

Follow-Up After Hospitalization for Mental Illness

Eligible Population	Individuals 6 years and older who were hospitalized for treatment of selected mental health diagnoses	
Goals	Follow-up within 7 days after date of discharge with a mental health practitioner	
Mental Health Professionals	Psychiatrist, Psychologist, Psychiatric nurse practitioner or clinical nurse specialist, Masters prepared Social worker, Certified marital and family therapist (MFT) or professional counselor (PCC, PCC-S).	
Codes	ICD-10: F03.90, F03.91, F20.XXX, F21, F22, F23, F24, F25.XXX, F28, F29, F30.XXX, F31.XXX, F32.XXX, F33.XXX, F34.XXX, F39, F40.XXX, F41.XXX, F42, F43.XXX, F44.XXX, F45.XXX, F48.XXX, F50.XXX, F51.XXX, F52.XXX, F53, F59, F60.XXX, F63.XXX, F64.XXX, F65.XXX, F66, F68.XXX, F69, F80.XXX, F81.XXX, F82, F84.XXX, F88, F89, F90.XXX, F91.XXX, F93.XXX, F94.XXX, F95.XXX, F98.XXX, F99	

Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatments

Eligible Population	Individuals 13 years and older with a new episode of alcohol or other drug dependence	
Goals	Initiation of AOD treatment- members who initiated treatment through an inpatient alcohol and other drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.	Engagement of AOD treatment- members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
Codes	ICD-10: F10.XXX, F11.XXX, F12.XXX, F13.XXX, F14.XXX, F15.XXX, F16.XXX, F18.XXX, F19.XXX,	

Metabolic Monitoring for Children and Adolescents on Antipsychotics

Eligible Population	Individuals 1-17 years of age	
Goals	Children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing.	
Codes	CPT: 80047, 80048, 80050, 80053, 80061, 80069, 82465, 82947, 82950, 82951, 83036, 83037, 83700, 83701, 83704, 83718, 83721, 84478 CPT II: 3044F, 3045F, 3046F, 3048F, 3049F, 3050F	

Antidepressant Medication Management

Eligible Population	Adults age 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.	
Goals	Effective Acute Phase Treatment: Members who were treated with antidepressant medication for at least 84 days (12 weeks).	Effective Communication Phase Treatment: Members who remained on an antidepressant medication for at least 180 days (6 months)
Codes	ICD-10: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9	

Identification of Alcohol and Other Drug Services

Eligible Population	Any member with a diagnosis of alcohol or other drug dependence
Goals	Treatment for alcohol or other drug dependence, including inpatient, intensive outpatient, partial hospitalization, out-patient and emergency department encounters Services may be provided by a physician or non-physician practitioner
Codes	ICD-10: F10.XXX, F11.XXX, F12.XXX, F13.XXX, F14.XXX, F15.XXX, F16.XXX, F18.XXX, F19.XXX, F19.XXX

Follow-up for Children Prescribed ADHD Medications

Eligible Population	Children ages 6 through 12 with newly prescribed attentiondeficit/ hyperactivity disorder (ADHD) medication	
Goals	Initiation Phase: Members with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.	Continuation and Maintenance (C&M) Phase: Members 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 lease tow follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
Codes	ICD-10: F03.90, F03.91, F20.XXX, F21, F22, F23, F24, F25XXX, F28, F29, F30.XXX, F31.XXX,F32.XXX, F33.XXX, F34.XXX, F39, F40.XXX, F41.XXX, F42, F43.XXX, F44.XX, F45.XXX, F48.XXX, F50.XXX, F51.XXX, F52.XXX, F53, F59, F60.XXX, F63.XXX, F64.XXX, F65.XXX, F66, F68.XXX, F69, F80.XXX, F81.XXX, F82, F84.XXX, F88, F89, F90.XXX, F91.XXX, F93.XXX,F94.XXX, F95.0, F95.XXX, F98.XXX, F99	

Mental Health Utilization

Eligible Population	Any member with a diagnosis of mental illness
Goals	Treatment for mental illness, including inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department encounters Services may be provided by a mental health or nonmental health practitioner
Codes	ICD-10: F10.XXX, F11.XXX, F12.XXX, F13.XXX, F14.XXX, F15.XXX, F16.XXX, F18.XXX, F19.XXX, F19.XXX

The Humana - CareSource Clinical Practice Registry and Member Profile are available to providers to lookup services and tests needed for members. To access the Humana - CareSource Clinical Practice Registry and Member Profile, please visit CareSource.com.

- The Clinical Practice Registry can be found by clicking Providers > State > Product > Member Care > Clinical Guidelines
- Member Profiles can be found by logging on the Provider Portal

Healthcek¹ age specific screening forms can be found at:
<http://medicaid.ohio.gov/RESOURCES/Publications/MedicaidForms.aspx>

¹ Healthcek is Ohio's name for federal EPSDT services

The above codes are examples of codes typically billed for the various types of services and may change from year to year. Submitting claims using these codes helps improve reporting of quality measures performed. Please keep in mind, billing these codes does not guarantee payment.

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CPT® is a registered trademark of the American Medical Association.
 HCPCS: Healthcare Common Coding Procedure Coding System Level II.
 ICD-10: Is the International Classification of Diseases, Ninth Revision, Clinical Modification developed by the World Health Organization. Centers for Medicare & Medicaid Services at www.cms.gov/Medicare/Coding/icd10/.

Quality Assurance Reporting Requirements (QARR) are largely adopted from NCQA HEDIS with state-specific measures added to address health issues of particular importance.

This document is not inclusive of all codes and measures. The measure descriptions and codes in this document are derived from the 2016 HEDIS Volume 1 Technical Specifications/Value Set Directory, and the Quality Assurance Reporting Requirements Technical Specifications manual. Please provide to your office personnel as appropriate.