



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 behavioral health measures that providers can directly impact related to follow-up care for mental illness or substance use disorders, and medication adherence. 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 QRS measures. Together, we can provide the care and services our members need to stay healthy while also improving our quality scores. Please contact your Provider Relations Representative if you need more information or have any questions.

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS[®] measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

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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"> • 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). <p>Applicable Lines of Business:</p> <p>Medicaid Medicare Marketplace</p> <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. 	<p>Antidepressant Medications:</p> <p>Bupropion, Vilazodone, Vortioxetine, Isocarboxazid, Phenelzine, Selegiline, Tranlycypromine, 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>

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<p>Antidepressant Medication Management (AMM) continued</p>	<ol style="list-style-type: none"> 4. Talk about common side effects, how long they may last, and how to manage them. 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. <p>Before prescribing antidepressant medication to your Medicaid patients, please refer to the Preferred Drug List (PDL) on the health plan's state-specific website.</p> <p>Before prescribing antidepressant medication to your Medicare patients, please refer to the health plan's formulary.</p>	

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<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 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 <u>after</u> discharge. 2. The percentage of discharges for which the member received follow-up within 7 days <u>after</u> discharge. <p>Applicable Lines of Business:</p> <p>Medicaid Medicare Marketplace</p> <p>Age Group:</p> <p>16 years and older</p> <p>Exclusion(s):</p> <p>Non-acute inpatient. Members in hospice.</p> <p>Measurement Period:</p> <p>Jan. 1 through Dec. 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><u>Visit Setting Unspecified **CPT® Codes:</u> 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255</p> <p><u>BH Outpatient **CPT® Codes:</u> 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><u>Electroconvulsive Therapy **CPT® Code:</u> 90870</p> <p><u>Observation CPT® Codes:</u> 99217-99220</p> <p><u>Transitional Care Management Services **CPT® Codes:</u> 99495-99496</p> <p><u>BH Outpatient HCPCS:</u> G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010-H2011, H2013-H2020, T1015</p> <p><u>Community Mental Health Center POS:</u> 531</p> <p><u>CD10-PCS Codes:</u> GZB0ZZZ-GZB4ZZZ</p> <p><u>Ambulatory Surgical Center POS:</u> 24</p> <p><u>Outpatient POS:</u> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p><u>Partial Hospitalization POS:</u> 52</p> <p><u>Partial Hospitalization/Intensive Outpatient HCPCS:</u> G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p>

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<p>Follow-Up After Hospitalization for Mental Illness (FUH) <i>continued</i></p>		<p><u>Partial Hospitalization/Intensive Outpatient UB Rev:</u> 0905, 0907, 0912, 0913</p> <p><u>Telehealth POS:</u> 02</p> <p><u>Behavioral Healthcare Setting UB Rev Codes:</u> 0513, 0900-0919</p> <p><u>Telephone Visits **CPT® Codes:</u> 98966-98968, 99441-99443</p> <p><u>Psychiatric Collaborative Care Management **CPT® Codes:</u> 99492-99494</p> <p><u>Psychiatric Collaborative Care Management HCPCS Code:</u> G0512</p> <p><u>OUD Monthly Office-Based Treatment HCPCS Codes:</u> G2086-G2087</p> <p><u>Observation CPT® Codes:</u> 99217-99220</p> <p><u>Residential Behavioral Health Treatment HCPCS Codes:</u> H0017-H0019, T2048</p> <p><u>Telephone Visits CPT® Codes:</u> 98966-98968, 98441-98443</p> <p><u>Online Assessments CPT® Codes:</u> 98969, 98971-98972, 99421-99444, 99457</p> <p><u>AOD Medication Treatment HCPCS Codes:</u> H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109</p>

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> <ul style="list-style-type: none"> Initiation of Substance Use Disorder Treatment. 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. Engagement of Substance Use Disorder Treatment. 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>Applicable Lines of Business:</p> <p>Medicaid Medicare Marketplace</p> <p>Age Group:</p> <p>13 years and older</p> <p>Exclusion(s):</p> <p>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:</p> <p>New episodes of substance use disorder, Nov. 15 of the year prior to the measurement year through Nov. 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><u>*ICD-10 AOD Abuse and Dependence and Substance Induced Disorder Codes: F10.xx-F19.xx (excludes remission codes)</u></p> <p><u>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</u></p> <p><u>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</u></p> <p><u>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</u></p> <p><u>Partial Hospitalization POS: 52</u></p> <p><u>Partial Hospitalization/ Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</u></p> <p><u>Non-residential Substance Abuse Treatment Facility POS: 57-58</u></p> <p><u>Community Mental Health Center POS: 53</u></p> <p><u>Telehealth POS: 02</u></p> <p><u>Substance Use Disorder Services HCPCS Codes: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012</u></p>

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<p>Initiation and Engagement of Substance Use Disorder Treatment (IET) continued</p>	<p>Measure Intent:</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><u>OU</u>D Weekly Non-Drug Treatment Service HCPCS Codes: G2071, G2074-G2077, G2080</p> <p><u>OU</u>D Monthly Office-Based Treatment HCPCS Codes: G2086-G2087</p> <p><u>OU</u>bservation CPT® Codes: 99217-99220</p> <p><u>Residential Behavioral Health Treatment</u> HCPCS Codes: H0017-H0019, T2048</p> <p><u>Telephone Visits</u> CPT® Codes: 98966-98968, 98441-98443</p> <p><u>Online Assessments</u> CPT® Codes: 98969, 98971-98972, 99421-99444, 99457</p> <p><u>AOD Medication Treatment</u> HCPCS Codes: H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109</p> <p><u>OU</u>D Weekly Drug Treatment Service HCPCS Codes: G2067-G2073</p> <p><u>Pharmacotherapy dispensing event</u></p> <p><u>Opioid Use Disorder Treatment Medications:</u> Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p><u>Alcohol Use Disorder Treatment Medications:</u> 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 not FDA-approved for the treatment of pain and not for opioid use disorder.</p>