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Learn How to Improve HEDIS Rates for Substance Use Disorder Treatment

This tip sheet covers key details of the Initiation and Engagement of Substance Use Disorder Treatment measure, best practices, and resources.

According to the National Institute on Drug Abuse, researchers have observed increases in substance use and drug overdoses since the COVID-19 pandemic was declared a national emergency in March 2020.[1] The Centers for Disease Control and Prevention's August 2020 Morbidity and Mortality Weekly Report also noted that adults reported elevated levels of adverse mental health conditions, substance use, and suicidal ideation.[2]

Measure	Members ages 13 and older with a new episode of substance use disorder (SUD) and who had initiated and continued treatment, once the need was identified. Two rates are reported.[1]	
	Rate 1 – Initiation of SUD Treatment	The percentage of new SUD episodes, among members ages 13 and older, that initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the SUD episode date.
	Rate 2 – Engagement of SUD Treatment	The percentage of new SUD episodes, among members ages 13 and older, that initiated treatment and have evidence of treatment engagement within 34 days of the initiation visit.
Intake period	The 12-month window starts November 15 of the year prior to the current calendar year and ends November 14 of the current calendar year. This period is used to identify new encounters with a diagnosis of SUD.	
Exclusions	• Members with identified SUD episodes, based on a claim or encounter, within 194 days before the first SUD episode identified during the intake period (November 15 of the year prior, through November 14 of the current year). • Members with identified SUD episodes and medication treatment dispensing events or medication administration events, within 194 days before the first SUD episode identified during the intake period.	
Best practices	• Screen members yearly for substance use and/or when they have a major life event. It can start with a single question, "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"[3] • Use a standard screening tool for young and elderly members at office visits to determine a SUD diagnosis. Regular screenings help with early identification and treatment for SUD. Screening tools include:	

(continued)

- Alcohol Use Disorders Identification Test (AUDIT)-C
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) (for adolescents)
- Drug Abuse Screen Test (DAST)-10
- National Institute on Drug Abuse (NIDA) Quick Screening Tool
- NIDA Screening and Assessment Tools Chart: refer to www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools.

- Use screening, brief intervention and referral to treatment (SBIRT) to identify and encourage referral to brief therapy or added treatment if needed.
- If the patient was diagnosed from an inpatient discharge or an emergency department observation visit that results in an inpatient stay, the inpatient stay is considered initiation of treatment.
- Schedule a follow-up visit within 14 days of diagnosis of alcohol or other drug dependency.
- Schedule two more visits within 34 days of the first follow-up.
- Refer members to Health Net Behavioral Health by calling the number on the back of the member's ID card. Customer Service is available 24 hours a day, 7 days a week.
  - When a patient has an SUD dependence diagnosis, consider a prompt referral to a behavioral health provider to start treatment within 14 days of the SUD episode.
- For initiation events except medication treatment, initiation on the same day as the SUD episode must be with different providers.
- For engagement events, many engagement visits may occur on the same day, but must be with different providers.
- Inform the referring provider of the correct SUD episode code to use for follow-up member visits to ensure visits are counted. The code for the corresponding SUD diagnosis should be on every claim or encounter for treatment services.

Alcohol and opioid use disorder treatment medications

Alcohol use disorder treatment medications		Opioid use disorder treatment medications	
Aldehyde dehydrogenase inhibitor	• Disulfiram (oral)	Antagonist	• Naltrexone (oral and injectable)
Antagonist	• Naltrexone (oral and injectable)	Partial Agonist	• Buprenorphine (sublingual tablet, injection, implant)
Other	• Acamprosate (oral; delayed-release tablet)		• Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Rate 1 – Initiation of treatment codes

Coding tips:

- For visit types, the SUD diagnosis (i.e., ICD10CM code) must match the diagnosis cohort using one of the following:
  - Alcohol use disorder.
  - Opioid use disorder.
  - Other substance use disorder.
- Please ensure the code for the corresponding SUD diagnosis is on every claim or encounter, for the treatment services described below. Many of the visit types must pair the CPT code with the Place of Service (POS) AND the corresponding SUD diagnosis. Visit types with HCPCS codes also must be paired with the corresponding SUD diagnosis.

Visit type	CPT	HCPCS	POS
Behavioral health (BH) outpatient	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	N/A
Community mental health center visit	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	N/A	53
E-visit or virtual check-in	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063	N/A
Non-residential substance abuse treatment facility	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	N/A	57, 58
Observation visit	99217-99220	N/A	N/A
Outpatient	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	N/A	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

Visit type	CPT	HCPCS	POS
Phone visit	98966, 98967, 98968, 99441, 99442, 99443	N/A	N/A
Substance use disorder service	99408, 99409	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	N/A
Telehealth	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	N/A	02
Weekly or monthly opioid treatment service	N/A	G2086, G2087, G2067, G2068, G2069, G2070, G2072, G2073, G2071, G2074, G2075, G2076, G2077, G2080	N/A

Rate 2 – Engagement of treatment codes

Coding tips:
- Same visits listed above for initiation apply to engagement of treatment.
- For all initiation events, except medication treatment dispensing events and medication administration events, initiation on the same day as the SUD Episode Date must be with different providers.
- For engagement, SUD episodes that had at least one weekly or monthly opioid treatment services on the day after the initiation encounter through 34 days after the initiation encounter are considered engagement of treatment for that respective SUD episode.
- For engagement, SUD episodes with long-acting SUD medication administration events on the day after the initiation encounter through 34 days after the initiation event are considered engagement of treatment for that SUD episode.
- For alcohol abuse or dependence medication treatment events, one or more medication treatment dispensing events, or medication treatment during the visit, beginning on the day after the initiation visit through 34 days after the initiation event, meets criteria for continued treatment.
- For opioid abuse or dependence, one or more medication dispensing events from the above opioids medications list, or medication treatment during a visit, beginning on the day after the initiation visit through 34 days after the initiation event (total of 34 days), meets criteria for continued treatment.

Online resources

Go to healthnet.com/content/healthnet/en_us/providers.html for online help. Scroll down to Provider Quality Improvement and select Quality Improvement to view provider tip sheets, behavioral health tools and more.

[1]National Institute on Drug Abuse. (2021, December 22). COVID-19 & Substance Use. National Institute on Drug Abuse. Retrieved January 6, 2022, from www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use.

[2]Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1.

[3]www.aafp.org/afp/2013/0715/p113.html