

Behavioral Health

PROVIDER TOOLKIT



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The diagnosis codes are based on ICD-10-CM guidelines. The CPT procedure codes provided are based on the American Medical Association (AMA) guidelines. Both code sets and coding guidance provided in this resource guide are for informational purposes only.

Behavioral Health HEDIS Measures

The National Committee for Quality Assurance (NCQA) monitors the quality of care at the health plan level using a set of standardized performance measures called the Healthcare Effectiveness Data and Information Set (HEDIS). The reporting of performance measure rates is a contractual requirement with target performance levels set by the Department of Community Health (DCH) and is used for public reporting by the agency. The measures are reported annually, and the results are utilized to help standardize healthcare quality across states.

HEDIS®

What we have provided in this guide is the most recent, up-to-date information available at print time. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). This tool is meant to be used as a quick-glance reference. All codes are subject to change; there may be revisions, deletions or additions to this information that occur from one measurement period to another. Please contact Peach State Health Plan Health Plan regarding any questions you may have with the information provided. Thank you for your efforts in the continuous improvement of quality for our members/your patients.



What is HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows direct, objective comparison of **quality** across health plans. NCQA develops the HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers and policy makers. HEDIS allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons. Consult NCQA's website for more information: ncqa.org



What are the scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds.' These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS.



How are the rates calculated?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review.



How can I improve my HEDIS scores?

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- If services are not billed or not billed accurately they are not included in the calculation.

Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.

- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart such as BMI screenings and lab results.
- Avoid missed opportunities by taking advantage of sick-care visits; combine the well visit components and use a modifier and proper codes to bill for both the sick and well visit.
- Use the member list provided by Peach State Health Plan to contact patients who are in need of a visit.
- Routinely schedule a member's next appointment while in the office for the visit.

What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey sent to members/patients to measure satisfaction with their providers and healthcare systems. The goal of CAHPS is to capture accurate and complete information about the member reported experiences with health care. This information measures how well the member's expectations and goals were met. CAHPS helps determine the areas of service that have the greatest impact on overall satisfaction and opportunities for improvement which aid in increasing the quality of provided care. The CAHPS survey results are shared with the consumers, which provides them information they can use to choose physicians and health systems.

Important topics that are surveyed include, but are not limited to:

- How well Providers communicate with patients
- Providers use of information to coordinate patient care
- Helpful, courteous and respectful office staff
- Patients rating of the Provider

Transportation:

Transportation is available to all Peach State Health Plan members to covered healthcare/dental appointments, WIC appointments, and redetermination appointments with CDJFS caseworker and trips to your patient's pharmacy following a doctor's appointment (limited area). To refer a patient or for any further questions, please call our Member Services at **1-800-704-1484 (TDD/TTY: 711)**.

Care Management:

Care management, care coordination and disease coaching are part of Peach State Health Plan's benefits and available to all Peach State Health Plan members. We provide services for many conditions, such as asthma, diabetes, COPD, high-risk pregnancy, mental health/ substance use disorders and many other conditions. Our care management staff are highly knowledgeable and experienced to help address your patient's care management needs and assist with removing barriers to care. To refer a patient or for any further questions, please call our Member Services at **1-800-704-1484 (TDD/TTY: 711)**.

In 2019, the following behavioral health HEDIS measures will be monitored and reported to DCH and NCQA:

HEDIS Performance Measure

ADD: Follow-up Care for Children Prescribed ADHD Medication:

This measure evaluates the percentage of members 6-12 years of age newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least 3 follow up care visits within a 10 month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported

Initiation Phase: The percentage of members who had one follow-up visit with a practitioner with prescribing authority during the **30-day initiation phase**.

Continuation and Maintenance Phase: The percentage of members who remained on the medication for at least 210 days and who had at least three follow-up visits which with a practitioner with prescribing authority within **270 days (9 months)** after the initiation phase.

Intake period: March 1, 2018 – February 28, 2019

Clinical Goal

When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that a pediatrician with prescribing authority monitors children.

Initiation Phase: The goal is for the member to have an appointment with a provider with prescribing authority for a follow-up visit within 30 days of starting or restarting a medication commonly used to treat ADHD.

Continuation and Maintenance Phase: Then the member must have at least two additional follow up visits after the Initiation visit within the next nine months.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting, any of the following code combinations billed by a practitioner with prescribing authority meet criteria:

Description	CPT/HCPCS
Outpatient visit with Outpatient POS	<p>Outpatient visit CPT Codes 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>Outpatient POS Codes 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p>
BH Outpatient visit	<p>BH Outpatient CPT 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510</p> <p>BH Outpatient HCPCS G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0040, H2000, H2010-H2020, M0064, T1015</p> <p>BH Outpatient UBREV 0510, 0513, 0515, 0516-0529, 0900, 0902, 0903 0904, 0911, 0914,0915</p>
Observation Visit	99217-99220
Health and Behavior Assessment/Intervention	96150-96154

Intensive Outpatient visit or Partial Hospitalization with Partial Hospitalization POS	Intensive Outpatient visit CPT Codes 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Partial Hospitalization POS 52
Intensive Outpatient visit or Partial Hospitalization	Intensive or Partial Hospitalization Outpatient HCPCS G0410, G0411, H0035-H0040, H2000, H2001, H2012, S0201, S9480, S9484, S9485 BH Outpatient UBREV 0905, 0907, 0912, 0913
Community Mental Health Center with Community Mental Health POS	Community Mental Health Center CPT Codes 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Community Mental Health Center POS 53
Telephone or Telehealth visit	Telephone visit CPT Codes 98966 – 98968, 99441-99443 Outpatient visit CPT Code 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, with Telehealth Modifier 95 or GT and POS 02 Note: Only one of follow-up visits may be a telephone visit or a telehealth visit.

Discussion Topic:

Discuss the importance of taking medication as prescribed and remaining on medication.

Educate members on possible side effects and length of time for the medication to have the desired effect.

Schedule a two week to follow up an appointment before the patient leaves your office and send appointment reminder to ensure patient returns within 30 days.

Schedule a six week, three months and six months follow up appointments before the patient leaves your office and send appointment reminder to ensure patient returns and has at least two visits in nine months.

Set flags if available in EHR or develop tracking method for members prescribed or restarted ADHD medication and require staff to follow up with patients that miss or cancel their appointment.

Resources:

- Formulary located on the health plan website or contact Evolve Pharmacy Solutions at 1-866-399-0928.
- Clinical Practice Guideline on our provider portal: Attention Deficit Hyperactivity, ADHD Process Flow, and ADHD audit tool pshpgeorgia.com/providers/quality-improvement/practice-guidelines.html

AMM: Antidepressant Medication Management

This measure evaluates the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. Two rates are reported:

Effective Acute Phase Treatment:

The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Effective Continuation Phase Treatment:

The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Clinical Goal

Consequences associated with untreated depression are significant. Some patients will often stop taking their medication when they start feeling better causing regression and hospitalization.

The goal is for members with a diagnosis of major depression remain on medication therapy during the acute phase for at least 12 weeks and continue for at least six months.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting:

Description	ICD-10 Codes
Major Depression	F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9

- Discussion Topic:
- Discuss the importance of taking medication as prescribed and remaining on medication even when the member starts to feel better for a minimum of six months.
- Discuss the risks of stopping medication before six months or abruptly and they should follow-up with you first for a consultation.
- Educate members on possible side effects and length of time for the medication to have the desired effect.
- Schedule follow up an appointment before the patient leaves your office and send appointment reminders.
- Set flags if available in EHR or develop tracking method for members prescribed antidepressants and require staff to follow up with patients that miss or cancel their appointment.

Resources:

- Formulary located on the health plan website or contact Evolve Pharmacy Solutions at 1-866-399-0928.
- Clinical Practice Guideline on our provider portal: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, 2nd Edition pshpgeorgia.com/providers/quality-improvement/practice-guidelines.html

- American Psychiatric Association – What is Depression? [psychiatry.org/patients-families/depression/what-is-depression](https://www.psychiatry.org/patients-families/depression/what-is-depression)
- National Institute of Mental Health – [nimh.nih.gov](https://www.nimh.nih.gov)

HEDIS Performance Measure

APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics:

This measure evaluates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing, both of the following:

- At least one blood glucose test or HbA1c
- At least on LDL – C test

Clinical Goal

Antipsychotic medications may potentially increase a child’s risk for developing serious metabolic health complications, and metabolic monitoring is important to ensure appropriate management of children and adolescent on antipsychotic medications.

The goal is for member’s prescribed two or more antipsychotic medication have ongoing monitoring and metabolic testing by having both an HbA1c and LDL-C test annually.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting

CPT	HbA1c Tests: 83036, 83037 LDL - C Tests: 80061, 83700, 83701, 83704, 83721
CPT II - Category II codes can be used for quality reporting to close care gaps, support data collection and reduce the burden of chart review. CPT II codes are billed with \$0.00 billable charge amount.	HbA1c Tests: 3044F, 3045F, 3046F LDL - C Tests: 3048F, 3049F, 3050F

Discussion Topic:

- To increase compliance, consider using standing orders to get lab tests.
- Educate members and their caregivers on the importance of completing annual visits and blood work annually for metabolic testing.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before a member leaving appointment as applicable for lab work.
- Reach out to patients that do not keep follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for lab work and assessments. Require staff to follow up with patients that miss or cancel their appointment.

Resources:

- Formulary located on the health plan website or contact **Evolve Pharmacy Solutions at 1-866-399-0928.**

APP: Use of First Line Care for Children and Adolescents on Antipsychotic:

This measure evaluates the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Reminder: Patients with an inpatient visit or 2 outpatient visits with a diagnosis of **bipolar, other psychotic disorder, or schizophrenia would be excluded** from this measure because antipsychotic medications may be clinically appropriate.

Clinical Goal

Due to the underutilization of first-line psychosocial interventions children and adolescents can be medicated unnecessarily and may inadvertently incur the risks associated with antipsychotic medications.

The goal is for member’s prescribed antipsychotic medication to have psychosocial interventions documented as the first line of treatment.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting and exclusions for members with a diagnosis of bipolar, other psychotic disorder, or schizophrenia.

Description	ICD-10 Codes
Bipolar Disorder	F30.10 – F31.78
Other Psychotic and Developmental Disorders	F22 – F24, F28, F29, F32.3, F33.3, F84.0 – F84.9, F95.0 – F95.9
Schizophrenia	F20.0 – F20.9, F25.0 – F25.9

Description	CPT/HCPCS
Psychosocial Care – Must be billed appropriately and documented to indicate the first line of treatment.	90832- 90834, 90837-90840, 90845 – 90849, 90853, 90875, 90876, 90880, with or without Telehealth modifier 95 or GT. G0176, G0177, G0409, G0410, G0411, H0004, H0035 - H0040, H2000, H2001, H2011 - H2020, S0201, S9480, S9484, S9485, with or without Telehealth modifier 95 or GT.

Discussion Topic:

- Ensure psychosocial care is given as a first-line treatment before prescribing antipsychotic medications and documented in the patient medical record.

Resources:

- Formulary located on the health plan website or contact **Evolve Pharmacy Solutions at 1-866-399-0928.**

FUA: Follow-up after Emergency Department visit for Alcohol and Other Drug Abuse or Dependence:

This measure evaluates the percentage of emergency department visits for members thirteen years of age and older with a principal diagnosis of alcohol or other drug abuse or dependence who had a follow-up visit with any practitioner for AOD. Two rates are reported.

Follow-up care within 30 days – The percentage of members who received follow-up within 30 days of the Emergency Department visit. (31 days)

Follow-up care within seven days – The percentage of members who received follow-up within seven days of the Emergency Department visit. (8 days)

Reminder: This measure includes follow up visits that occur on the date of the Emergency Department visit.

Intake period: January 1, 2019 – December 1, 2019

Clinical Goal

Members seen in the Emergency Department for alcohol or other drug abuse or dependence (AOD) diagnosis are at increased risk for inpatient admission if follow-up is not addressed timely. Appropriate follow-up care decreases the risk before they reach a crisis point or harm to the self or others.

The goal is for member’s that had an emergency department visit for principal alcohol or other drug abuse, or dependence diagnosis will be seen by **any practitioner** within seven days of discharge.

The goal is for member’s that had an emergency department visit for principal alcohol or other drug abuse or dependence diagnosis, or self-harm will be seen by any practitioner within **30 days of discharge**.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting of alcohol or other drug abuse or dependence and follow-up visits occurred:

Description	ICD-10-CM
Alcohol Abuse or dependence	F10.10-F19.29

When submitting claims for follow-up treatment include the appropriate AOD diagnosis along with the procedure codes as indicated below.

Description	CPT/HCPCS	POS
Outpatient Visit (Group 1) with any practitioner with Outpatient POS (Group 1), with or without telehealth modifier and a principle AOD diagnosis.	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 Telehealth Modifier – 95 or GT	02,03, 05, 07,09,11 – 20, 22, 33, 49, 50, 52, 53, 57, 71, 72

Outpatient Visit (Group 2) with any practitioner with Outpatient POS (Group 2), with or without telehealth modifier and a principle AOD diagnosis.	99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifier – 95 or GT	02, 52, 53
Observation visit with any practitioner and a principle AOD diagnosis.	99217-99220	
Telephone visit with any practitioner and a principle AOD diagnosis.	98966 – 98968, 99441 -99443	
Online Assessment with any practitioner and a principle AOD diagnosis.	98969, 99444	

Discussion Topic:

- Train your patients and staff on the “Teach Back Method” to ensure patients and caregivers review and understand discharge instructions and the next steps in their care for follow –up.
- Provide education to patients and caregivers on the importance of follow-up to reduce the risk of inpatient admission.
- Reach out to patients that do not keep initial follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for follow-up after discharge visits and require staff to follow up with patients that miss or cancel their appointment.

Resources:

- Teach – Back: Intervention, Patient and Family Engagement, The Agency for Healthcare Research and Quality: ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfepprimarycare/interventions/teach-back.html

HEDIS Performance Measure

FUH: Follow-up after Hospitalization for Mental Illness

This measure evaluates the percentage of members six years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported.

Follow-up care within 30 days – The percentage of members discharged and had a follow-up visit within 30 days after discharge.

Follow-up care within seven days – The percentage of members discharged and had a follow-up visit within seven days after discharge.

Reminder: Follow – up visits that occur on the date of discharge does not count as timely compliance for a visit.

Intake period: January 1, 2019 – December 1, 2019

Clinical Goal

Members hospitalized for a mental health diagnosis are at risk for readmission after discharge if follow-up is not addressed. Appropriate follow-up care decreases the risk of readmissions and provides an opportunity to identify patients in need of further hospitalization before they reach a crisis point or cause harm to their self or others.

The goal is for member's that had an inpatient hospitalization for mental health diagnosis will be seen by a mental health practitioner within **seven days of discharge**.

The goal is for member's that had an inpatient hospitalization for mental health diagnosis will be seen by a mental health practitioner within **30 days of discharge**.

Note: Follow-up with a PCP does not meet the measure.

Proper coding is essential to ensure accurate reporting of mental illness and follow-up visits:

Description	ICD-10 Codes
Mental Health Diagnosis	F03.90, F03.91, F20.0-F53, F59-FF66, F68.10-F69, F80.0-F84.9, F88-F95.9, F98.0-F99
Intentional Self Harm	T14.91**, T36.0**- T65.92**, T71.112** - T71.232**

** The appropriate 7th character is to be added to indicate: A – Initial encounter, D – subsequent encounter, or S - Sequela

Description	CPT/HCPCS	UBREV	POS
Outpatient Visit <u>with</u> a mental health practitioner <u>with or without</u> telehealth modifier	98960-98962, 99708, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510, 99483, G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010-H2011, H2013 -H2020, M0064, T1015 Telehealth Modifier – 95 or GT		
Outpatient Visit <u>with</u> mental health practitioner with Outpatient POS <u>with or without</u> telehealth modifier	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifier – 95 or GT	0513, 0900-0905, 0907, 0911-0916, 0917, 0919, 0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983	03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Intensive Outpatient Encounter (Partial Hospitalization/Intensive Outpatient) with a mental health practitioner	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S 9484, S9485	0905, 0907, 0912, 0913	
Transitional Care Management <u>with</u> a mental health practitioner with or without telehealth modifier	99496, 99495 Telehealth Modifier – 95 or GT		

Discussion Topic:

- Train your patients and staff on the “Teach Back Method” to ensure patient’s and caregivers review and understand discharge instructions and the next steps in their care for follow-up.
- Maintain appointment availability in your practice for recent hospital discharges.
- Make sure member has two appointments before discharge: one within seven days and one within 30 days.
- Provide education to the patient and caregivers on the importance of follow-up to reduce the risk of readmission.
- Reach out to patients that do not keep initial follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for follow-up after discharge visits and require staff to follow up with patients that miss or cancel their appointment.
- **Reminder:** Telehealth services, completed by a qualified mental health practitioner, do count for this HEDIS measure.

Resources:

- Teach – Back: Intervention, Patient and Family Engagement, The Agency for Healthcare Research and Quality: ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfepprimarycare/interventions/teach-back.html
- National Institute of Mental Health – nimh.nih.gov

HEDIS Performance Measure

FUM: Follow-up after Emergency Department for Mental Illness

This measure evaluates the percentage of emergency department visits for members six years of age and older with a diagnosis of mental illness or intentional self-harm who had a follow-up visit with any practitioner. Two rates are reported.

Follow-up care within 30 days – The percentage of members who received follow-up within 30 days of the Emergency Department visit. (31 days)

Follow-up care within seven days – The percentage of members who received follow-up within seven days of the Emergency Department visit. (8 days)

Reminder: This measure includes follow up visits that occur on the date of the Emergency Department visit.

Intake period: January 1, 2019 – December 1, 2019

Clinical Goal

Members seen in the Emergency Department for mental health diagnosis are at increased risk for inpatient admission if follow-up is not addressed timely. Appropriate follow-up care decreases the risk before they reach a crisis point or harm to the self or others.

The goal is for member’s that had an emergency department visit for a principal mental health diagnosis or self-harm will be seen by **any practitioner** within **seven days of discharge**.

The goal is for member's that had an emergency department visit for a principal mental health diagnosis or self-harm will be seen by any practitioner within **30 days of discharge**.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting of mental health disorder or intentional self-harm and follow-up visits occurred:

Description	ICD-10 Codes
Mental Health Diagnosis	F03.90, F03.91, F20.0-F53, F59-FF66, F68.10-F69, F80.0-F84.9, F88-F95.9, F98.0-F99
Intentional Self Harm	T14.91**, T36.0**- T65.92**, T71.112** - T71.232**

** The appropriate 7th character is to be added to indicate: A – Initial encounter, D – subsequent encounter, or S - Sequela

When submitting claims for follow-up treatment include the appropriate mental health diagnosis or intentional self-harm diagnosis along with the procedure codes as indicated below.

Description	CPT/HCPCS	UBREV	POS
Outpatient Visit with any practitioner with Outpatient POS, with or without telehealth modifier.	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifier – 95 or GT		03, 05, 07,09,11 – 20, 22, 33, 49, 50, 71, 72
BH Outpatient visit with mental health practitioner with or without telehealth modifier.	98960-98962, 99708, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510, 99483, G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010-H2011, H2013 -H2020, M0064, T1015 Telehealth Modifier – 95 or GT	0513, 0900-0905, 0907, 0911-0916, 0917, 0919, 0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983	
Intensive Outpatient Encounter or Partial Hospitalization with POS, with or without Telehealth Modifier	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifier – 95 or GT		52
Intensive Outpatient Encounter or Partial Hospitalization	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S 9484, S9485	0905, 0907, 0912, 0913	

Community Mental Health Center with POS, and with or without Telehealth Modifier	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifier – 95 or GT		53
Electroconvulsive Therapy with POS	90870 ICD – 10 – PCS GZB0ZZZ – GZB4ZZZ Telehealth Modifier – 95 or GT	0901	53, 03, 05, 07, 09, 11 – 20, 22, 33, 49, 50, 71, 72, 52
Telehealth Visit, Telehealth POS, with or with Telehealth Modifier	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifier – 95 or GT		02
Observation Visit	99217 - 99220		

Discussion Topic:

- Train your patients and staff on the “Teach Back Method” to ensure patients and caregivers review and understand discharge instructions and the next steps in their care for follow –up.
- Maintain appointment availability in your practice for recent hospital discharges.
- Make sure member has two appointments before discharge: one within seven days and one within 30 days.
- Provide education to patients and caregivers on the importance of follow-up to reduce the risk of readmission.
- Reach out to patients that do not keep initial follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for follow-up after discharge visits and require staff to follow up with patients that miss or cancel their appointment.
- **Reminder:** Telehealth services, completed by a qualified mental health practitioner, do count for this HEDIS measure.

Resources:

- Teach – Back: Intervention, Patient and Family Engagement, The Agency for Healthcare Research and Quality: <https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfepprimarycare/interventions/teach-back.html>
- National Institute of Mental Health – nimh.nih.gov

IET: Initiation and Engagement of Alcohol and Other Drugs Abuse or Dependence Treatment

This measure evaluates the percentage of adolescent and adult members 13 years and older with a new episode of alcohol; or other drug (AOD) abuse or dependence who received the following:

Initiation of AOD Treatment: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.

Engagement of AOD Treatment: The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.

Visits: A total of 3 visits by 34 days after diagnosis:

- One visit within 14 days of diagnosis
- Two more visits within 34 days or diagnosis

Intake Period: January 1, 2019 - November 14, 2019

Clinical Goal

Increasing initiation and engagement of members who have an alcohol and other drug dependence (AOD) can help to minimize drug use related illnesses and deaths, unburdening overused health services and alleviating other socioeconomic hardships associated with substance use disorders.

Members who are diagnosed with alcohol or drug dependence will be referred immediately to an appropriate provider for treatment of alcohol or other drug dependence.

OR

Schedule a follow-up visit within 14 days at your practice, to initiate treatment of independence and then two additional follow up visits for AOD treatment in the 30 days following the Initiation visit.

Note: Member must be compliant within 14 days for Initiation to meet criteria for both Initiation and Engagement.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting. When treating patients for issues related to alcohol or other drug dependence diagnosis, code for the diagnosis on every claim.

Description	ICD-10-CM
Alcohol Abuse or dependence	F10.10-F19.29
Opioid Abuse or dependence	F11.10 – F11.29
Other Drug Abuse or Dependence	F12.10 – F16.29, F18.10, F18.120 – F18.129, F 18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20 – F18.29, F19.10, F19.120 – F19.229, F19.230 - F19.29

Treatment Codes to be used with Diagnosis Code	Education: 98960 – 98962, 99078 E&M: 99201 – 99205, 99211 – 99215, 99217 -99220 Consultation: 99241 – 99245 Assisted Living/Home Care Oversight: 99341 – 99345, 99347 – 99350 Preventive Services: 99384 – 99387, 99394 – 99397 Counseling: 99401 – 99404, 99408, 99409, 99411 – 99412, 99510	HCPCS G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015
Treatment in Office with diagnosis code and POS	CPT 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876	POS 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72
Treatment in Community Mental Health Center or Psychiatric Facility	99221-99223, 99231-99233, 99238, 99239, 99251-99255	52, 53

Discussion Topic:

- Maintain appointment availability in your practice for patients requiring visits for initiation and engagement.
- When diagnosing a patient with alcohol or other drug dependences, arrange to follow-up visits over before the patient leaving the office, or refer to the patient immediately to a behavioral health provider.
- Involve others who are supportive of the patient to increase participation in treatment.
- Educate patient and caregivers on available resources in the community the importance of follow-up to reduce the risk of inpatient admission or repeat Emergency Department visits.
- Reach out to patients that do not keep initial follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for follow-up visits and require staff to follow up with patients that miss or cancel their appointment.

Resources:

- Teach – Back: Intervention, Patient and Family Engagement, The Agency for Healthcare Research and Quality: ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfprimarycare/interventions/teach-back.html
- National Institute of Mental Health – nimh.nih.gov
- National Institute of Alcohol Abuse and Alcoholism - niaaa.nih.gov
- Substance Abuse and Mental Health Services Administration - samhsa.gov/atod

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

The percentage of members 19–64 years of age during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period.

Clinical Goal

Schizophrenia is a chronic psychiatric disorder that requires ongoing treatment and monitoring. **Medication noncompliance is common and a major concern** in the treatment of schizophrenia. Using antipsychotic medications as prescribed can reduce the risk of relapse and hospitalization.

The goal is for member’s prescribed antipsychotic medication to remain on their medication.

Note: Members are excluded if they had at least one diagnosis of dementia or if they did not receive at least two antipsychotic medications during the measurement year.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting. When treating a patient for schizophrenia diagnosis, code for the diagnosis on every claim.

Description	ICD-10 Codes
Schizophrenia	F20.0 – F20.9, F25.0 – F25.9

Discussion Topic:

- Educate members and their caregivers on the importance of medication compliance.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before member leaves appointment.
- Reach out to patients that do not keep follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for follow-up visits and require staff to follow up with patients that miss or cancel their appointment.

Resources:

- Formulary located on the health plan website or contact **Evolve Pharmacy Solutions at 1-866-399-0928**.

SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

Clinical Goal

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia, schizoaffective or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Screening and monitoring of physical health needs is an important way to improve health, quality of life and economic outcomes downstream.

The goal is for members with schizophrenia, and cardiovascular disease receives annual LDL – C test.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting. When treating a patient for schizophrenia and cardiovascular diagnosis, code for the diagnosis on every claim.

Description	ICD-10 Codes
Schizophrenia	F20.0 – F20.9, F25.0 – F25.9
Ischemic Vascular Disease	Use the appropriate code family: I

CPT	LDL- C Tests: 80061, 83700, 83701, 83704, 83721
CPT II - Category II codes can be used for quality reporting to close care gaps, support data collection and reduce the burden of chart review. CPT II codes are billed with \$0.00 billable charge amount.	LDL – C Tests: 3048F, 3049F, 3050F

Discussion Topic:

- Educate members and their caregivers on the importance of completing blood work annually.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before a member leaving appointment as applicable for lab work.
- Reach out to patients that do not keep follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for lab work and assessments. Require staff to follow up with patients that miss or cancel their appointment.

SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Clinical Goal

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia, schizoaffective or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Screening and monitoring of physical health needs is an important way to improve health, quality of life and economic outcomes downstream.

The goal is for members with schizophrenia and Diabetes receive annual assessment and screenings HbA1c and LDL – C test. Documentation of the date of tests and lab results should be in the medical record.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting. When treating a patient for schizophrenia and Diabetes, code for the diagnosis on every claim.

Description	ICD-10 Codes
Schizophrenia	F20.0 – F20.9, F25.0 – F25.9
Diabetes	Use the appropriate code family: E or O

CPT	HBA1c Tests: 83036, 83037 LDL- C Tests: 80061, 83700, 83701, 83704, 83721
CPT II - Category II codes can be used for quality reporting to close care gaps, support data collection and reduce the burden of chart review. CPT II codes are billed with \$0.00 billable charge amount.	HBA1c Tests: 3044F, 3045F, 3046F LDL-C Tests: 3048F, 3049F, 3050F

Discussion Topic:

- To increase compliance, consider using standing orders to get lab tests.
- Educate members and their caregivers on the importance of completing annual visits and blood work annually.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before a member leaving appointment as applicable for lab work and diabetes management.
- Reach out to patients that do not keep follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for lab work and assessments. Require staff to follow up with patients that miss or cancel their appointment.

SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotics Medications

The percentage of members 18–64 years of age with schizophrenia, schizoaffective or bipolar disorder, who have dispensed an antipsychotic medication and had a diabetes screening during the measurement year.

Clinical Goal

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia, schizoaffective or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Screening and monitoring of physical health needs is an important way to improve health, quality of life and economic outcomes downstream.

The goal is for members with schizophrenia or Bipolar Disorder who were dispensed antipsychotic medication receive annual assessment and screenings for Diabetes.

Documentation of the date of the glucose test or HbA1c lab results should be in the medical record.

Criteria to meet the goal

Proper coding is essential to ensure accurate reporting.

Description	ICD-10 Codes
Schizophrenia	F20.0 – F20.9, F25.0 – F25.9
Bipolar Disorder	F30.10 – F31.78
Other Bipolar Disorder	F31.81, F31.89, F31.9

CPT	HbA1c Tests: 83036, 83037
CPT II - Category II codes can be used for quality reporting to close care gaps, support data collection and reduce the burden of chart review. CPT II codes are billed with \$0.00 billable charge amount.	HbA1c Tests: 3044F, 3045F, 3046F

Discussion Topic:

- To increase compliance, consider using standing orders to get lab tests.
- Educate members and their caregivers on the importance of completing annual visits and blood work annually.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before a member leaves appointment as applicable for lab work and diabetes management.
- Reach out to patients that do not keep follow-up appointments and set flags if available in EHR or develop tracking method for members due or past due for lab work and assessments. Require staff to follow up with patients that miss or cancel their appointment.



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