

## **Alcohol and Other Drug Performance Measures – Specification for Washington Circle Website**

The purpose of this document is to provide technical specification for Washington Circle performance measures for substance abuse.

### **BACKGROUND**

Performance measures generally are developed to establish clear standards of accountability that, in turn, will lead to efforts to improve the quality of care for people with specific disorders. To address the need for performance measures for individuals with alcohol or other drug disorders, the Center for Substance Abuse Treatment (CSAT) convened the Washington Circle in 1998, bringing together a multidisciplinary group of providers, researchers, managed care representatives and public policymakers. One of the main activities of the Washington Circle has been to develop and pilot-test such a core set of performance measures for AOD services for public and private sector managed care organizations (MCOs).

The Washington Circle developed and pilot tested<sup>1</sup> a set of assumptions about alcohol and other drug disorders and their treatment, as well as conceptual model described in McCorry et al.<sup>2</sup> Also, seven core performance measures were identified that fit into four domains representing the continuum of AOD services -- prevention/education, recognition, treatment, and maintenance. The three measures specified below are a subset of that larger core set of measures.

The following Alcohol and Other Drug (AOD) performance measures are included in the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS). This is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. The results of HEDIS data collection are widely available to the public through on-line sources such as NCQA's Health Plan Report Card and are reported by major media outlets such as Newsweek and U.S. News and World Report.

These measures were developed in collaboration with the Washington Circle with funding provided by the Substance Abuse & Mental Health Services Administration (SAMHSA). For the complete specifications, contact NCQA for a copy of the most recent Technical Specifications ([www.ncqa.org](http://www.ncqa.org)).

### **IDENTIFICATION OF ALCOHOL AND OTHER DRUG SERVICES**

Description: This measure provides an overview of members with an AOD abuse or dependence. The measure reports the percentage of members with an alcohol and other drug (AOD) claim. AOD claims are defined as containing a diagnosis of AOD abuse or dependence and a specific AOD-related service

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<sup>1</sup> Garnick, DW, Lee, MT, Chalk, M, Gastfriend, D, Horgan, CM, McCorry, F, et al. (2002c). Establishing the feasibility of performance measures for alcohol and other drugs. *J Subst Abuse Treat*, 23(4), 375-385.

<sup>2</sup> McCorry, F., Garnick, D., Bartlett, J., Cotter, F., & Chalk, M. (2000). Developing Performance Measures for Alcohol and Other Drug Services in Managed Care Plans. *Joint Commission Journal on Quality Improvement*, 26 (11), 633-643

during the measurement year. For a few services, an AOD-related service alone is sufficient to designate a claim.

Identification rate =  $\frac{\text{adult members with any AOD claim}}{\text{total person years for adult members}}$

Required Data Elements: Age, Sex, ICD-9-CM codes, DRGs, CPT codes, UB-92 Revenue Codes, CMS 1500 Place of Service codes

Instructions: Report the percentage per year of members who receive any chemical dependency services, including services provided by a chemical dependency practitioner and other types of physician or non-physician practitioners. In addition, count in the denominator only member months for those with a chemical dependency benefit. The specific diagnosis and procedure codes to select members for the numerator depend on the site of care as noted below.

**Inpatient** -- Include inpatient care with chemical dependency as the principal or secondary diagnosis (including detoxification) at either a hospital or a treatment facility. Specific codes to include:

DRG -- 433, 521-523, 434-437

ICD-9-CM Codes -- 291-292, 303-304, 305.0, 305.2-305.9, 535.3, 571.1, 94.62, 94.63, 94.65, 94.66, 94.68, 94.69, 960-979 with a secondary diagnosis of chemical dependence

Day/Night Care and Ambulatory Services – To select claims, both procedures (largely mental health and general evaluation services) and diagnoses (either primary or secondary) are necessary as noted below:

CPT Codes -- 90801-90802, 90804-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870-90871, 90875-90876, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99281-99285, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404,

*and*

ICD-9-CM Codes -- 291-292, 303-304, 305.0, 305.2-305.9, 535.3, 571.1, 94.62, 94.63, 94.65, 94.66, 94.68, 94.69, 960-979 with a secondary diagnosis of chemical dependency

## **INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT**

### **Treatment Initiation**

Description: The percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment through one of the following:

- An inpatient AOD admission, *or*

- An outpatient service for AOD abuse or dependence *and* any additional AOD services within 14 days.

Required Data Elements: CPT Codes, ICD-9-CM Codes, ICD-9 Procedure Codes, UB-92 Revenue Codes, CMS 1500 Site of Service Codes, Dates of Service

Instructions: Include in the denominator members diagnosed with a new episode of alcohol or other drug dependence:

- With a day/night or outpatient claim/encounter between January 1 and November 15 of the measurement year,
- or*
- With an inpatient discharge between January 1 and November 15 of the measurement year.

The index episode start date is defined as the discharge date of the earliest encounter or the service date of the earliest day/night or outpatient service with the qualifying diagnoses and services listed below. To qualify as a new episode, there must be a period of 60 days, referred to as a “negative diagnosis history” during which the member had no claims or encounters with any diagnoses of AOD abuse or dependence according to the codes listed below. Count backwards to check the negative diagnosis history from the admission date for inpatient encounters and the service date for day/night or outpatient services.

Include in the numerator, members with initiation of AOD treatment that occurs in either of two ways:

- If the Index Episode was an inpatient discharge, the inpatient stay is considered to be initiation of treatment.
- If the Index Episode was a day/night or outpatient visit, the member must have a subsequent (do not include emergency department or detoxification) service within 14 days of the index episode to be considered initiated.

Use the following codes to identify inpatient stays:

DRG -- 433, 521-523, 434-437

*and*

ICD-9-CM codes -- 291-292, 303-304, 305.0, 305.2-305.9, 535.3, 571.1

*or*

ICD-9 Procedure Codes 94.62, 94.63, 94.65, 94.66, 94.68, 94.69

Use the following codes to identify day/night or outpatient services:

CPT Codes -- 90801-90802, 90804-90824, 90826-90829, 90845 90847, 90849, 90853, 90857, 90862, 90870-90871, 90875-90876, 99201-99205, 99211-99215, 99220, 99241-99245, 99281-99285, 99347-99350, 99383-99387, 99393-99397, 99401-99404

*and*

ICD-9-CM Codes -- 291-292, 303-304, 305.0, 305.2-305.9, 535.3, 571.1  
960-979 with a secondary diagnosis of chemical dependency

*or*

ICD-9 Procedure Codes -- 94.62, 94.63, 94.65, 94.66, 94.68, 94.69

### **Treatment Engagement**

Description: Treatment engagement is an intermediate step between initially accessing care (in the first visit) and completing a full course of treatment. This measure is designed to assess the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.

Required Data Elements: CPT Codes, ICD-9-CM Codes, ICD-9 Procedure Codes, UB-92 Revenue Codes, CMS 1500 Site of Service Codes, Dates of Service

Instructions: The denominator is the same as noted above for the Initiation measure.

Include members in the numerator for the engagement of AOD treatment who had two or more services with an AOD abuse or dependence diagnosis within 30 days after the date of the treatment initiation visit. Use the codes noted above to identify inpatient and day/night or outpatient services. For members who initiated treatment via an inpatient stay, the 30 days starts at the member's inpatient discharge date. To determine if the 30-day criterion is met for subsequent inpatient stays, use the admission date, not the discharge date.