

Initiation of Alcohol and Other Drug Abuse or Dependence Treatment

Measure Description

Percentage of adolescent and adult patients (13 years and older) with a new episode of alcohol or other drug (AOD) abuse or dependence who received:

Initiation of AOD Treatment - Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis

Documentation Requirements

Administrative Only - Claim for treatment visit or medication

- Initiation of AOD treatment - AOD treatment within 14 days of diagnosis
 - Note: If the episode was an inpatient discharge (or ED/Observation that resulted in an inpatient stay), the inpatient stay is considered “initiation of treatment” and the patient is compliant.

Coding Requirements

Visit Coding (must include a diagnosis matching the initial diagnosis cohort which is Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence):

Stand Alone Visits:

CPT: 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

HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015

Group Visits:

CPT: 90791, 90792, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

Telephone Visits:

CPT: 98966-98968, 99441-99443,

Online Assessments:

CPT: 98969, 99444

Observation Visits:

CPT: 99217-99220



Medication Treatment:

HCPCS: H0020, H0033, J0571-J0575, J2315, S0109

Prescriptions (Alcohol Abuse or Dependence Medications): Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet)

Prescriptions (Opioid Abuse or Dependence Medications): Naltrexone (oral and injectable), Buprenorphine (sublingual tablet and implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Exclusions

Exclude patients who had a claim/encounter with a diagnosis of AOD abuse or dependence during the 60 days before the date of the new episode of AOD abuse or dependence.