

HEDIS® Measurement Year 2022 AT-A-GLANCE Behavioral Health Measures

We value everything you do to deliver quality care for our members – your patients – and to make sure they have a positive healthcare experience.

There are several behavioral health measures that providers can directly impact related to follow-up care for mental illness or substance use disorders, medication adherence, and metabolic monitoring.

That's why we've created this easy-to-use, informative HEDIS® At-A-Glance Toolkit. It gives you the tools you need to meet, document and code HEDIS® measures. Together, we can provide the care and services our members need to stay healthy and improve quality scores and Star Ratings.

This supports our providers and ultimately benefits our members. Please contact your Provider Relations representative if you need more information or have any questions.

Quality care is a team effort. Thank you for playing a starring role!



Peach State Health Plan, Wellcare, and Ambetter are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). *2022 ICD-10 Diagnosis Codes**CPT copyright 2022 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

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Follow-Up Care for Children Prescribed ADHD Medication (ADD)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of children newly prescribed attention-deficit/ hyperactivity disorder (ADHD) medication (no claims for 120 days prior) who had at least three 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.</p> <ol style="list-style-type: none"> Initiation Phase: The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. Continuation and Maintenance (C&M) Phase: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. <p>Applicable Lines of Business: Medicaid</p> <p>Age Group: 6 – 12 years</p> <p>Exclusion(s): Members with a diagnosis of narcolepsy; Members in hospice</p> <p>Measurement Period: The 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year.</p>	<p>Measure Intent: Provides an opportunity to track medication use in patients and provide the appropriate follow-up care to monitor clinical symptoms and potential adverse events.</p> <ul style="list-style-type: none"> ▶ Complete a comprehensive medical and psychiatric exam including checklists for rating ADHD symptoms before diagnosing and prescribing. ▶ When prescribing a new ADHD medication limit to a 14–21-day supply and schedule the follow up visit before the patient and legal guardian leave the office to assess how the medication is working and to address side effect issues. ▶ Educate and encourage the patient/guardian to attend follow-up appointments monthly until the child's symptoms have been stabilized, then every 3-6 months for continued assessment of learning and behavior. If the patients' legal guardian cancels an appointment be sure to reschedule right away keeping in mind the measurement time periods. ▶ Submit the correct billing codes and utilize telehealth <p>Before prescribing ADHD medication for your younger Medicaid patients refer to the Preferred Drug List (PDL) on the state-specific health plan website.</p>	<p>CPT® Codes for Initiation, Continuation and Maintenance Phases: 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99219, 99241-99245, 99341-99345, 99347, 99348-99350, 99381-33387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510</p> <p>Important Reminder for Continuation and Maintenance Phases of Treatment: Only one of the two visits (during days 31-300) may be an e-visit or virtual check-in</p> <p>Telehealth: CPT® Codes: 98969, 98971, 99421 - 99444, 99457</p> <p>HCPCS Codes: G0017, G2010, G2012, G2061 - G2063</p> <p>ADHD Medications: Dexamethylphenidate, Lisdexamfetamine, Methamphetamine, Dextroamphetamine, Methylphenidate, Clonidine, Guanfacine, Atomoxetine</p>

Antidepressant Medication Management (AMM)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of members 18 years of age and older who were newly treated with an antidepressant medication (no claims for a period of 105 days prior), with a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:</p> <ul style="list-style-type: none"> ▶ Effective Acute Phase Treatment – Members who remained on an antidepressant medication for at least 84 days (12 weeks). ▶ Effective Continuation Phase Treatment – Members who remained on an antidepressant medication for at least 180 days (6 months). <p>Applicable Lines of Business: Medicaid Medicare Marketplace</p> <p>Age Group: 18 years and older</p> <p>Exclusion(s): Members who did not have a diagnosis of major depression or are in hospice</p> <p>Measurement Period: The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.</p>	<p>Measure Intent: Provides an opportunity to track antidepressant use in patients and provide appropriate follow-up care to monitor clinical worsening and suicide risk.</p> <ul style="list-style-type: none"> ▶ Before diagnosing a patient with Major Depression, complete a comprehensive medical exam, including lab testing, which may identify metabolic cause of depression. Accurate diagnosis drives appropriate treatment and interventions. Rule out medical or mental disorders that can produce symptoms similar to depression. ▶ Manage your patients' depression with a systematic approach for accurate assessment and diagnosis. Begin with a nationally recognized tool such as the Patient Health Questionnaire (PHQ-9) using the billing code 96127 in conjunction with the ICD-10 diagnosis code Z13. <p>Engaging with and educating your patients is the key to medication compliance.</p> <ol style="list-style-type: none"> 1. Discuss how to take antidepressants how they work, the benefits and how long to take them. 2. Tell your patients how long they can expect to be on the antidepressants before they start to feel better. 3. Stress the importance of taking the medication even if they begin feeling better. 4. Talk about common side effects, how long they may last and how to manage them. 	<p>Antidepressant Medications: Bupropion, Vilazodone, Vortioxetine, Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine, Nefazodone, Trazodone, Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine, Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine, Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Maprotiline, Mirtazapine, Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine</p>



Antidepressant Medication Management (AMM), continued

	Intent and Recommendations	
	<p>5. Let your patient know what to do if they have questions or concerns.</p> <p>6. Monitor with scheduled follow-up appointments.</p> <p>7. Ask the patient to consider a psychotherapy referral. This may increase the chances of staying on medication and decrease the likelihood of recurrence.</p> <p>Before prescribing antidepressant medication for your Medicaid patients, refer to the Preferred Drug List (PDL) on the Peach State Health Plan website.</p> <p>Before prescribing antidepressant medication for your Medicare patients refer to the Plan Formulary.</p>	


Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of children and adolescents on antipsychotics who received blood glucose testing. 2. The percentage of children and adolescents on antipsychotics who received cholesterol testing. 3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing. <p>Applicable Lines of Business: Medicaid</p> <p>Age Group: 1 - 17 years</p> <p>Exclusion(s): Members in hospice</p> <p>Measurement Period: Jan. 1-Dec. 31</p>	<p>Measure Intent: Due to the potential negative health consequences associated with children developing cardiometabolic side effects from an antipsychotic medication, it is important to both establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects.</p> <ul style="list-style-type: none"> ▶ Encourage the legal guardians of your patients prescribed antipsychotic medication to schedule an annual HbA1c test or glucose test and an LDL test at the time of prescribing 2 or more antipsychotic medications. ▶ Follow up with your patient's legal guardian to discuss and educate on lab results. ▶ To increase compliance, consider ordering the annual HbA1c or glucose, and LDL tests as standing orders. ▶ Encourage guardians to sign release of information forms and coordinate care with your patients' other treating medical and behavioral health specialists. 	<p>Blood Glucose Tests CPT® Codes: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1C Lab Tests CPT® Codes: 83036, 83037 CPT® -CAT II: 3044F, 3045F, 3046F</p> <p>LDL-C Lab Tests CPT® Codes: 80061, 83700, 83701, 83704, 83721 CPT® -CAT II: 3048F, 3049F, 3050F</p> <p>Cholesterol Lab Tests other than LDL CPT® Codes: 82465, 83718, 84478</p> <p>Antipsychotic Medications: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine, Thiothixene, Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Fluoxetine-olanzapine, Perphenazine-amitriptyline, Prochlorperazine</p>

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication (no claims for a period of 120 days prior) and had documentation of psychosocial care as first-line treatment (90 days prior through 30 days after the dispensing date)</p> <p>Applicable Lines of Business: Medicaid</p> <p>Age Group: 1 - 17 years</p> <p>Exclusion(s): Members for whom first-line antipsychotic medications may be clinically appropriate. Members in hospice</p> <p>Measurement Period: Jan. 1 - Dec. 1</p>	<p>Measure Intent: Children without primary indication for an antipsychotic and who are not given the benefit of a trial of psychosocial treatment first, may unnecessarily incur the risks associated with antipsychotic medications and since psychosocial interventions are associated with better outcomes, underuse of these therapies may lead to poorer mental and physical health outcomes.</p> <ul style="list-style-type: none"> ▶ Before ordering a new antipsychotic prescription for your patient, consider a referral for a psychosocial assessment or psychosocial treatment. ▶ Ensure that the patients' psychosocial assessment or psychosocial treatment is part of your patients' treatment record before writing a new prescription for an antipsychotic medication. ▶ Utilize Telehealth or telephone visits <p>Before prescribing antipsychotic medication for your younger Medicaid patients, refer to the Preferred Drug List (PDL) on the Peach State Health Plan website.</p>	<p>CPT® Codes for Psychological Care: 90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90875, 90876, 90880</p> <p>HCPCS Codes for Psychological Care: G0176, G0177, G0409 - G0411, H0004, H0035 - H0040, H2000, H2001, H2011 - H2014, H2017 - H2020, S0201, S9480, S9484, S9485</p> <p>With or without a Telehealth modifier: 95, GT</p> <p>Antipsychotic Medications: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine, Thiothixene, Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Fluoxetine-olanzapine, Perphenazine-amitriptyline, Prochlorperazine</p>


Follow-Up After Emergency Department Visit for Substance Use (FUA)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received a follow-up visit or a pharmacotherapy dispensing event within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up visit or a pharmacotherapy dispensing event within 7 days of the ED visit (8 total days). <p>Applicable Lines of Business: Medicaid Medicare Marketplace</p> <p>Age Group: 13 years and older</p> <p>Exclusion(s): ED visits that resulted in any Inpatient stay the day of or within 30 days Members in hospice</p>	<p>Measure Intent: To ensure care coordination for members who are discharged from the ED following high-risk substance use events, since those individuals may be particularly vulnerable to losing contact with the health care system.</p> <p>Follow-up visits that occur on the same day as the ED discharge count for compliance.</p> <ul style="list-style-type: none"> ▶ Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling. ▶ If the member’s appointment does not occur within the first 7 days post-ED visit, please schedule the appointment to occur within 30 days post-ED visit. ▶ Keep in mind that patients in an ED setting may have a medical as well as a comorbid SUD diagnosis so communication with the patients’ PCP or medical specialist may be helpful in getting the patient into SUD treatment. ▶ Utilize telehealth or telephone visits 	<p>Visit Setting Unspecified CPT® Codes: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>ICD-10: AOD Abuse and Dependence and Substance Induced Disorder Codes: F10.xx-F19.xx (excludes remission codes)</p> <p>Unintentional Drug Overdose Codes: <i>example</i> T40.0X1A</p> <p>BH Outpatient CPT® Codes: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Substance Use Disorder Services HCPCS Codes: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012</p> <p>Substance Use Disorder Services UB Rev Codes: 0906, 0944-0945</p> 

Follow-Up After Emergency Department Visit for Substance Use (FUA), continued

		Coding and Services
		<p>Behavioral Health Assessment CPT® Codes: 99408-99409</p> <p>Behavioral Health Assessment HCPCS Codes: G0396-G0397, G0442, G2011, H0001-H0002, H0031, H0049</p> <p>Substance Use Services HCPCS Codes: H0006, H0028</p> <p>AOD Medication Treatment HCPCS Codes: H0020, H0033, J0570-J0575, J2315, Q9991-Q9992, S0109</p> <p>ODU Weekly Drug Treatment Service HCPCS Codes: G2067-G2073</p>


Follow-Up After Hospitalization for Mental Illness (FUH)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of discharges for members 6 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 provider. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge. <p>Applicable Lines of Business: Medicaid Medicare Marketplace</p> <p>Age Group: 6 years and older</p> <p>Exclusion(s): Non-Acute Inpatient Members in hospice</p> <p>Measurement Period: Jan. 1-Dec 1.</p>	<p>Measure Intent: An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care.</p> <p>Follow-up visits that occur on the same day as the IP discharge do not count.</p> <ul style="list-style-type: none"> ▶ Schedule the 7-day follow-up visit within 5 days of discharge to allow flexibility in rescheduling. ▶ If the member's appointment does not occur within the first 7 days post-discharge, please schedule the appointment to occur within 30 days. ▶ Engage with and educate the member and guardian on the importance of follow-up care ▶ Offer Telehealth and phone visits 	<p>Visit Setting Unspecified CPT® Codes: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255</p> <p>BH Outpatient CPT® Codes: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510</p> <p>Electroconvulsive Therapy CPT® Code: 90870</p> <p>Observation CPT® Codes: 99217-99220</p> <p>Transitional Care Management Services CPT® Codes: 99495-99496</p> <p>BH Outpatient HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010-H2011, H2013-H2020, T1015</p> <p>Community Mental Health Center POS: 53</p> <p>ICD10-PCS Codes: GZB0ZZZ-GZB4ZZZ</p> <p>Ambulatory Surgical Center POS: 24</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> 

Follow-Up After Hospitalization for Mental Illness (FUH), continued

=		Coding and Services
		<p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Partial Hospitalization/Intensive Outpatient UB Rev: 0905, 0907, 0912, 0913</p> <p>Telehealth POS: 02</p> <p>Behavioral Healthcare Setting UB Rev Codes: 0513, 0900-0919</p> <p>Telephone Visits CPT® Codes: 98966-98968, 99441-99443</p> <p>Psychiatric Collaborative Care Management CPT® Codes: 99492-99494</p> <p>Psychiatric Collaborative Care Management HCPCS Code: G0512</p>

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Compliance includes:</p> <ol style="list-style-type: none"> 1. A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after the visit or discharge. 2. A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 7 days after the visit or discharge. <p>Applicable Lines of Business: Medicaid Medicare Marketplace</p> <p>Age Group: 13 years and older</p> <p>Exclusion(s): Non-Acute Inpatient Members in hospice</p> <p>Measurement Period: Jan. 1-Dec 1.</p>	<p>Measure Intent: Timely follow-up and continuity of care following a high intensity event for a diagnosis of SUD is critical, as individuals receiving SUD care in these settings are vulnerable to losing contact with the health care system.</p> <p>Follow-up visits that occur on the same day as the discharge from IP, residential treatment, or detoxification visits do not count.</p> <ul style="list-style-type: none"> ▶ Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling. Involve the member's caregiver regarding the follow up after the visit or discharge. ▶ If the member's appointment does not occur within the first 7 days post-visit/discharge, please schedule the appointment to occur within 30 days post-visit/discharge. ▶ Follow-up does not include detoxification. ▶ Methadone is not included on the medication lists for this measure. ▶ Engage with and educate the member and guardian on the importance of follow-up care ▶ Offer Telehealth and phone visits 	<p>ICD-10 AOD Abuse and Dependence and Substance Induced Disorder Codes: F10.xx-F19.xx (excludes remission codes)</p> <p>Inpatient Stay UB Rev Codes: 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 1000-1002</p> <p>Visit Setting Unspecified CPT® Codes: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>BH Outpatient CPT® Codes: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Non-residential Substance Abuse Treatment Facility POS: 57-58</p> <p>Community Mental Health Center POS: 53</p> <p>Telehealth POS: 02</p> 

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Coding and Services	
	<p>Substance Use Disorder Services HCPCS Codes: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012</p> <p>OUD Weekly Non-Drug Treatment Service HCPCS Codes: G2071, G2074-G2077, G2080</p> <p>OUD Monthly Office-Based Treatment HCPCS Codes: G2086-G2087</p> <p>Observation CPT® Codes: 99217-99220</p> <p>Residential Behavioral Health Treatment HCPCS Codes: H0017-H0019, T2048</p> <p>Telephone Visits CPT® Codes: 98966-98968, 98441-98443</p> <p>Online Assessments CPT® Codes: 98969, 98971-98972, 99421-99444, 99457</p> <p>AOD Medication Treatment HCPCS Codes: H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109</p> <p>OUD Weekly Drug Treatment Service HCPCS Codes: G2067-G2073</p> <p>Pharmacotherapy dispensing event: Opioid Use Disorder Treatment Medications: Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant) ¹, Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p>Alcohol Use Disorder Treatment Medications: Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral and delayed-release tablet)</p> <hr/> <p>¹ Buprenorphine administered via transdermal patch or buccal film are not included because they are FDA-approved for the treatment of pain, not for opioid use disorder.</p>

Follow-Up after Emergency Department Visit for Mental Illness (FUM)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). <p>Applicable Lines of Business: Medicaid Medicare Marketplace</p> <p>Age Group: 6 years and older</p> <p>Exclusion(s): ED visits that resulted in any Inpatient Stay the day of or within 30 days. Members in hospice</p> <p>Measurement Period: Jan. 1–Dec 1.</p>	<p>Measure Intent: Research suggests that for people with Serious Mental Illness, both low-intensity interventions, such as appointment reminders, and high-intensity interventions, such as assertive community treatment, can be effective following an ED visit, to encourage follow-up care in the outpatient setting</p> <p>Follow-up visit can occur on the same day as the ED discharge</p> <ul style="list-style-type: none"> ▶ Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling. ▶ If the member’s appointment does not occur within the first 7 days post-ED visit, please schedule the appointment to occur within 30 days post-ED visit. ▶ Keep in mind that patients in an ED setting may have a medical as well as a comorbid MH diagnosis so communication with the patients’ PCP or medical specialist may be helpful in getting the patient into treatment for their mental illness. ▶ Utilize telehealth or telephone visits <p>The follow-up visit must have a principal diagnosis of a mental health disorder or intentional self-harm</p>	<p>ICD-10 Mental Illness Diagnosis Codes: F03.9x, F20-25.xx, F28-34. xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx</p> <p>ICD-10 Intentional Self-Harm Diagnosis Codes example: T39.92XA</p> <p>Visit Setting Unspecified CPT® Codes: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255</p> <p>BH Outpatient CPT® Codes: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Community Mental Health Center POS: 53</p> <p>Electroconvulsive Therapy CPT Codes: 90870</p> <p>Ambulatory Surgical Center POS: 24</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>Telehealth POS: 02</p> <p>Observation CPT® Codes: 99217-99220</p> <p>Telephone Visits CPT® Codes: 98966-98968, 99441-99443</p> <p>Behavioral Healthcare Setting UB Rev Codes: 0513, 0900-0919</p>

Initiation and Engagement of Substance Use Disorder Treatment (IET)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage members age 13 and older with a new (no SUD diagnosis 194 days prior) episode of substance use disorder (SUD) who received the following.</p> <ul style="list-style-type: none"> ▶ Initiation of SUD Treatment: The percentage of members who initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis. ▶ Engagement of SUD Treatment: The percentage of members who initiated treatment and who were engaged in ongoing SUD treatment within 34 days of the initiation visit. <p>Applicable Lines of Business: Medicaid Medicare Marketplace</p> <p>Age Group: 13 years and older</p> <p>Exclusion(s): SUD episodes that occurred during the 194 days prior to the new SUD episode date. Members in hospice</p> <p>Measurement Period: New episodes of SUD, November 15 of the year prior to the measurement year–November 14 of the measurement year</p>	<p>Measure Intent: Individuals who engage in early SUD treatment have been found to have decreased odds of negative outcomes, including mortality. The intent of this measure is to assess access to evidence-based SUD treatment for individuals beginning a new episode of treatment.</p> <ul style="list-style-type: none"> ▶ A PCP or medical specialist, along with BH practitioners and providers may provide the SUD diagnosis a variety of settings, such as, but not limited to, a medical ED visit, PCP office visit, acute IP medical treatment, or treatment for detox. Once the patient has a new SUD diagnosis, the initiation phase begins. ▶ Schedule the initial 14-day follow-up visit within 10 days of new SUD diagnosis to allow flexibility in rescheduling. Utilize Telehealth ▶ At the end of the initial follow-up appointment, schedule two more follow-up appointments to occur within 34 days of the initial follow-up appointment. ▶ When treating a member for issues related to SUD, remember to code the diagnosis on every claim. ▶ Encourage member and guardians to sign appropriate release of information forms and coordinate care with their medical and behavioral health providers. ▶ Follow-up care does not include detoxification. Exclude all detoxification events (HCPCS H0008-H0014, ICD-10 PCS HZ2ZZZZ, UB Rev 0116, 0126, 0136, 0146, 0156) when identifying follow-up visits for numerator compliance. 	<p>ICD-10 AOD Abuse and Dependence and Substance Induced Disorder Codes: F10.xx-F19.xx (excludes remission codes)</p> <p>Visit Setting Unspecified CPT® Codes: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>BH Outpatient CPT® Codes: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Non-residential Substance Abuse Treatment Facility POS: 57-58</p> <p>Community Mental Health Center POS: 53</p> <p>Telehealth POS: 02</p> <p>Substance Use Disorder Services HCPCS Codes: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012</p> <p>OD Weekly Non-Drug Treatment Service HCPCS Codes: G2071, G2074-G2077, G2080</p> 

Initiation and Engagement of Substance Use Disorder Treatment (IET), continued

		Coding and Services
		<p>UD Monthly Office-Based Treatment HCPCS Codes: G2086-G2087</p> <p>Observation CPT® Codes: 99217-99220</p> <p>Residential Behavioral Health Treatment HCPCS Codes: H0017-H0019, T2048</p> <p>Telephone Visits CPT® Codes: 98966-98968, 98441-98443</p> <p>Online Assessments CPT® Codes: 98969, 98971-98972, 99421-99444, 99457</p> <p>AOD Medication Treatment HCPCS Codes: H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109</p> <p>UD Weekly Drug Treatment Service HCPCS Codes: G2067-G2073</p> <p>Pharmacotherapy dispensing event Opioid Use Disorder Treatment Medications: Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant)¹, Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p>Alcohol Use Disorder Treatment Medications: Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral and delayed-release tablet)</p> <hr/> <p>¹ Buprenorphine administered via transdermal patch or buccal film are not included because they are FDA-approved for the treatment of pain, not for opioid use disorder.</p>

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p> <p>Applicable Lines of Business: Medicaid Medicare</p> <p>Age Group: 18 years and older</p> <p>Exclusion(s): A diagnosis of dementia Less than two antipsychotic medication dispensing events Members in hospice</p> <p>Measurement Period: Jan. 1-Dec 31.</p>	<p>Measure Intent: Measuring antipsychotic medication adherence may lead to less relapse and fewer hospitalizations. Additionally, there is potential to lead to interventions to improve adherence and help close the gap in care between people with schizophrenia and the general population. A PCP or medical specialist, along with BH practitioners and providers may provide the SUD diagnosis a variety of settings, such as, but not limited to, a medical ED visit, PCP office visit, acute IP medical treatment, or treatment for detox. Once the patient has a new SUD diagnosis, the initiation phase begins.</p> <ul style="list-style-type: none"> ▶ Consider the use of long-acting injectable antipsychotic medications to increase adherence. ▶ Engage with and educate your patients on how to take their medications. Include the importance of continuing to take the medication even if they begin feeling better and to not stop taking the medication without consulting you first. ▶ The treatment period is the time between the members first antipsychotic medication fill date in the current year through Dec 31st of the current year. ▶ Encourage family support and signed release of information forms to coordinate care <p>Before prescribing antipsychotic medication for your Medicaid patients, refer to the Preferred Drug List (PDL) on the Peach State Health Plan website.</p> <p>Before prescribing antipsychotic medication for your Medicare patients refer to the Health Plan Formulary.</p>	<p>Long-Acting Injections HCPCS Codes:</p> <ul style="list-style-type: none"> ▶ 14-day supply: J2794 ▶ 28-day supply: J0401, J1631, J1943, J1944, J2358, J2426, J2680 ▶ 30-day supply: J2798 <p>Antipsychotic Medications: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Amitriptyline-perphenazine, Thiothixene</p>

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)

HEDIS® Measure	Intent and Recommendations	Coding and Services
<p>Measure Specifications: The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</p> <p>Applicable Lines of Business: Medicaid</p> <p>Age Group: 18 – 64 years</p> <p>Exclusion(s): Members diagnosed with Diabetes Members diagnosed with schizophrenia or bipolar but did not receive antipsychotic medications Members in hospice</p> <p>Measurement Period: Jan. 1–Dec 31.</p>	<p>Measure Intent: Diabetes screening for individuals with schizophrenia or bipolar disorder who are prescribed an antipsychotic medication may lead to earlier identification and treatment of diabetes. A glucose test or an HbA1c test performed during the measurement year will close this gap.</p> <ul style="list-style-type: none"> ▶ Encourage members with schizophrenia or bipolar disorders who are also on antipsychotic medication to schedule an annual HbA1c test or glucose test at the time of their visit. ▶ To increase compliance, consider ordering the HbA1c or glucose test as an annual standing order. ▶ BH providers (MD, NP or other professional with lab ordering ability) can order diabetic tests for patients who do not have regular contact with their PCP. The BH provider then coordinates medical management with the PCP 	<p>ICD-10 Codes for Schizophrenia: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9</p> <p>ICD-10 Codes for Bipolar Disorder: F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4-F31.5, F31.60-F31.64, F31.70-F31.78</p> <p>Blood Glucose Tests CPT® Codes: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1c Lab Tests CPT® Codes: 83036, 83037</p> <p>CPT® -CAT II: 3044F, 3045F, 3046F, 3051F, 3052F</p>