

Follow-Up after High-intensity Care for Substance-use Disorder (FUI)

HEDIS measure overview

Individuals receiving care for substance-use disorder (SUD) in high intensity settings are at increased risk of losing contact with the healthcare system after discharge. Failure to ensure timely follow-up can result in negative outcomes, such as continued substance use, relapse, high utilization of intensive care services and mortality.¹ The intent of the FUI measure is to improve timely follow-up care for a principal diagnosis of SUD delivered in a variety of settings, including outpatient visits, partial hospitalizations, telehealth encounters, inpatient hospitalizations and residential treatment.²

Who is included in the FUI measure?

- An acute inpatient discharge, residential behavioral health stay or detoxification visit for a principal diagnosis of SUD among members 13 and older.

What actions qualify for compliance?

- A follow-up visit or event with any practitioner for a principal diagnosis of SUD within seven to 30 days after an episode for SUD. Please note, this does not include visits that occur on the date of the episode.
 - Any of the following meet criteria for a follow-up visit or event:
 - An outpatient visit, telehealth, intensive outpatient visit or partial hospitalization
 - Residential behavioral health
 - A telephone visit, an e-visit or virtual check-in
 - An acute or nonacute inpatient admission or residential behavioral health stay with a principal diagnosis of SUD on the discharge claim
 - A pharmacotherapy dispensing event or medication treatment event

Common ICD-10 diagnosis codes for SUD include, but are not limited, to: F10.10, F10.129, F10.19, F10.20, F10.239, F11.10, F11.120, F11.20, F11.220, F11.23, F11.24, F13.19, F13.220, F14.10, F14.120, F15.120, F16.10, F16.120, F18.19, F18.20, F18.220, F19.10, F19.120, F19.239, F19.24, F19.250

What can providers do to improve the compliance rate?

- Use correct coding and appropriate documentation
- Explain the importance of follow-up care to your patients
- Prioritize appointments for recent discharges
- Coordinate treatment with primary care physicians and mental health providers
- Attempt to reschedule missed follow-up visits within 24 hours

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

¹ E.M. Schmidt, S. Gupta, T. Bowe, L.S. Ellerbe, T.E. Phelps, J.W. Finney, S.M. Asch, K. Humphreys, J. Trafton, M. Vanneman, and A.H.S. Harris. 2016. "Predictive Validity of a Quality Measure for Intensive Substance Use Disorder Treatment." *Substance Abuse* 38:3, 317–23, DOI: 10.1080/08897077.2016.1212779. <https://www.tandfonline.com/doi/full/10.1080/08897077.2016.1212779?scroll=top&needAccess=true>

² https://www.ncqa.org/wp-content/uploads/2019/02/20190208_06_FUI.pdf