

Initiation of Substance Use Disorder (SUD) Treatment

New episodes of SUD that result in treatment initiation through inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days of diagnosis.

Please note: Any SUD interventions done on the same day as the new SUD diagnosis must be done by a different provider (than the one who made the diagnosis) to count towards the initiation numerator. This does not apply to medication treatment dispensing or administration events.

Engagement of SUD Treatment

New episodes of SUD that have evidence of treatment engagement through **two** of the following within 34 days of treatment initiation: inpatient admission, outpatient visit, intensive outpatient encounter, partial hospitalization, community mental health center visit, telehealth visit, or medication treatment. If two engagement events happen on the same day, they must be done by two different providers to count for the measure.

Clinical Significance

- ~17% of the United States population had a SUD in 2022. [2]
- These individuals have an increased risk of overdose, injury, and soft tissue infections.
- Drug overdose and excessive alcohol use contribute to ~106,000 and 140,000 deaths respectively. [2]
- It is important to detect and treat an SUD early to improve patient health outcomes.

Best Practices

- Use standard screening tools and appropriate documentation (e.g. *Alcohol Use Disorder Identification Test (AUDIT)*, *Drug Abuse Screen Test (DAST-10)*).
- If patient is newly diagnosed with a SUD, provide care or initiate a referral to BH/SUD treatment at same encounter.
- Use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach to identify, treat, or encourage referral to SUD treatment for new SUD diagnoses.
- Discuss the importance of follow-up with patients using simple and comforting language.
- Reach out to patients with missed appointments to reschedule the appointment.
- If appropriate, use telehealth and home-based therapy to offer support to patients.

HEDIS Compliant Codes

CPT Codes

- **Psychotherapy:** 90832, 90834, 90837
- **Outpatient:** 98960-62, 99078, 99202-05, 99211-15, 99242-45, 99341, 99342, 99344, 99345, 99347-50, 99381-87, 99391-97, 99401-04, 99411, 99412, 99483, 99492, 99493, 99494, 99510

HCPCS Codes

- **Office-Based SUD Treatment:** G2086, G2087

What is SBIRT?

An **evidence-based framework** designed to support primary care physicians in early identification of and intervention for patients with **non-dependent substance use**. This approach is not intended for patients who have existing SUD diagnoses.

Major Components

- **Screen** patient for risky substance use behaviors with standardized assessment tools to identify required level of care.
- **Offer brief intervention** to increase awareness of substance use through open and short conversations.
- **Refer** patients to additional services such as therapy or specialty care treatment if deemed necessary.

Best Practices

- Use an interdisciplinary team and communicate details of each SBIRT step to all team members. [1]
- Develop relationships with referral partners to promote communication and connect patient with treatment options in a timely manner.
- Implement ongoing SBIRT training for providers.
- Use a pre-screening instrument when available, such as the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST-10).
- Integrate SBIRT documentation and standards into the clinical workflows and document in the electronic health record. [1]

Additional Resources	Link
HEDIS	https://www.commonwealthcarealliance.org/provider-news/provider-resource-guides/
Quality Withhold Technical Notes (DY 2 – 12): Massachusetts Specific Measures	https://www.cms.gov/files/document/maqualitywithholdtechnicalnotesdy2-12.pdf

References

1. Hargraves, D., White, C., Frederick, R., Cinibulk, M., Peters, M., Young, A., & Elder, N. (2017). Implementing SBIRT (Screening, brief intervention and referral to treatment) in primary care: Lessons learned from a multi-practice evaluation portfolio. Public Health Reviews, 38(1). <https://doi.org/10.1186/s40985-017-0077-0>
2. Initiation and Engagement of Substance Use Disorder Treatment. (2024). NCQA. <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-substance-use-disorder-treatment/>
3. Screening and Assessment Tools Chart. (2022). National Institute on Drug Abuse. <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>