Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Let’s work together to improve health outcomes. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet details key points of the featured HEDIS measure.

What is the measure?
The measure includes the percentage of emergency department (ED) visits for members age 13 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow up visit for AOD abuse or dependence with a primary care physician (PCP) OR mental health practitioner.

How to Improve Your Quality Score

- Ensure the patient has a follow-up visit with a PCP or mental health practitioner, with a principal diagnosis of alcohol, or other drug abuse or dependence, within 30 days after the ED visit; you can include visits that occur on the date of the ED visit
- Educate inpatient and outpatient providers about the measure and the clinical practice guidelines
- Provide timely submission of claims and encounter data

Exclusions

- Excludes ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission
- Members with detoxification-only chemical dependency benefits do not meet these criteria
- Members in hospice

Recommended Routine Treatment with a Primary Care or Mental Health Practitioner

- Initiation and engagement stand-alone follow-up visit
- Virtual visit (teleconference, Telehealth, Teladoc®, etc.
- Observation visit
- Online assessments

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