



Initiation and Engagement of Substance Use Disorder 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 (SUD). 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 SUD-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 substance use disorder (SUD) episode that results in treatment initiation and engagement, specifically:

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

What populations are included in the measure?

- Members with a 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 SUD Treatment: Any of the following qualifies for initiation of SUD 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 SUD 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 SUD 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 Provider 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 the 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 Provider 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 SUD diagnosis is determined.
- Reach out to Community First if your patient visits an area emergency department for comorbid conditions related to an SUD 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. CPT® is a registered trademark of the American Medical Association.

VISIT TYPE	CPT®	HCPCS	POS	UBREV
Unspecified Visits	90791 90792 90832 90833 90834 90836 90837 90838 90839 90840 90845 90847 90849 90853 90875 90876 99221 99222 99223 99231 99232 99233 99238 99239 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	N/A
Inpatient Stay	N/A	N/A	N/A	0158 0159 0160 0164 0167 0169 0170 0171 0172 0173 0174 0179 0190 0191 0192 0193 0194 0199 0200 0201 0202 0203 0204 0206 0207 0208 0209 0210 0211 0212 0213 0214 0219 1000 1001 1002
BH Outpatient	98000 98001 98002 98003 98004 98005 98006 98007 98960 98961 98962 99078 99202 99203 99204 99205 99211 99212 99213 99214 99215 99242 99243 99244 99245 99341 99342 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 G0560 H0002 H0004 H0031 H0034 H0036 H0037 H0039 H0040 H2000 H2010 H2011 H2013 H2014 H2015 H2016 H2017 H2018 H2019 H2020 T1015	N/A	0510 0513 0515 0516 0517 0519 0520 0521 0522 0523 0526 0527 0528 0529 0900 0902 0903 0904 0911 0914 0915 0916 0917 0919 0982 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
Community Mental Health Center	N/A	N/A	53	N/A
Telephone Visits	98008 98009 98010 98011 98012 98013 98014 98015 98966 98967 98968 99441 99442 99443	N/A	02 10	N/A
Online Assessments	98016 98970 98971 98972 98980 98981 99421 99422 99423 99457 99458	G0071 G2010 G2012 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 G0533	N/A	N/A
Buprenorphine Implant	N/A	G2070 G2072 J0570	N/A	N/A
Buprenorphine Injection	N/A	G0533 G2069 Q999 Q9992		N/A
Buprenorphine Naloxone	N/A	J0572 J0573 J0574 J0575	N/A	N/A
Buprenorphine Oral	N/A	H0033 J0571	N/A	N/A
Buprenorphine Oral Weekly	N/A	G2068 G2079	N/A	N/A
Methadone Oral	N/A	H0020 S0109	N/A	N/A
Methadone Oral Weekly	N/A	G2067 G2068	N/A	N/A
Naltrexone Injection	N/A	G2073 J2315	N/A	N/A