### HEDIS Tips for Behavioral Health Measures

**HEDIS Measures & Definitions**

<table>
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<tr>
<th>ADHD Medication Management (AMM)</th>
<th>Effective Acute Phase: Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</th>
<th>Effective Continuation Phase: Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</th>
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**Follow-Up Care for Children Prescribed ADHD Medication (ADD)**

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:

- **Initiation Phase**: A follow-up visit with a practitioner with prescribing authority during the 30 day initiation phase
- **Continuation Phase**: children that remained on the ADHD medication for at least 30 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.

**Follow-Up After Hospitalization for Mental Illness (FUH)**

Patients 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 practitioner. Two rates are reported:

- **Follow-Up care within 30 days of discharge**
- **Follow-Up care within 7 days after discharge**

Follow up visits that occur on the date of discharge do **not count**!

All follow up visits must be with a mental health practitioner.

**Follow-Up Visits for 3 follow prescribed ADHD medication who had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.**

**When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office.**

- **Effective Acute Phase**: Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase**: Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)

**Maintain appointment availability in your practice for recent hospital discharges.**

- **Electroconvulsive therapy needs compliance when submitted with certain POS**
  - **ECT CPT**: 90870  **ICD10PCS**: GZ8OZZZ – GZ84ZZZ  **UBREV**: 901  with one of the following **POS codes**: 3,5,7,9,11-20,22,33,49,50,52,53,71,72

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- **Effective Acute Phase**: Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
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**WHEN PRESCRIBING A NEW ADHD MEDICATION FOR A PATIENT, SCHEDULE THE INITIAL FOLLOW-UP APPOINTMENT BEFORE THE PATIENT LEAVES THE OFFICE.**

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| **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)**  
Adolescents (13 years old by 12/31 and older) and Adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:  
- **Initiation of AOD Treatment**: treatment initiated through inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis  
- **Engagement of AOD Treatment**: patients who initiated treatment and had two or more additional AOD services or medication treatment within 34 days of the initiation visit.  
  
A total of 3 visits by 34 days after diagnosis:  
1 within 14 days of diagnosis  
2 more within 34 days of diagnosis  
  
Three AOD diagnosis cohorts:  
- Alcohol Abuse and Dependence  
- Opioid Abuse and Dependence  
- Other Drug Abuse and Dependence  
  
Member can appear in more than one AOD diagnosis cohort  
  
| 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  
An member can be included in this measure if they were seen as observation or in the ED with an AOD diagnosis and then admitted IP without an AOD diagnosis. The observation/ED AOD follows and index date for this measure is the date of IP discharge.  
**Initiation of Treatment Compliance**  
If the Index Episode was an inpatient discharge, the inpatient stay is considered initiation of treatment and the member is compliant.  
If the Index Episode was not an inpatient discharge, treatment must be initiated on the index episode date or by the 13th day after diagnosis.  
If the IESD and the initiation visit occur on the same day, they must be with different providers in order to count.  
**Engagement of Treatment Compliance**  
Numerator compliant for the Initiation of AOD Treatment numerator and  
Two or more engagement visits within 34 days.  
- If the initiation treatment was IP, the 34 days begins the day after discharge.  
- If medication treatment was the initiation treatment event, of the two engagement visits, only one can be a medication treatment  
- Any other initiation treatment event meets compliance if they have at least one engagement treatment event or two engagement visits.  
  
Two engagement visits can be on the same date of service but must be with different providers (exception is medication treatment event engagement visit—can be same provider).  
  
| **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**  
Patients 18 – 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test annually  
| Screen your patients with Schizophrenia or Bipolar Disorder that are taking antipsychotic medications yearly for diabetes  
Explain to the patient the importance of completing lab work ordered  
You may be the only provider this patient sees. Order these tests and have results also sent to PCP  
| Glucose Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951  
HbA1C Test CPT: 83036, 83037, 3044F-3046F  
  
| **Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)**  
Patients 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test annually  
| Stress importance that these tests are 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.  
| HbA1C Test CPT: 83036, 83037, 3044F-3046F  
LDL –C test CPT: 80061, 83700, 83701, 83704, 83721; CPT II: 3048F-3050F  
  
| Visit Codes  
All visits (either IP or OP) must have a diagnosis matching the diagnosis that pulled the member into this measure.  
The visit codes must also include a Dx code of alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence. The  
An acute or nonacute IP stay; Stand Alone Visits  
CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510  
UB Rev Codes: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983  
  
| CPT Visits Group 1: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876 with POS Group 1: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72  
CPT Visits Group 2: 99219-99223, 99231-99233, 99238, 99239, 99251-99255 with POS Group 2: 02, 52, 53  
The above visits can be with or without a CPT telephone modifier: 95, GT  
Observation Visit CPT: 99217-99220  
Telephone Visits CPT: 98966-98968, 99441-99443  
Online Assessments CPT: 59869, 99444  
  
| Medication treatment visit HCPCS: H0020, H0033, J0571-J0575, J2315, S0109  
| Glucose Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951  
HbA1C Test CPT: 83036, 83037, 3044F-3046F  
LDL –C test CPT: 80061, 83700, 83701, 83704, 83721; CPT II: 3048F-3050F  
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<td>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</td>
<td>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</td>
<td>Schizophrenia ICD-10 CM Codes: F20.0-F20.3, F20.5, F20.81,F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</td>
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<td>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</td>
<td>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.)</td>
<td>Psychosocial Care Codes: CPT: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G1076, G1077, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485</td>
</tr>
<tr>
<td>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</td>
<td>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.</td>
<td>Glucose Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 HbA1C Test CPT: 83036, 83037; CPT II: 3044F-3046F LDL –C test CPT: 80061, 83700, 83701, 83704, 83721; CPT II: 3048F-3050F Cholesterol tests other than LDL, CPT: 82465, 83718, 84478</td>
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<td>Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)</td>
<td>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.</td>
<td>Miscellaneous Antipsychotics Agents: Aripiprazole Molindone Asenapine Olanzapine Brexipiprazole Paliperidone Cariprazine Pimozide Clozapine Quetiapine Haloperidol Quetiapine Fumarate Iloperidone Risperidone Loxapine Ziprasidone Lurasidone Phenothiazine Antipsychotics: Chlorpromazine Prochlorperazine Fluphenazine Thioridazine Perphenazine Trifluoperazine Perphenazine-amiptriptyline Thioxanthenes: Thiothixene Long-acting Injections: Aripiprazole Olanzapine Fluphenazine decanoate Paliperidone Palmitate Haloperidol decanoate Risperidone</td>
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### Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

Patients 18–64 years of age with schizophrenia or schizoaffective disorder 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.

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

Patients 6 years of age and older who had an emergency department (ED) visit with a principal diagnosis of mental illness or intentional harm, who had a follow-up visit for mental illness. Two rates are reported:

- Follow-up within 30 days of the ED visit. (31 days total)
- Follow-up care within 7 days of the ED visit. (8 days total)

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.

### Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)

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:

- Follow-up care within 30 days of the ED visit. (31 days total)
- Follow-up care within 7 days of the ED visit. (8 days total)

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 principal diagnosis of alcohol and other drug dependence will meet criteria for a follow-up visit.

### Follow-Up Visit Codes

- **UBREV:** 910, 913, 914, 915, 919, 982, 983
- **TCM CPT:** 99495, 99496
- **CPTs that require a POS code:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255
- **With one of the following POS codes:** 2, 3, 5, 9, 10, 11, 20, 22, 33, 49, 50, 52, 53, 71, 72
- **Any of the above, with or without Telehealth Monitor CPT:** 95, GT
- **Observations CPTs:** 99217–99220
- **Partial Hospital/Inpatient HCPCS:** G410, G411, H0035, H2001, H2012, S2021, S9480, S9484, S9485
- **UBREV:** 905, 907, 912, 913
- **Electroconvulsive therapy meets compliance when submitted with certain POS CPT:** 90870
- **ICD10PCS:** GZB0ZZZ –GZB4ZZZ
- **UBREV:** 901 with one of the following POS codes: 3, 5, 7, 9, 11–20, 22, 33, 49, 50, 52, 53, 71, 72

### Coding Tips

- **LDL-C Test CPT:** 80061, 83700, 83701, 83704, 83721; **CPT II:** 3048F-3050F

### Online Assessments CPT

- **98966-98968, 99441-99443**