Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) HEDIS® Tip Sheet MY 2026

WellSense HEALTH PLAN

Measure definition

The percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder for persons 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

- The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.
- The percentage of visits or discharges for which the member received follow-up for substance use disorder within 30 days after the visit or discharge.

Plans(s)	Quality Program(s)	Collection and Reporting
Commercial Medicaid Medicare	NCQA Accreditation NCQA Health Plan Ratings Select State Medicaid reporting	Administrative

Best practices for quality care

- Schedule a follow-up appointment with a mental health provider prior to the members' discharge, ensuring the visit occurs within seven days. Note that follow-up does not include visits that occur on the date of discharge, nor does it include withdrawal management.
- Educate members and their families on the importance of follow-up treatment and engage them in the treatment planning process.
- Offer mutual support options like case management, peer recovery support, 12-step programs such as AA or NA, harm reduction, and other community support groups to members.
- Encourage communication between physical health and behavioral health providers and obtain appropriate releases of information to share discharge information and treatment plans.
- Use warm handoffs to outpatient providers whenever possible.
- Address barriers such as transportation, housing instability, or medication access.

Quality score improvement tips

- Prioritize the 7-day window: Early follow-up greatly improves FUI performance and continuity of care.
- Leverage peer support services for timely engagement after discharge.
- Ensure claims are submitted promptly with accurate diagnosis and place-of-service codes.
- Confirm follow-up visits include a documented SUD diagnosis (any position on the claim).
- Use telehealth visits to improve access and reduce missed opportunities for follow-up.

MY 2026 Update:

- The follow-up visit may include a substance use disorder diagnosis in ***any*** position on the follow-up claim.
- Peer support services are now included as acceptable follow-up services when billed with appropriate codes and settings.

Medication Assisted Treatment (MAT and Pharmacotherapy Guidance)

Medication assisted treatment and pharmacotherapy are important components of recovery and should be considered as part of a comprehensive follow-up care plan when clinically appropriate

Important HEDIS MY 2026 Clarification

- Medication dispensing alone does not meet the FUI follow-up requirement.
- To qualify for the FUI numerator, medication initiation or management must occur during a qualifying follow-up visit or service (e.g., office visit, behavioral health encounter, telehealth visit).
- Follow-up care should reflect meaningful clinical engagement, including assessment, care planning, and ongoing treatment support.

Evidence-Based Medications for Substance Use Disorder

The following medications may be used to support treatment when indicated and should be coupled with appropriate follow-up visits:

Alcohol Use Disorder (AUD)	Opioid Use Disorder (OUD)
● Naltrexone (oral or long-acting injectable) ● Acamprosate ● Disulfiram	● Buprenorphine (alone or in combination with naloxone) ● Naltrexone (oral or long-acting injectable) ● Methadone (provided through certified opioid treatment programs)

Integrating Medication Assisted Treatment Into Follow-Up Care

- Discuss medication options with patients as part of post-discharge follow-up planning.
- Coordinate medication management with behavioral health and substance use treatment providers when applicable.
- Ensure medication initiation or continuation is documented in conjunction with a qualifying follow-up visit.
- Educate patients on the importance of combining medication therapy with counseling and recovery supports.

Reminder: Medication assisted treatment supports recovery but does not, by itself, satisfy the FUI measure unless provided as part of a qualifying follow-up encounter within the required timeframe.

Exclusions

- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members who die at any time during the measurement period.

Numerator Codes

The following codes can be used to close HEDIS gaps in care. This list is not all inclusive or meant to direct your billing practices. CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season. For more information, please refer to the American Academy of Professional Coders (AAPC).

Description	CPT Codes
Psychiatric Diagnostic Evaluation & Psychotherapy (Medical & BH Providers)	**CPT:** 90791, 90792; 90832–90834; 90836–90838; 90839–90840; 90845; 90847; 90849; 90853; 90875–90876
Evaluation & Management (E/M) – Inpatient, Observation, Discharge, Consults	**CPT:** 99221–99223; 99231–99233; 99238–99239; 99252–99255
Evaluation & Management (E/M) – Office & Other Outpatient	**CPT:** 99202–99205; 99211–99215
Preventive Medicine & Home Visits	**CPT:** 99341–99342; 99344–99345; 99347–99350; 99381–99387; 99391–99397
Education, Counseling & Group Services	**CPT:** 98960–98962; 99078; 99401–99404; 99411–99412
Care Management & Behavioral Health Integration	**CPT:** 99483; 99492–99494
Substance Use Disorder Assessment & Treatment (BH Agency Services)	**HCPCS:** H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040; H2000; H2010, H2011, H2013–H2020; T1015
Intensive Outpatient / Partial Hospitalization Programs (BH Agencies & Facilities)	**HCPCS:** G0410, G0411; H0035; H2001; H2012; S0201; S9480; S9484; S9485
Community Mental Health Center (CMHC) & Facility-Based Outpatient Services	**HCPCS:** G0463; G0155; G0176; G0177; G0409; G0512
Residential & Non-Residential SUD Treatment Programs	**HCPCS:** H0017–H0019; T2048
Telephone-Based Follow-Up Services	**CPT:** 98966–98968; 99441–99443
Online / Digital Follow-Up (E-Visits, Virtual Check-Ins, Remote Monitoring)	**CPT:** 98970–98972; 98980–98981; 99421–99423; 99457–99458

	HCPCS: G0071; G2010; G2012; G2250–G2252

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.