



## ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

### MEETING THE HEDIS MEASURE

This measure assesses the percentage of members 18 years of age and older who were treated with antidepressants and had a diagnosis of major depression and who remained on an antidepressant medication treatment.

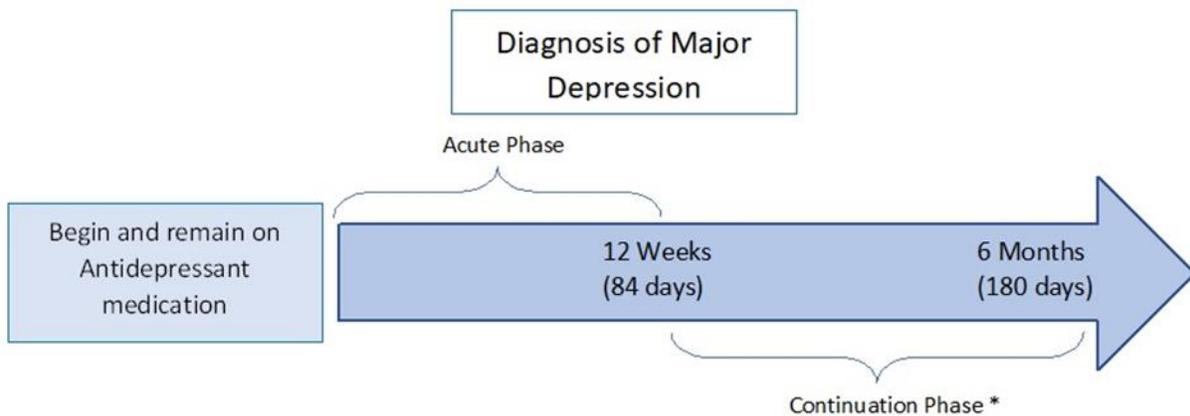
Two rates are reported:

- *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)

### WHY IS THE AMM MEASURE IMPORTANT?

Suicide is the 10th leading cause of death in the United States each year. Major depression can lead to serious impairment in daily functioning, including changes in sleep patterns, appetite, concentration, energy, and self-esteem, and can lead to self-harm and suicide. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing members' medication compliance, monitoring effectiveness of treatment, and identifying and managing side effects.

Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide.



\*The continuation phase is not measured until the acute phase is complete/compliant

### MEDICAL RECORDS SHOULD INCLUDE

When documenting major depression, make sure to include information about the following:

- Date of service
- Diagnosis of major depression
  - Whether the episode was single or recurrent
  - The severity of the episode, including mild, moderate, severe without psychotic features, or severe with psychotic features
  - The clinical status of the member and whether they are in partial or full remission

- Clear evidence that an antidepressant medication was prescribed

### WHAT CAN BE DONE TO HELP MEET THE MEASURE?

**Assist** clients in setting up a follow-up appointment with a prescriber when members are transitioning to another level of care. Schedule a follow-up appointment no later than four weeks after starting a new prescription.

**Remind** members about their appointments. Encourage the use of telehealth appointments to discuss side effects and answer questions about the medication.

**Target** outreach for clients at risk of noncompliance via phone calls, medication prompts or case management. When prescribing antidepressants, ensure members understand it may take up to 12 weeks for full effectiveness of medication and discuss side effects and the importance of medication adherence.

**Educate** staff about the importance of adherence to prescription medications, side effects and benefits of antidepressant medication.

**Involve** the client and family in a collaborative discussion of treatment options and promote client participation in decision-making. Many members with mild depression who are prescribed antidepressants do not stay on medication. Consider referral or a consult for talk therapy as an alternative to medication.

**Connect** the client to health coaching programs, peer support, case management and psychotherapy and help them understand mental health diagnoses are medical illnesses, not character flaws or weaknesses. Communicate with other providers to ensure a whole health approach.

### REQUIREMENTS

No special requirements

### SERVICE DATE RANGE

May 1 of the year prior to the measurement year to April 30 of the measurement year

### REQUIRED EXCLUSIONS

- Members who did not have an encounter with the diagnosis of major depression during the 121-day period from 60 days prior to the Index prescription start date (IPSD) through IPSD, and 60 days after IPSD
- Members in hospice or using hospice services during the measurement year
- Members who have died during the measurement year

 <b>Antidepressant Medications</b>		
<b>Drug Category</b>	<b>Medications</b>	<b>Other Prescription Names</b>
Miscellaneous Antidepressants	Bupropion	Aplenzin      Buproban      Wellbutrin SR Budeprion SR      Forfivo XL      Wellbutrin XL Budeprion XL      Wellbutrin      Zyban
	Vilazodone	Viibryd      Viibryd Titration Pack
	Vortioxetine	Trintellix
Monoamine Oxidase Inhibitors	Isocarboxazid	Marplan
	Phenelzine	Nardil
	Selegiline	Eldepryl      Emsam      Zelapar
	Tranylcypromine	Parnate
Phenylpiperazine Antidepressants	Nefazodone	Serzone
	Trazodone	Desyrel      Oleptro      Trialodine Desyrel Dividose



## Antidepressant Medications (Continued)

Drug Category	Medications	Other Prescription Names		
Psychotherapeutic Combinations	Amitriptyline-chlordiazepoxide	Limbitrol	Limbitrol DS	
	Amitriptyline-perphenazine	Duo-Vil 2-10 Duo-Vil 2-25	Etrafon Triavil	Triptafen
	Fluoxetine-olanzapine	Symbyax		
SNRI Antidepressants	Desvenlafaxine	Khedezla	Pristiq	
	Duloxetine	Cymbalta Drizalma Sprinkle	Irenka	Yentreve
	Levomilnacipran	Fetzima	Fetzima Titration Pack	
	Venlafaxine	Efexor Efexor-XR	Vencarm Venlablue	Venlalex Vensir
SSRI Antidepressants	Citalopram	CeleXA		
	Escitalopram	Lexapro		
	Fluoxetine	PROzac PROzac Weekly	Rapiflux Sarafem	Selfemra
	Fluvoxamine	Luvox	Luvox CR	
	Paroxetine	Brisdelle Paxil	Paxil CR	Pexeva
	Sertraline	Zoloft		
Tetracyclic Antidepressants	Maprotiline			
	Mirtazapine			
Tricyclic Antidepressants	Amitriptyline			
	Amoxapine			
	Clomipramine			
	Desipramine			
	Doxepin (>6 mg)			
	Imipramine			
	Nortriptyline			
	Protriptyline			
	Trimipramine			
<b>Canadian Prescription Name</b>				
SSRI Antidepressants	Escitalopram	ACT-Escitalopram ODT		
	Fluoxetine	PhI-FLUoxetine		

**COMMONLY USED CODES\***

<b>CPT® / CPT® II</b> <b>Electronic Clinical Data System (ECDS)</b>	
Acute Inpatient	99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291
BH outpatient	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510, HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
ED	99281, 99282, 99283, 99284, 99285
Electroconvulsive Therapy	90870 ICD10: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Nonacute Inpatient	99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316
Online Assessments	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telephone Visits	98966, 98967, 98968, 99441, 99442, 99443 POS: 02, 10
Transcranial Magnetic Stimulation	90867, 90868, 90869
Visit Setting Unspecified	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
<b>ICD-10 Codes</b>	
Major Depression	F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9

\*Codes are not all inclusive

\*\*Claims data only, cannot accept data through any other supplemental sources such as data feeds and medical record collection methods.

**REFERENCES**

*Antidepressant medication management.* NCQA. (2023a, February 3). <https://www.ncqa.org/hedis/measures/antidepressant-medication-management/>

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