073; G2087; G2086	
Intensive outpatient or partial hospitalization		
	G0410; S9480; G0411; H0035; S0201; H2001	0907; 0905; 0913; 0912
Telehealth and telephone visits		
98967; 98968; 98966; 99442; 99443; 99441		02—Telehealth provided other than in patient's home 10 – Telehealth provided in patient's home

CPT Coding	HCPCS	UB Revenue/Point of Service
Online assessments		
99422; 99423; 99421; 98971; 98972; 98970; 99458; 99457; 98981; 98980	G2252; G2012; G2251; G0071; G2250; G2010	
Medication administration events: For SUD episodes that had at least one weekly/monthly opioid treatment service with medication administration on the day after the initiation encounter through 34 days after the initiation event, the opioid treatment service is considered engagement of treatment. This includes long-acting SUD medication administration events.		
	J0570; G2072; G2070; Q9992; Q9991; G2069; J0575; J0573; J0574; J0572; J0571; H0033; G2068; G2079; H0020; S0109; G2067; G2078; J2315; G2073	For all other patients compliant with initiation of SUD treatment, two additional encounters (either an engagement visit or a medication treatment event) within the 34 days following the initiation event will meet engagement compliance. Two engagement visits may be on the same date of service, but they must be with different providers to count as two events. An engagement visit on the same date of service as an engagement medication treatment event meets criteria (there is no requirement that they be with different providers).

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.

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

[i] NIDA. 2020, July 6. Treatment and Recovery. Retrieved from https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery on 2025, April 19

[ii] Ma J, Bao YP, Wang RJ, Su MF, Liu MX, Li JQ, Degenhardt L, Farrell M, Blow FC, Ilgen M, Shi J, Lu L. Effects of medication-assisted treatment on mortality among opioids users: a systematic review and meta-analysis. Mol Psychiatry. 2019 Dec;24(12):1868-1883. doi: 10.1038/s41380-018-0094-5. Epub 2018 Jun 22. PMID: 29934549.

[iii] 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