

A large, colorful illustration of diverse people in various poses, including sitting, standing, and lying down, set against a background of overlapping geometric shapes in orange, blue, and green. The illustration is positioned in the upper half of the page.

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)

Why is the IET measure important?

In 2016, 20.1 million Americans over 12 years of age (about 7.5% of the population) were classified as having a substance use disorder involving alcohol or other drugs (AOD). Less than 20 percent of individuals with substance use disorders receive treatment.

INTRODUCTION

Treatment, including medication-assisted treatment (MAT), in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality, improve health, productivity and social outcomes, and reduce health care spending.

HEDIS MEASURE

What does the IET measure look at?

The IET HEDIS measure looks at the percentage of adolescent and adult members with a new episode of AOD abuse or dependence who received the following:

- **Initiation of AOD Treatment:** Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of diagnosis.
- **Engagement of AOD Treatment:** Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.

What populations are included in the measure?

- Members with new substance use disorder episode
- Members ages 13 and older covered under Commercial or Medicaid lines of business

Which services qualify to meet this measure?

Initiation of AOD Treatment: Any of the following qualifies for initiation of AOD treatment (with a principal diagnosis of Alcohol and Other Drug Abuse or Dependence):

- Inpatient/Residential
- Outpatient office-based care
- Behavioral health outpatient office-based care
- Medication assisted treatment (only applies to Members with an Alcohol or Opioid abuse or dependence diagnosis)
- Intensive outpatient
- Partial hospitalization
- Telehealth
- Telephone
- Online assessment (e-visit or virtual check in)

- Observation bed

Engagement of AOD Treatment: Any of the following qualifies for engagement services (with a principal diagnosis of Alcohol and Other Drug Abuse or Dependence):

- **Treatment visits, including:**
 - » Inpatient/Residential
 - » Outpatient office-based care
 - » Behavioral health outpatient office-based care
 - » Intensive outpatient
 - » Partial hospitalization
 - » Telehealth
 - » Telephone
 - » Online assessment (e-visit or virtual check-in)
 - » Observation bed
 - » Opioid Weekly Non-Drug Service with an Opioid abuse or dependence diagnosis
- **Medication treatment event**
 - » Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder is only administered or dispensed by federally certified opioid treatment programs and does not show up in pharmacy claims data. A pharmacy claim for methadone would be more indicative of treatment for pain than for an opioid use disorder; therefore, they are not included on medication lists. (Only applies to Members with an Alcohol or Opioid abuse or dependence diagnosis)

Best Practice Recommendations for Providers

Try to schedule follow-up appointments before the patient leaves the hospital. Same-day outpatient visits do not count. Before scheduling an appointment, verify with the patient that it is a good fit considering things like childcare, location, time of the appointment, and transportation. **Community First Health Plans can help arrange no-cost transportation for Medicaid Members.**

- Make sure that the patient has at least three follow-up appointments scheduled before they leave their visit.
 - » One within 14 days of diagnosis
 - » One within the 34 days following the initial appointment

- Utilize reminder calls to confirm appointments.
- Reach out within 24 hours if the patient does not keep a scheduled appointment to help them reschedule
- Maintain appointment availability for patients with recent AOD diagnosis.

If the Provider will not be caring for the patient after discharge from the facility or following the visit, ensure the following:

- Referral process is secured
- Treatment plan has been transitioned to the behavioral health provider
- The primary care provider who will care for the patient has been established

If the patient is an adolescent, ensure parents/ caregivers are aware of the treatment plan at the time of discharge.

- Advise the patient and/or parent/caregiver about the importance of follow-up appointments.
- Provide education on the diagnosis and treatment options and encourage them to voice any concerns.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Inform the patient of the diagnosis and treatment options and provide educational materials as well as community resources available in their area, such as Narcotics Anonymous or Alcoholics Anonymous
- Identify and address any barriers that may prevent the patient from making their appointment.
- Instruct on crisis intervention options, including:
 - » Specific contact information
 - » Specific facilities

Finally, use correct diagnosis and procedure codes and submit claims and encounter data in a timely manner.

Best Practices Recommendations for Inpatient Facilities

Inpatient facilities should refer the patient to a behavioral health provider for psychosocial support and skill building.

- For assistance identifying a behavioral health

practitioner to whom you can refer a Community First patient, call the number listed on the back of the patient's Member ID card.

It's also important to recognize that collaboration between the facility, Community First, and the patient. This can bolster the patient's commitment to the discharge plan in the following ways:

- By increasing patient engagement in treatment.
- Through problem-solving together on potential barriers prior to discharge.

Best Practices Recommendations for Primary Care Providers

- Consider the use of a screening tool during your assessment, such as the [CAGE-AID Substance Abuse Screening Tool](#).
- Refer the patient to a behavioral health provider for psychosocial support and skill building.
 - » For assistance identifying a behavioral health practitioner to whom you can refer your patients, please call the number listed on the back of the patient's Member ID card.
- Work with Community First discharge planners to optimize discharge plan after detoxification, emergency department visit, or any other inpatient or outpatient episode where the AOD diagnosis is determined.
- Reach out to Community First if your patient visits an area emergency department for co-morbid conditions related to an AOD issue and is discharged following the emergency department visit.
- Coordinate care by sharing progress notes and updates with the patient's behavioral health provider(s).
- Use complete and accurate value Set Codes.
- Submit claims in a timely manner.

Eligible CPT IET Codes

The codes listed on the following page do not represent a complete list. Please refer to the Mental Health Diagnosis Value Set and Mental Illness Value Set. Refer to the current year ICD-10 CM manual for additional codes and guidelines.



VISIT TYPE	CPT	HCPCS	POS	UBREV
Unspecified Visits	90791 90792 90832 90833 90834 90836 90837 90838 90839 9084090845 90847 90849 90853 9087590876 99221 99222 99223 9923199232 99233 99238 99239 9925199252 99253 99254 99255	N/A	N/A	N/A
BH Outpatient	98960 98961 98962 99078 9920199202 99203 99204 99205 9921199212 99213 99214 99215 9924199242 99243 99244 99245 9934199342 99343 99344 99345 9934799348 99349 99350 99381 9938299383 99384 99385 99386 9938799391 99392 99393 99394 9939599396 99397 99401 99402 9940399404 99411 99412 99483 9949299493 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	03 05 07 09 11 12 13 14 15 16 17 18 19 20 22 33 49 50 71 72	0510 0513 05150516 0517 05190520 0521 05220523 0526 05270528 0529 09000902 0903 09040911 0914 09150916 0917 09190982 0983
Partial Hospitalization or Intensive Outpatient	N/A	G0410 G0411 H0035 H2001 H2012 S0201 S9480 S9484 S9485	52	0905 0907 0912 0913
Substance Use Disorder Services	99408 99409	G0396 G0397 G0443 H0001 H0005 H0007 H0015 H0016 H0022 H0047 H0050 H2035 H2036 T1006 T1012	N/A	0906 0944 0945
Observation with a Mental Health / Community Mental Health Center	99217 99218 99219 99220	N/A	53	N/A
Telephone Visits	98966 98967 98968 99441 99442 99443	N/A	02 10	N/A
Online Assessments	98969 98970 98971 98972 99421 99422 99423 99444 99457 99458	G0071 G2010 G2012 G2061 G2062 G2063 G2250 G2251 G2252	N/A	N/A
Non-residential Substance Abuse Treatment Facility	N/A	N/A	57 58	N/A
Weekly or Monthly OUD treatment service	N/A	G2067 G2068 G2069 G2070 G2071 G2072 G2073 G2074 G2075 G2076 G2077 G2080 G2086 G2087	N/A	N/A