

Learn How to Improve HEDIS Rates for IET



Use this tip sheet to review key details of the **Initiation and Engagement of Alcohol and Other Drug Treatment (IET)** measure, best practices and resources.

In 2018, 20.3 million individuals in the U.S. ages 12 or older (approximately 7.4% of the population) were classified as having a substance use disorder (SUD) within the past year.¹ One in 10 deaths among working adults in the U.S. is due to alcohol misuse.²

	Members ages 13 and older with a new episode of alcohol or other drug (AOD) abuse or dependence and had initiated and continued treatment, once the need was identified. Two rates are reported. ¹	
Measure	Rate 1 - Initiation of AOD Treatment	The percentage of patients ages 13 and older with a new episode of AOD abuse or dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the AOD diagnosis.
	Rate 2 - Engagement of AOD Treatment	The percentage of patients ages 13 and older with a new episode of AOD abuse or dependence who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.
Intake period	The 12-month window starts January 1 of the calendar year and ends November 14 of the calendar year. This period is used to identify new episodes of AOD abuse and dependence.	
Exclusions	<ul style="list-style-type: none"> Members are identified who had a claim or encounter with a diagnosis of AOD abuse or dependence, within 60 days (two months) before the first date of service identified during the intake period (between January 1 – November 14). Members who had the initiation of treatment event through an inpatient stay, with a discharge date after November 27 of the calendar year. 	
Best practices	<ul style="list-style-type: none"> Screen members yearly for substance use and/or when they have a major life event. It can start with a single question, “How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”³ Use a standard screening tool for young and elderly members at office visits to determine an AOD diagnosis. Regular screenings help with early identification and treatment for SUD. Screening tools include: <ul style="list-style-type: none"> – Alcohol Use Disorders Identification Test (AUDIT)-C – CRAFFT (for adolescents) – Drug Abuse Screen Test (DAST)-10 – National Institute on Drug Abuse (NIDA) Quick Screening Tool or – NIDA Screening and Assessment Tools Chart: refer to www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools. 	

(continued)

Best practices (continued)

- Use screening, brief intervention and referral to treatment (SBIRT) to identify and encourage referral to brief therapy or added treatment if needed.
- If the patient was diagnosed from an inpatient discharge or an emergency department observation visit that results in an inpatient stay, the inpatient stay is considered initiation of treatment.
- Schedule a follow-up visit within 14 days of alcohol or other drug dependency.
- Schedule two more visits within 34 days of the first follow-up.
- MHN administers behavioral health services to Health Net* members. Refer to MHN Provider Relations at **1-844-966-0298** or email MHN.ProviderServices@healthnet.com for questions.
 - When a patient has an AOD dependence diagnosis, consider a prompt referral to a behavioral health provider to start treatment within 14 days of diagnosis.
- For initiation events except medication treatment, initiation on the same day as the diagnosis must be with different providers in order to achieve compliance.
- For engagement events, many engagement visits may occur on the same day, but must be with different providers to meet metric requirements.
- Inform the referring provider of the correct AOD dependence code to use for follow-up member visits to ensure visits are counted. The code for the corresponding AOD diagnosis should be on every claim for treatment services.

Alcohol and opioid use disorder treatment medications	Alcohol use disorder treatment medications		Opioid use disorder treatment medications	
	Aldehyde dehydrogenase inhibitor	• Disulfiram (oral)	Antagonist	• Naltrexone (oral and injectable)
	Antagonist	• Naltrexone (oral and injectable)	Partial Agonist	• Buprenorphine (sublingual tablet, injection, implant)
	Other	• Acamprosate (oral; delayed-release tablet)		• Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Rate 1 – Initiation of treatment codes

CODING TIPS:

For visit types, the AOD diagnosis (i.e., ICD10CM code) must match the diagnosis cohort using one of the following:

- Alcohol abuse and dependence
- Opioid abuse and dependence
- Other drug abuse and dependence

Visit type	CPT	HCPCS	POS
IET stand alone visits	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408, 99409, 99411, 99412, 99483, 99510	G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H2000, H2001, H2010–H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015	N/A
IET visit group 1	90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876	N/A	02, 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72
IET visit group 2	99221–99223, 99231–99233, 99238, 99239, 99251–99255	N/A	02, 52, 53

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Visit type	CPT	HCPCS	POS
An observation visit (observation value set)	99217–99220	N/A	N/A
New: Telephone visit	98966–98968; 99441–99443	N/A	N/A
New: E-visit or virtual check in (online assessment value set)	98969–98972, 99421–99444, 99458	G2010, G2012, G2061, G2062, G2063	N/A
Opioid abuse or dependence only: Opioid treatment service (OUD weekly non-drug service value set)	N/A	G2071, G2074, G2075, G2076, G2077, G2080	N/A
Opioid abuse or dependence only: Opioid treatment service (OUD monthly office-based treatment value set)	N/A	G2086, G2087	N/A
Opioid abuse or dependence only: Medication treatment dispensed or treatment during a visit (OUD weekly drug treatment service value set)	N/A	G2067–G2070, G2072, G2073	N/A
Alcohol abuse or dependence only: medication treatment dispensing event or medication treatment during a visit (AOD medication treatment value set)	N/A	H0020, H0033, J0570, J0571–J0575, J2315, Q9991, Q9992, S0109	N/A

Rate 2 – Engagement of treatment codes

CODING TIPS:

- Same visits listed above for initiation apply to engagement of treatment.
- For alcohol abuse or dependence medication treatment events, one or more medication treatment dispensing events, or medication treatment during the visit, beginning on the day after the initiation visit through 34 days after the initiation event, meets criteria for continued treatment.
- For opioid abuse or dependence, one or more medication dispensing events from the above opioids medications list, or medication treatment during a visit, beginning on the day after the initiation visit through 34 days after the initiation event (total of 34 days), meets criteria for continued treatment.

Online resources

Go to healthnet.com/content/healthnet/en_us/providers.html for online help. Go to Resources for you and select *Quality Improvement* to view provider tip sheets, behavioral health tools and more.

¹ Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from www.aafp.org/afp/2013/0715/p113.html.

² U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. November 2016. Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. Washington, DC: HHS.

³ www.aafp.org/afp/2013/0715/p113.html.

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