



HEDIS[®] Measurement Year 2022 At-A-Glance Behavioral Health Measures



We value everything you do to deliver quality care to our members — your patients — to ensure they have a positive healthcare experience.

There are several HEDIS[®] 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 At-A-Glance Toolkit. It will give 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 while also improving our quality scores and Star Ratings.

Please contact your Provider Relations Representative if you need more information or have any questions.



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1-833-404-1061 (TTY: 711)

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p> <p>Measure Specifications:</p> <p>The percentage of children <i>newly</i> prescribed 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"> 1. <i>Initiation Phase.</i> The percentage of members ages 6–12 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. 2. <i>Continuation and Maintenance (C&M) Phase.</i> The percentage of members ages 6–12 with an ambulatory prescription dispensed for ADHD medication who were 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>Age Group:</p> <p>6–12 years</p> <p>Exclusion(s):</p> <p>Members in hospice or with a diagnosis of narcolepsy.</p> <p>Measurement Period:</p> <p>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:</p> <p>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- to 21-day supply and schedule a follow-up visit before the patient or legal guardian leave the office to assess how the medication is working and to address any side effects. • Educate and encourage the patient and parent or guardian to attend follow-up appointments monthly until the child’s symptoms have stabilized, then every 3–6 months for continued assessment of learning and behavior. If parents or guardian cancel the patient’s appointment, be sure to reschedule right away to keep within measurement time periods. • Submit the correct billing codes and utilize telehealth options if needed. 	<p>CPT® Codes for Initiation, Continuation and Maintenance Phases:</p> <p>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: <i>Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in.</i></p> <p>(CPT® codes 98969, 98971, 99421–99444, 99457, G0017, G2010, G2012, G2061–G2063)</p> <p>ADHD Medications:</p> <p>Dexamethylphenidate, Lisdexamfetamine, Methamphetamine, Dextroamphetamine, Methylphenidate, Clonidine, Guanfacine, Atomoxetine</p> <p><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Antidepressant Medication Management (AMM)</p> <p><i>*Applicable Foster Care Measure</i></p> <p>Measure Specifications:</p> <p>The percentage of members ages 18 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"> • <i>Effective Acute Phase Treatment.</i> Members who remained on an antidepressant medication for at least 84 days (12 weeks). • <i>Effective Continuation Phase Treatment.</i> Members who remained on an antidepressant medication for at least 180 days (6 months). <p>Age Group:</p> <p>18 years and older</p> <p>Exclusion(s):</p> <p>Members who are in hospice or members who do not have a diagnosis of major depression.</p> <p>Measurement Period:</p> <p>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:</p> <p>Provides an opportunity to track antidepressant use in patients and provide appropriate follow-up care to monitor clinical worsening and/or 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 a metabolic cause of depression. Accurate diagnosis drives appropriate treatments and interventions. Rule out medical or mental disorders that can produce symptoms similar to depression. • Manage patient’s 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 patients is the key to medication compliance. Consider taking these steps:</p> <ol style="list-style-type: none"> 1. Discuss how to take antidepressants, how they work, their benefits, and how long to take them. 2. Tell your patients how long they can expect to be on an antidepressant before they start feeling 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:</p> <p>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> <p><i>*Codes subject to change.</i></p>

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Antidepressant Medication Management (AMM) – <i>continued</i>	<ol style="list-style-type: none">5. Let your patient know what to do if they have questions or concerns.6. Monitor with scheduled follow-up appointments.7. Ask the patient to consider a psychotherapy referral. This may increase the chances of staying on medication and decrease the likelihood of a recurrence.	

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<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p> <p><i>*Applicable Foster Care Measure</i></p> <p>Measure Specifications:</p> <p>The percentage of children and adolescents ages 1–17 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>Age Group:</p> <p>1–17 years</p> <p>Exclusion(s):</p> <p>Members in hospice.</p> <p>Measurement Period:</p> <p>January 1 through December 1 of a given calendar year.</p>	<p>Measure Intent:</p> <p>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 parents or legal guardians of your patients prescribed antipsychotic medication to schedule an annual HbA1c test or glucose test and a LDL test when two or more antipsychotic medications are prescribed. • Follow up with your patient’s parent or legal guardian to discuss and educate them on lab results and what they mean. • To increase compliance, consider ordering the annual HbA1c or glucose, and LDL tests as standing orders. • Encourage parents or legal guardians to sign release of information forms and coordinate care with your patients’ other treating medical and behavioral health specialists. 	<p>CPT® Codes for Blood Glucose Tests: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>CPT® Codes for HbA1C Tests: 83036, 83037, 3044F, 3045F, 3046F</p> <p>CPT® Codes for LDL-C Tests: 80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F</p> <p>CPT® Codes for Cholesterol Tests Other Than LDL: 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> <p><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</p> <p><i>*Applicable Foster Care Measure</i></p> <p>Measure Specifications:</p> <p>The percentage of children and adolescents ages 1–17 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>Age Group:</p> <p>1–17 years</p> <p>Exclusion(s):</p> <p>Members in hospice and members for whom first-line antipsychotic medications may be clinically appropriate.</p> <p>Measurement Period:</p> <p>January 1 through December 1 of a given calendar year.</p>	<p>Measure Intent:</p> <p>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. 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 patient’s psychosocial assessment or psychosocial treatment is part of their treatment record before writing a new prescription for an antipsychotic medication. • Utilize telehealth options if needed. 	<p>CPT® Codes for Psychological Care:</p> <p>90832–90834, 90836–90840, 90845–90847, 90849, 90853, 90875, 90876, 90880</p> <p>HCPCS Codes for Psychological Care:</p> <p>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:</p> <p>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> <p><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Follow-Up After Emergency Department Visit for Substance Use (FUA)</p> <p>Measure Specifications:</p> <p>The percentage of emergency department (ED) visits for members ages 13 and older with a principal diagnosis of substance use disorder 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 a follow-up visit or a pharmacotherapy dispensing event within 7 days of the ED visit (8 total days). <p>Age Group:</p> <p>13 years and older</p> <p>Exclusion(s):</p> <p>ED visits that resulted in any inpatient stay the day of or within 30 days.</p> <p>Members in hospice.</p>	<p>Measure Intent:</p> <p>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 healthcare 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 following their 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 and comorbid substance use disorder diagnosis, so communication with the patient’s PCP or medical specialist may be helpful in getting the patient into substance use disorder treatment. • Utilize telehealth options if needed. 	<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: example T40.OX1A</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><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Follow-Up After Emergency Department Visit for Substance Use (FUA) – continued</p>		<p>Substance Use Disorder Services UB Rev Codes: 0906, 0944–0945</p> <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>

*Codes subject to change.

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Follow-Up After Hospitalization for Mental Illness (FUH)</p> <p><i>*Applicable Foster Care Measure</i></p> <p>Measure Specifications:</p> <p>The percentage of children and 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 <i>after</i> discharge. 2. The percentage of discharges for which the member received follow-up within 7 days <i>after</i> discharge. <p>Age Group: 6 years and older</p> <p>Exclusion(s): Non-acute inpatient. Members in hospice.</p> <p>Measurement Period: January 1 through December 1 of a given calendar year.</p>	<p>Measure Intent:</p> <p>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 • Utilize telehealth options if needed. 	<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>53ICD10-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> <p style="text-align: right;"><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
Follow-Up After Hospitalization for Mental Illness (FUH) – <i>continued</i>		<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: G051</p> <p>ODD 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 style="text-align: right;"><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</p> <p>Measure Specifications:</p> <p>The percentage of acute inpatient hospitalizations, residential treatments, or detoxification visits for a diagnosis of substance use disorder among members ages 13 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 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 7 days after the visit or discharge. <p>Age Group:</p> <p>13 years and older</p> <p>Exclusion(s):</p> <p>Members in hospice. Non-acute inpatient</p> <p>Measurement Period:</p> <p>January 1 through December 1 of a given calendar year.</p>	<p>Measure Intent:</p> <p>Timely follow up and continuity of care following a high-intensity event for a diagnosis of substance use disorder is critical, as individuals receiving substance use disorder care in these settings are vulnerable to losing contact with the healthcare 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. Be sure to involve the patient’s caregiver or parent/guardian in any follow-up instructions after the visit or discharge. • If the patient’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 patient and/or their parent or legal guardian on the importance of follow-up care. • Utilize telehealth options or phone visits if needed. 	<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><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) – continued</p>		<p> OUD Weekly Drug Treatment Service HCPCS Codes: G2067-G2073 </p> <p> Pharmacotherapy Dispensing Event </p> <p> <i>Opioid Use Disorder Treatment Medications:</i> Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant) ¹, Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) </p> <p> <i>Alcohol Use Disorder Treatment Medications:</i> Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral and delayed-release tablet) </p> <p> ¹Buprenorphine administered via transdermal patch or buccal film are not included because they are FDA-approved for the treatment of pain and not for opioid use disorder. </p> <p style="text-align: right;">*Codes subject to change.</p>

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<p>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</p> <p><i>*Applicable Foster Care Measure</i></p> <p>Measure Specifications:</p> <p>The percentage of emergency department (ED) visits for members ages 6 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 care within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up care within 7 days of the ED visit (8 total days). <p>Age Group:</p> <p>6 years and older</p> <p>Exclusion(s):</p> <p>ED visits that resulted in any inpatient stay the day of or within 30 days.</p> <p>Members in hospice.</p> <p>Measurement Period:</p> <p>January 1 through December 1 of a given calendar year.</p>	<p>Measure Intent:</p> <p>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. These interventions encourage follow-up care in the outpatient setting.</p> <p>Follow-up visits 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 <i>and</i> comorbid mental health diagnosis, so communication with the patient's PCP or medical specialist may be helpful in getting the patient into treatment for their mental illness. • Utilize telehealth options if needed. • The follow-up visit must have a principal diagnosis of a mental health disorder or intentional self-harm. 	<p>ICD-10 Mental Illness</p> <p>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</p> <p>Diagnosis Codes example: T39.92XA</p> <p>Visit Setting Unspecified</p> <p>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 style="text-align: right;"><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Follow-Up After Emergency Department Visit for Mental Illness (FUM) – <i>continued</i></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>

*Codes subject to change.

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Initiation and Engagement of Substance Use Disorder Treatment (IET)</p> <p>Measure Specifications:</p> <p>The percentage members ages 13 and older with a new episode of substance use disorder (and no substance use disorder diagnoses within the past 194 days) who received the following:</p> <ol style="list-style-type: none"> <i>Initiation of Substance Use Disorder Treatment.</i> The percentage of members who initiate treatment through an inpatient substance use disorder admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis. <i>Engagement of Substance Use Disorder Treatment.</i> The percentage of members who initiated treatment and who were engaged in ongoing substance use disorder treatment within 34 days of the initiation visit. <p>Age Group: 13 years and older</p> <p>Exclusion(s): Members in hospice or substance use disorder episodes that occurred during the 194 days prior to the new substance use disorder episode date.</p> <p>Measurement Period: New episodes of substance use disorder, November 15 of the year prior to the measurement year through November 14 of the measurement year.</p>	<p>Measure Intent:</p> <p>Individuals who engage in early substance use disorder treatment have been found to have decreased odds of negative outcomes, including mortality. The intent of this measure is to measure access to evidence-based substance use disorder treatment for patients 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 substance use disorder diagnosis in 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 substance use disorder diagnosis, the initiation phase begins. Schedule the initial 14-day follow-up visit within 10 days of a new substance use disorder diagnosis to allow flexibility in rescheduling. Utilize telehealth options if needed. At the end of the initial follow-up appointment, schedule two more appointments to occur within 34 days of the initial visit. 	<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>ODU Weekly Non-Drug Treatment Service HCPCS Codes: G2071, G2074–G2077, G2080</p>

*Codes subject to change.

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Initiation and Engagement of Substance Use Disorder Treatment (IET) – <i>continued</i></p>	<ul style="list-style-type: none"> When treating a member for issues related to substance use disorder, remember to code the diagnosis on every claim. Encourage patients and their caregivers or parents/guardians to sign the 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>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</p> <p><i>Opioid Use Disorder Treatment Medications:</i> Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant)¹, Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p><i>Alcohol Use Disorder Treatment Medications:</i> Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral and delayed-release tablet)</p> <p>¹Buprenorphine administered via transdermal patch or buccal film are not included because they are FDA-approved for the treatment of pain and not for opioid use disorder.</p> <p style="text-align: right;"><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</p> <p>Measure Specifications:</p> <p>The percentage of members ages 18 and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the measurement year.</p> <p>Age Group:</p> <p>18 years and older</p> <p>Exclusion(s):</p> <p>Members in hospice or members with a diagnosis of dementia.</p> <p>Members with fewer than two antipsychotic medication dispensing events.</p> <p>Measurement Period:</p> <p>January 1 through December 1 of a given calendar year.</p>	<p>Measure Intent:</p> <p>Measuring antipsychotic medication adherence may lead to less relapse and fewer hospitalizations. Additionally, there is the potential to lead interventions that improve adherence and help close the gap in care between people with schizophrenia and the general population.</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 member’s first antipsychotic medication fill date in the current year through December 31 of the current year. • Encourage patients and/or their caregivers to sign the appropriate release of information forms and coordinate care with their medical and behavioral health providers. 	<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>Antidepressant Medications:</p> <p>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> <p><i>*Codes subject to change.</i></p>

HEDIS® Measure	Intent and Recommendations	Coding and Services*
<p>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</p> <p>Measure Specifications: The percentage of members ages 18–64 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>Age Group: 18–64 years</p> <p>Exclusion(s): Members diagnosed with diabetes. Members diagnosed with schizophrenia or bipolar but who did not receive antipsychotic medication. Members in hospice.</p> <p>Measurement Period: January 1 through December 1 of a given calendar year.</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>CPT® Codes for Glucose Tests: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>CPT® Codes for HbA1c Tests: 83036, 83037 CPT II: 3044F, 3045F, 3046F, ≥ 7%–< 8%: 3051F, ≥ 8%–≤ 9%: 3052F</p> <p style="text-align: right;"><i>*Codes subject to change.</i></p>