



Follow-Up After High Intensity Care for Substance Use Disorder (FUI)

FUI Measure Description¹

Assesses the percentage of inpatient, residential treatment and detoxification visits or discharges for a diagnosis of substance use disorder (SUD) among patients 13 years of age and older that resulted in follow-up care for a diagnosis of SUD within 7 and 30 days.

Why is FUI Important?¹

In 2020, 40.3 million Americans 12 and older (about 14.5% of the population) were classified as having an SUD, including alcohol use disorder and illicit drug use disorder. Individuals with SUD have higher utilization of high-intensity care treatment such as inpatient hospitalizations. Timely follow-up care after treatment for SUD is critical to reduce negative health outcomes such as disengagement from the health care system and substance use relapse.

Best Practices

- ✓ Educate the patient about the importance of scheduling timely, recommended follow-up visits and adherence to treatment recommendations.
- ✓ Encourage the patient to bring their discharge paperwork to their first appointment.
- ✓ Schedule follow-up appointments as soon as possible, particularly those patients recently discharged from the ED.
- ✓ Use the same diagnosis for substance use at each follow-up (a non-mental illness diagnosis code will not fulfill this measure).
- ✓ Coordinate care between behavioral health and primary care physicians (e.g. share progress notes, updates and include the diagnosis for substance use).
- ✓ Consider telemedicine visit when in-person visits are not available.

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¹ Source: <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/measures-list/>

² Source: HEDIS MY 2025 Tech Specs Manual Vol. 2

Numerator Compliance²

Rate 1: 30-Day Follow-Up - A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder.

Rate 2: 7-Day Follow-Up A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 7 days after an episode for substance use disorder.

Do not include visits that occur on the date of the denominator episode. For both indicators, any of the following meet criteria for a follow-up visit with a principal diagnosis of substance use disorder:

- An acute or nonacute inpatient admission or residential behavioral health stay.
- An outpatient, community mental health center, telehealth, telephone, e-visit or virtual check-in visit.
- An intensive outpatient encounter or partial hospitalization.
- A non-residential substance abuse treatment facility.
- A substance use disorder service.
- Substance use disorder counseling and surveillance.
- An opioid treatment service that bills monthly or weekly.
- Residential behavioral health treatment visit.
- A pharmacotherapy dispensing event.

Note: Follow-up does not include withdrawal management. Exclude all withdrawal management events when identifying follow-up care for numerator compliance. Detoxification does not need to be excluded from pharmacotherapy dispensing events identified using pharmacy claims because detoxification codes are not used on pharmacy claims.

Data Collection Method²

Administrative (Claims)



Trillium Percentages/NCQA National Averages¹

FUI	Measurement Year	Trillium	NCQA National Average
Rate 1: 30-Day Follow-Up	2023	-	51.75
	2022	-	-
Rate 2: 7-Day Follow-Up	2023	-	32.78
	2022	-	-

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