

# HEDIS Tips for Behavioral Health Measures

HEDIS Measures & Definitions	What You Can Do	Coding Tips
<p><b>Antidepressant Medication Management (AMM)</b> Patients 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment.</p> <p><b>Two rates are reported:</b></p> <ul style="list-style-type: none"> <li><b>Effective Acute Phase:</b> Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li><b>Effective Continuation Phase:</b> Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</li> </ul>	<p>Educate patients that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions</p> <p>Stress that they should not stop medication abruptly or without consulting you first for assistance</p> <p>Schedule follow up appointments prior to patient leaving your office Outreach patients that cancel appointments and have not rescheduled</p> <p>Stress the importance of medication compliance.</p>	<p><b>ICD-10 CM Codes for Major Depression:</b> F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>
<p><b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b></p> <p>Children 6-12 years of age, newly prescribed ADHD medication who had at least 3 follow-up visits within a 10 month period, one of which was within 30 days of when the ADHD medication was dispensed. Two rates are reported:</p> <ul style="list-style-type: none"> <li><b>Initiation Phase:</b> A follow-up visit with a <i>practitioner with prescribing</i> authority during the 30 day initiation phase</li> <li><b>Continuation Phase:</b> children that remained on the ADHD medication for at least 210 days, and in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ul>	<p>When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office.</p> <p>Explain to the parent/guardian the importance of follow-up care</p> <p>Schedule the initial follow-up for 2-3 weeks after stating the medication</p> <p>No refills unless the child has the initial follow-up visit</p> <p>After the initial follow-up visit, schedule at least 2 more visits over the next 9 months to check the child's progress</p> <p>Encourage parents/caregivers to ask questions about their child's ADHD</p>	<p><b>CPT stand alone visit codes:</b> 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p><b>UB REV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983</p> <p><b>CPT codes that require a POS code: CPT Group 1:</b> 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876<b>POS Group 1:</b> 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 or a <b>Telehealth Modifier:</b> 95, GT</p> <p><b>CPT Group 2:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255<b>POS Group 2:</b> 52, 53 or a <b>Telehealth Modifier:</b> 95, GT</p> <p><b>One follow-up visit in the Continuation phase can also use:</b> <b>Telephone Visit CPT Codes:</b> 98966-98968, 99441-99443</p>
<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b></p> <p>Patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <li><b>Follow-Up care within 30 days of discharge</b></li> <li><b>Follow-Up care within 7 days of discharge</b></li> </ul> <p><b>Change for H2018</b>—Follow up visits that occur on the date of discharge <b>do not count!</b></p>	<p>Maintain appointment availability in your practice for recent hospital discharges.</p> <p>Explain the importance of follow-up to your patients.</p> <p>Reach out to patients that do not keep initial follow-up appointments and reschedule them ASAP</p> <p>Telehealth services, completed by a qualified mental health practitioner, do count for this HEDIS measure.</p>	<p><b>Follow-Up Visit Codes</b></p> <p><b>CPT:</b> 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99383–99387, 99393–99397, 99401–99404, 99411, 99412, 99510 <b>TCM CPT:</b> 99495, 99496</p> <p><b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876 <b>with POS:</b> 2, 3, 5, 7, 9, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72 <b>CPT:</b> 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>with POS:</b> 2, 52, 53</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409–G0411, G0463, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p><b>Any of the above, with or without Telehealth Monitor CPT:</b> 95, GT</p> <p><b>UB Rev Codes for a visit at a behavioral healthcare facility:</b> 0513, 0900-0905, 907, 911-917, 919</p> <p><b>UB Rec Codes for visits at a non-behavioral healthcare facility with a mental health provider or with a diagnosis of mental illness:</b> 0510, 0515-0517, 0519-0523, 0526-0529, 0982-0983</p>

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<p><b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</b></p> <p>Adolescents (13 years and older) and Adults with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ul style="list-style-type: none"> <li><b>Initiation of AOD Treatment:</b> treatment initiated through inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis</li> <li><b>Engagement of AOD Treatment:</b> patients who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.</li> </ul> <p>A total of 3 visits by 34 days after diagnosis :  1 within 14 days of diagnosis  2 more within 34 days of diagnosis</p>	<p>Schedule follow up visits prior to patient leaving the office/IP facility.  If patients do not keep appointments, have staff reach out to reschedule them</p> <p><u><b>Initiation of Treatment Compliance</b></u>  <i>If the Index Episode was an inpatient discharge,</i> the inpatient stay is considered initiation of treatment and the member is compliant.  <i>If the Index Episode was an outpatient, intensive outpatient, partial hospitalization, telehealth, detoxification or ED visit,</i> the member must have an inpatient admission, outpatient visit, telehealth, intensive outpatient encounter or partial hospitalization, with a diagnosis of AOD abuse or dependence, on the IESD or in the 13 days after the IESD (14 total days). If the IESD and the initiation visit occur on the same day, they must be with different providers in order to count.</p> <p><u><b>Engagement of Treatment Compliance</b></u>  Numerator compliant for the Initiation of AOD Treatment numerator <b>and</b>  Two or more inpatient admissions, outpatient visits, telehealth, intensive outpatient encounters or partial hospitalizations with a diagnosis matching the IESD diagnosis, beginning on the day after the initiation encounter through 29 days after the initiation event (29 total days). Multiple engagement visits may occur on the same day, but they must be with different providers in order to count</p> <p><b>MAT :</b>  <b>For Alcohol Abuse or Dependence Medications</b>  Aldehyde dehydrogenase inhibitor -Disulfiram (oral)  Antagonist -Naltrexone (oral &amp; injectable)  Other - Acamprosate (oral, delayed release tab)  <b>For Opioid Abuse or Dependence Medications</b>  Antagonist –Naltrexone (oral &amp; injectable)  Partial Agonist –Buprenorphine (SL tab &amp; implant)  -Buprenorphine/naloxone (SL tab, buccal film, SL film)</p>	<p><b>Visit Codes</b>  <b>All visits ( either IP or OP must have a diagnosis matching the diagnosis that pulled the member into this measure.</b></p> <p><b>An acute or nonacute IP stay;</b>  <b>Stand Alone Visits</b>  <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510  <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015  <b>UB Rev Codes:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p> <p><b>CPT Visits Group 1:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 <b>with POS Group 1:</b> 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72  <b>CPT Visits Group 2:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <b>with POS Group 2:</b> 02, 52,53</p> <p><b>Telephone Visits CPT:</b> 98966-98968, 99441-99443  <b>Online Assessments CPT:</b> 98969, 99444</p> <p>If the Initiation of AOD treatment was not a MAT dispensing event, one or more of the MAT dispensing events beginning on the day after the initiation encounter through 33 days after the initiation event (total of 34 days) meets compliance..  <b>MAT visit HCPCS:</b> H0020, H0033, J0571-J0575, J2315, S0109</p> <p>If the Initiation of AOD treatment was a MAT dispensing event, two or more engagement events must occur where at least one visit is other than a MAT visit.</p>
<p><b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b></p> <p>Patients 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test annually</p>	<p>Screen your patients with Schizophrenia or Bipolar Disorder that are taking antipsychotic medications yearly for diabetes</p> <p>Explain to the patient the importance of completing lab work ordered</p> <p>You may be the only provider this patient sees. Order these tests and have results also sent to PCP</p>	<p><b>Glucose Test CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1C Test CPT:</b> 83036, 83037, 3044F-3046F</p>
<p><b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b></p> <p>Patients 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test annually</p>	<p>Stress importance that these tests are completed.</p> <p>You may be the only provider this patient sees. Order these tests and have results also sent to PCP</p> <p>Order at every visit until patient completes the test.</p>	<p><b>HbA1C Test CPT:</b> 83036, 83037, 3044F-3046F</p> <p><b>LDL –C test CPT:</b> 80061, 83700, 83701, 83704, 83721;  <b>CPT II:</b> 3048F-3050F</p>

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<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>  Patients 19- 64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication at least 80% of their treatment period	Patient education regarding medication compliance  Schedule follow-up appointments before patient leaves the office  Have office call and reschedule patients that do not keep appointments	<b>Schizophrenia ICD-10 CM Codes:</b> F20.0-F20.3, F20.5, F20.81.F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b>  Children age 1 -17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment (90 days before up to 30 days after prescription dispensed).	Document diagnoses with appropriate codes  (Patients with an Inpatient encounter or 2 outpatient encounters with a diagnosis of schizophrenia, bipolar or other psychotic disorder would be excluded from this measure because antipsychotic medication may be clinically appropriate.)	<b>Psychosocial Care Codes:</b> <b>CPT:</b> 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880  <b>HCPCS:</b> G1076, G1077, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>  Children age 1 – 17 years that have two or more antipsychotic prescription dispensing events of the same or different medications and had metabolic testing (Glucose or HbA1C and LDL –C or other cholesterol test)	Stress importance to parent/caregiver of the need to have these test performed  You may be the only provider this patient sees. Order these tests and have results also sent to PCP.  Order at every visit until patient completes the test.	<b>Glucose Test CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 <b>HbA1C Test CPT:</b> 83036, 83037; <b>CPT II:</b> 3044F-3046F <b>LDL –C test CPT:</b> 80061, 83700, 83701, 83704, 83721; <b>CPT II:</b> 3048F-3050F <b>Cholesterol tests other than LDL, CPT:</b> 82465, 83718, 84478
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)</b>  Children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications for at 90 consecutive days during the measurement year.  A lower rate indicates better performance	The measure reports when a child is on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.  Ask patients/parents/guardians to bring all medications to every appointment to ensure medication list is current and you can verify that all medications in the patient's possession should currently be taken by the patient.  Have your patients/parents/guardians acknowledge understanding when a medication should be discontinued. Encourage them to dispose of the discontinued medication so they do not take it by mistake.	<b>Miscellaneous Antipsychotics Agents:</b> Aripiprezole                      Molindone Asenapine                         Olanzapine Brexipiprazole                  Paliperidone Cariprazine                       Pimozide Clozapine                          Quetiapine Haloperidol                       Quetiapine Fumarate Iloperdone                        Risperidone Loxapine                          Ziprasidone Lurasidone  <b>Phenothiazine Antipsychotics:</b> Chlorpromazine                  Prochlorperazine Fluphenazine                    Thioridazine Perphenazine                    Trifluoperazine Perphenazine-amitriptyline  <b>Thioxanthenes:</b> Thiothixene  <b>Long-acting Injections:</b> Aripiprazole                      Olanzapine Fluphenazine decanoate       Paliperidone Palmitate Haloperidol decanoate        Risperidone

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<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>  Patients 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test annually	Stress importance that this test is completed.  You may be the only provider this patient sees. Order these tests and have results also sent to PCP  Order at every visit until patient completes the test.	<b>LDL –C test CPT:</b> 80061, 83700, 83701, 83704, 83721; <b>CPT II:</b> 3048F-3050F
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>  Patients 6 years of age and older who had an emergency department (ED) visit with a principal diagnosis of mental health disorder, who had a follow-up visit for mental illness. Two rates are reported <ul style="list-style-type: none"> <li>Follow-up within 30 days of the ED visit. (31 days total)</li> <li>Follow-up care within 7 days of the ED visit. (8 days total)</li> </ul> The measure includes follow up visits that occur on the date of the ED visit.	Maintain appointment availability in your practice for recent hospital discharges.  Explain the importance of follow-up to your patients.  Schedule the second appointment before the patient leaves your office and be sure it is within 30 days of discharge.  Reach out to patients that do not keep initial follow-up appointments and reschedule them ASAP  A telehealth visit with a principle diagnosis of a mental health disorder will meet criteria for a follow-up visit.  The follow up can be with any type of practitioner meets compliance as long as the principal diagnosis is a mental health disorder.	<b>Follow-Up Visit Codes</b> <b>CPT:</b> 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99383–99387, 99393–99397, 99401–99404, 99411, 99412, 99510 <b>TCM CPT:</b> 99495, 99496 <b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876 <b>with POS:</b> 2, 3, 5, 7, 9, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72 <b>CPT:</b> 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>with POS:</b> 2, 52, 53 <b>HCPCS:</b> G0155, G0176, G0177, G0409–G0411, G0463, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, M0064, S0201, S9480, S9484, S9485, T1015 <b>Any of the above, with or without Telehealth Monitor CPT:</b> 95, GT  <b>UB Rev Codes for a visit at a behavioral healthcare facility:</b> 0513, 0900-0905, 907, 911-917, 919  <b>UB Rec Codes for visits at a non-behavioral healthcare facility with a principal diagnosis of a mental health disorder:</b> 0510, 0515-0517, 0519-0523, 0526-0529, 0982 -0983
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)</b>  Patients 13 years of age and older that had an emergency department (ED) visit with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD. Two rates are reported: <ul style="list-style-type: none"> <li>Follow-up care within 30 days of the ED visit. (31 days total)</li> <li>Follow-up care within 7 days of the ED visit. (8 days total)</li> </ul> The measure includes follow up visits that occur on the date of the ED visit.	Maintain appointment availability in your practice for recent hospital discharges.  Schedule the second appointment before the patient leaves your office and be sure it is within 30 days of discharge.  Explain the importance of follow-up to your patients.  Reach out to patients that do not keep initial follow-up appointments and reschedule them ASAP  A principle diagnosis of alcohol and other drug dependence must be used to meet follow-up criteria.  A telehealth visit with a principle diagnosis of alcohol and other drug dependence will meet criteria for a follow-up visit.  If you are seeing the patient for multiple issues, the AOD diagnosis must be listed as the principal diagnosis to meet compliance for this measure.	<b>Any of the following with a principal diagnosis of AOD</b>  <b>Stand Alone Visits</b> <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409- G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034- H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015 <b>UB Rev Codes:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983  <b>CPT Visits Group 1:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 <b>with POS Group 1:</b> 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72 <b>CPT Visits Group 2:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <b>with POS Group 2:</b> 02, 52, 53 <b>Any of the above, with or without Telehealth Monitor CPT:</b> 95, GT <b>OR:</b> <b>Telephone Visits CPT:</b> 98966-98968, 99441-99443 <b>Online Assessments CPT:</b> 98969, 99444