



**sunshine
health**

HEDIS® AT-A-GLANCE GUIDE

BEHAVIORAL HEALTH MEASURES

We value everything you do to deliver quality care to our members — your patients — to ensure a positive healthcare experience. Providers can impact HEDIS® behavioral health measures through follow-up care for mental illness, substance use disorders, medication adherence and metabolic monitoring. We created this easy-to-use At-A-Glance guide to give you the tools to meet, document and code HEDIS® measures. Together, we can care for members while improving our quality scores and Star Ratings. Please contact your Provider Engagement Administrator if you have questions.

CONTENTS

- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Antidepressant Medication Management (AMM)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Follow-Up After Emergency Department Visit for Substance Use (FUA)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|---|---|--|
| <p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p> <p>Measure Specifications: The percentage of children <u>newly</u> prescribed ADHD medication (no prescription claims for 120 days prior) who had at least 3 follow-up care visits within a 10-month period, one within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ol style="list-style-type: none"> <i>Initiation Phase:</i> Percentage of members ages 6-12 years with a prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. <i>Continuation and Maintenance (C&M) Phase:</i> Percentage of members ages 6-12 years with an ambulatory prescription dispensed for ADHD medication who were on it for at least 210 days and who, in addition to the Initiation Phase visit, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. <p>Applicable Lines of Business: Medicaid, Marketplace</p> <p>Age Group: 6-12 years</p> <p>Exclusions: Members who received hospice services, had an acute inpatient stay with a BH diagnosis within 30 days of start of the medication, or who died during measurement year. A diagnosis of narcolepsy at any time in member's medical history.</p> <p>Measurement Period: The 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year.</p> | <p>Measure Intent: Provides an opportunity to track medication use in patients and provide appropriate follow-up care to monitor clinical symptoms and potentially adverse events.</p> <ul style="list-style-type: none"> Complete a comprehensive medical and psychiatric exam, including checklists for rating ADHD symptoms, before diagnosing and prescribing. When prescribing new ADHD medication, limit to a 14–21-day supply and schedule follow-up visit within 21-25 days after initial prescription is given. Schedule appointments before parent/legal guardian leaves the office and discuss the importance of follow-up visits to assess the medication's management of symptoms. Schedule visits every 3-6 months to continue assessing behavior. If parent/guardian cancels member's appointment, reschedule right away to stay within measurement time periods. Submit correct billing codes and utilize telehealth options if needed. <p>Before prescribing ADHD medication to younger members, please refer to the Florida Medicaid Preferred Drug List (PDL).</p> | <p>*CPT[®] Codes for Initiation, Continuation and Maintenance Phases: 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99219, 99241-99245, 99341-99345, 99347, 99348-99350, 99381-33387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510</p> <p>Important Reminder for Continuation and Maintenance Phases of Treatment: <i>Only one of 2 visits (during days 31–300) may be an e-visit or virtual check-in. (*CPT codes 98969, 98971, 99421-99444, 99457, G0017, G2010, G2012, G2061-G2063)</i></p> <p>ADHD Medications: Dexmethylphenidate, Lisdexamfetamine, Methamphetamine, Dextroamphetamine, Methylphenidate, Clonidine, Guanfacine, Atomoxetine</p> <p>*All codes subject to change.</p> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|--|--|---|
| <p>Antidepressant Medication Management (AMM)</p> <p>Measure Specifications: Percentage of members ages 18 years and older newly treated with an antidepressant medication (no claims for 105 days prior), a diagnosis of major depression and who remained on an antidepressant medication treatment.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <i>Effective Acute Phase Treatment:</i> Members who remained on an antidepressant medication for at least 84 days (12 weeks). <i>Effective Continuation Phase Treatment:</i> Members who remained on an antidepressant medication for at least 180 days (6 months). <p>Applicable Lines of Business: Medicaid, Medicare, Marketplace</p> <p>Age Group: 18 years and older</p> <p>Exclusions: Members who received hospice services or died during the measurement year; members who do not have a diagnosis of major depression.</p> <p>Measurement Period: The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of measurement year.</p> | <p>Measure Intent: Provides an opportunity to track antidepressant use in members and provide appropriate follow-up care to monitor clinical worsening and/or suicide risk.</p> <ul style="list-style-type: none"> Before diagnosing a member with major depression, complete a comprehensive medical exam, including lab tests, 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 and educating members is the key to medication compliance. Consider taking these steps:</p> <ol style="list-style-type: none"> Discuss how to take antidepressants, how they work how long to take them and their benefits. Tell member how long they can expect to be on an antidepressant before they start feeling better. Stress importance of taking the medication even after they start feeling better. Talk about common side effects, how long they may last and how to manage them. Let member know what to do if they have questions or concerns. Monitor medication compliance, effectiveness and barriers to treatment during scheduled follow-up appointments. Ask member to consider a psychotherapy referral. This may increase the chances they'll stay on the medication and decrease the likelihood of a recurrence. <p>Before prescribing antidepressant medication to Medicaid members, please refer to the Florida Medicaid Preferred Drug List (PDL).</p> <p>Before prescribing antidepressant medication to Medicare members, please refer to the health plan's formulary.</p> | <p>Antidepressant Medications: Bupropion, Vilazodone, Vortioxetine, Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine, 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> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|---|---|---|
| <p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p> <p>Measure Specifications: Percentage of children and adolescents ages 1-17 years who had 2 or more antipsychotic prescriptions and underwent metabolic testing. Three rates are reported:</p> <ol style="list-style-type: none"> 1. Percentage of children and adolescents on antipsychotics who underwent blood glucose testing. 2. Percentage of children and adolescents on antipsychotics who underwent cholesterol testing. 3. Percentage of children and adolescents on antipsychotics who underwent blood glucose and cholesterol testing. <p>Applicable Lines of Business: Medicaid, Marketplace</p> <p>Age Group: 6-17 years</p> <p>Exclusions: Members who received hospice services or died during measurement year.</p> <p>Measurement Period: Jan. 1 through Dec. 31 of measurement year.</p> | <p>Measure Intent: Due to potentially negative health consequences associated with children developing cardiometabolic side effects from antipsychotic medication, it is important to establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side effects.</p> <ul style="list-style-type: none"> • Encourage parent/legal guardian of member prescribed antipsychotic medication to schedule an annual HbA1c test or glucose test and a LDL test when two or more antipsychotic medications are prescribed. • Follow up with parent/legal guardian to discuss lab results and educate them on what they mean. • To increase compliance, consider ordering the annual HbA1c or glucose, and LDL tests as standing orders. • Encourage parent/legal guardian to sign release of information forms and coordinate care with other medical and behavioral health specialists treating member. | <p>*CPT Codes for Blood Glucose Tests: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>*CPT Codes for HbA1C Tests: 83036, 83037, 3044F, 3045F, 3046F</p> <p>*CPT Codes for LDL-C Tests: 80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F</p> <p>*CPT Codes for Cholesterol Tests other than LDL: 82465, 83718, 84478</p> <p>Antipsychotic Medications: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine, Thiothixene, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Fluoxetine-olanzapine, Perphenazine-amitriptyline, Prochlorperazine</p> <p>*All codes subject to change.</p> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|---|--|--|
| <p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</p> <p>Measure Specifications: Percentage of children and adolescents ages 1-17 years who had a <u>new</u> prescription for an antipsychotic medication (no claims 120 days prior) and documentation of psychosocial care as first-line treatment (90 days prior through 30 days after the dispensing date).</p> <p>Applicable Lines of Business: Medicaid, Marketplace</p> <p>Age Group: 1-17 years</p> <p>Exclusions: During measurement year, members who: received hospice services; for whom first-line antipsychotic medications may be clinically appropriate; who died.</p> <p>Measurement Period: Jan. 1 through Dec. 1 of measurement year.</p> | <p>Measure Intent: Underuse of psychosocial interventions may lead to poorer mental and physical health outcomes. If the child does not have a primary indication for an antipsychotic medication:</p> <ul style="list-style-type: none"> • Before ordering a new antipsychotic prescription for member, consider a referral for a psychosocial assessment or psychosocial treatment. • Ensure the member’s psychosocial assessment or psychosocial treatment is part of their treatment record before writing a new prescription for an antipsychotic medication. • Utilize telehealth options or phone visits if needed. <p>Before prescribing antipsychotic medication to younger Medicaid members, please refer to the Florida Medicaid Preferred Drug List (PDL).</p> | <p>*CPT Codes for Psychological Care: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880</p> <p>HCPCS Codes for Psychological Care: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485 With or without a telehealth modifier: 95, GT</p> <p>Antipsychotic Medications: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine, Thiothixene, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Fluoxetine-olanzapine, Perphenazine-amitriptyline, Prochlorperazine</p> <p>*All codes subject to change.</p> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|---|--|--|
| <p>Follow-Up After Emergency Department Visit for Substance Use (FUA)</p> <p>Measure Specifications: The percentage of emergency department (ED) visits for members ages 13 years and older with a principal diagnosis of substance use disorder or any diagnosis of drug overdose.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Percentage of ED visits during which member received a follow-up visit or a pharmacotherapy dispensing event within 30 days of the ED visit (31 total days). Percentage of ED visits during which member received a follow-up visit or a pharmacotherapy dispensing event within 7 days of ED visit (8 total days). <p>Applicable Lines of Business: Medicaid, Medicare, Marketplace</p> <p>Age Group: 13 years and older</p> <p>Exclusions: ED visits that resulted in any inpatient stay or residential treatment the day of, or within 30 days of the ED visit (31 days). Members who received hospice services or died during measurement year.</p> <p>Measurement Period: ED visits Jan. 1 through Dec. 1 of measurement year.</p> | <p>Measure Intent: To ensure care coordination for members discharged from the ED following high-risk substance use events because they may be particularly vulnerable to losing contact with the healthcare system.</p> <p>Follow-up visits that occur on the same day as ED discharge count for compliance.</p> <ul style="list-style-type: none"> Schedule 7-day follow-up visit within 5 days to allow flexibility in rescheduling. If member's appointment does not occur within first 7 days following ED visit, please schedule it within 30 days post-ED visit. Keep in mind that members in an ED setting may have a medical and comorbid substance use disorder diagnosis, so communication with patient's PCP/medical specialist may help get patient into substance use disorder treatment. Utilize telehealth options or phone visits if needed. | <p>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</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>*ICD-10 AOD Abuse and Dependence and Substance Induced Disorder Codes: F10.xx-F19.xx (excludes remission codes)</p> <p>Unintentional Drug Overdose Codes: example T40.OX1A</p> <p>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</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Substance Use Disorder Services HCPCS Codes: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012</p> <p>Substance Use Disorder Services UB Rev Codes: 0906, 0944-0945</p> <p>Behavioral Health Assessment *CPT Codes: 99408-99409</p> <p>Behavioral Health Assessment HCPCS Codes: G0396-G0397, G0442, G2011, H0001-H0002, H0031, H0049</p> <p>Substance Use Services HCPCS Codes: H0006, H0028</p> <p>AOD Medication Treatment HCPCS Codes: H0020, H0033, J0570-J0575, J2315, Q9991-Q9992, S0109</p> <p>OD Weekly Drug Treatment Service HCPCS Codes: G2067-G2073</p> <p>*All codes subject to change.</p> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|--|--|---|
| <p>Follow-Up After Hospitalization for Mental Illness (FUH)</p> <p>Measure Specifications: The percentage of discharges for members ages 6 years and older hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, and who had a follow-up visit with a mental health provider.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. Percentage of discharges that member had a follow-up visit within 30 days <u>after</u> discharge. 2. Percentage of discharges that member had a follow-up visit within 7 days <u>after</u> discharge. <p>Applicable Lines of Business: Medicaid, Medicare, Marketplace</p> <p>Age Group: 6 years and older</p> <p>Exclusions: Members who received hospice services or died during the measurement year. Any non-acute inpatient care within 30-day follow-up period.</p> <p>Measurement Period: Jan. 1 through Dec. 1 of measurement year.</p> | <p>Measure Intent: An outpatient visit with a mental health practitioner after discharge is recommended to ensure the member's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps 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 IP discharge do not count.</p> <ul style="list-style-type: none"> • Schedule 7-day follow-up visit within 5 days of discharge to allow flexibility in rescheduling. • If member's appointment does not occur within first 7 days post-discharge, schedule appointment within 30 days. • Engage and educate member and parent/legal guardian on the importance of follow-up care • Utilize telehealth options or phone visits if needed. | <p>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</p> <p>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</p> <p>Electroconvulsive Therapy *CPT Code: 90870</p> <p>Observation CPT Codes: 99217-99220</p> <p>Transitional Care Management Services *CPT Codes: 99495-99496</p> <p>BH Outpatient HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010-H2011, H2013-H2020, T1015</p> <p>Community Mental Health Center POS: 53</p> <p>ICD10-PCS Codes: GZB0ZZZ-GZB4ZZZ</p> <p>Ambulatory Surgical Center POS: 24</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Partial Hospitalization/Intensive Outpatient UB Rev: 0905, 0907, 0912, 0913</p> <p>Telehealth POS: 02</p> <p>Behavioral Healthcare Setting UB Rev Codes: 0513, 0900-0919</p> <p>Telephone Visits *CPT Codes: 98966-98968, 99441-99443</p> <p>Psychiatric Collaborative Care Management *CPT Codes: 99492-99494</p> <p>Psychiatric Collaborative Care Management HCPCS Code: G0512</p> <p>QUD Monthly Office-Based Treatment HCPCS Codes: G2086-G2087</p> <p>Observation CPT Codes: 99217-99220</p> <p>Residential Behavioral Health Treatment HCPCS Codes: H0017-H0019, T2048</p> <p>Telephone Visits CPT Codes: 98966-98968, 98441-98443</p> <p>Online Assessments CPT Codes: 98969, 98971-98972, 99421-99444, 99457</p> <p>AOD Medication Treatment HCPCS Codes: H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109</p> <p>*All codes subject to change.</p> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|--|--|---|
| <p>Follow-Up After High-Intensity Care for Substance Use Disorder (FU)</p> <p>Measure Specifications: The percentage of acute inpatient hospitalizations, residential treatments or withdrawal management visits for a diagnosis of substance use disorder among members ages 13 years and older that results in a follow-up visit or service for substance use disorder.</p> <p>Compliance includes one of the following:</p> <ol style="list-style-type: none"> Follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within 30 days after visit or discharge. Follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within 7 days after visit or discharge. <p>Applicable Lines of Business: Medicaid, Medicare, Marketplace</p> <p>Age Group: 13 years and older</p> <p>Exclusions: Members who received hospice services or died during measurement year.</p> <p>Measurement Period: Jan. 1 through Dec. 1 of measurement year.</p> | <p>Measure Intent: Timely follow up and continuity of care following a high-intensity event for a diagnosis of substance use disorder is critical. Members receiving substance use disorder care in these settings are vulnerable to losing contact with the healthcare system.</p> <p>Follow-up visits that occur on the same day as the discharge from IP, residential treatment, or detoxification visits do not count.</p> <ul style="list-style-type: none"> Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling. Be sure to involve member's parent/legal guardian in any follow-up instructions. If member's appointment does not occur within first 7 days post-visit/discharge, please schedule appointment within 30 days post-visit/discharge. Follow-up visit does not include withdrawal management. Methadone is not on the list of medications for this measure. Engage with and educate the member and/or parent/legal guardian on the importance of follow-up care. Utilize telehealth options or phone visits if needed. | <p>*ICD-10 AOD Abuse and Dependence and Substance Induced Disorder Codes: F10.xx-F19.xx (excludes remission codes)</p> <p>Inpatient Stay UB Rev Codes: 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 1000-1002</p> <p>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</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>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</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Non-Residential Substance Abuse Treatment Facility POS: 57-58.</p> <p>ODU Weekly Drug Treatment Service HCPCS Codes: G2067-G2073</p> <p>Pharmacotherapy Dispensing Event</p> <p>Opioid Use Disorder Treatment Medications: Naltrexone (oral and injectable); Buprenorphine (sublingual tablet, injection, implant)¹; Buprenorphine/Naloxone (sublingual tablet, buccal film, sublingual film)</p> <p>Alcohol Use Disorder Treatment Medications: 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 FDA-approved for the treatment of pain and not for opioid use disorder.</p> <p>*All codes subject to change.</p> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|--|--|--|
| <p>Follow-Up after Emergency Department Visit for Mental Illness (FUM)</p> <p>Measure Specifications: The percentage of emergency department (ED) visits for members ages 6 years and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness with any practitioner.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. Percentage of ED visits that the member received follow-up care within 30 days of ED visit (31 total days). 2. Percentage of ED visits that the member received follow-up care within 7 days of ED visit (8 total days). <p>Applicable Lines of Business: Medicaid, Medicare, Marketplace</p> <p>Age Group: 6 years and older</p> <p>Exclusions: ED visits that result in any inpatient stay the day of, or within 30 days regardless of admission diagnosis. Members who received hospice services or died during the measurement year.</p> <p>Measurement Period: Jan. 1 through Dec. 1 of calendar year.</p> | <p>Measure Intent: For people with serious mental illness, both low-intensity interventions (such as appointment reminders) and high-intensity interventions (such as assertive community treatment) can be effective following an ED visit. These interventions encourage follow-up care in outpatient settings.</p> <p>Follow-up visits can occur on the same day as the ED discharge.</p> <ul style="list-style-type: none"> • Schedule 7-day follow-up visit within 5 days to allow flexibility in rescheduling. • If member's appointment does not occur within first 7 days the post-ED visit, please schedule appointment within 30 days of the post-ED visit. • Keep in mind a member in an ED setting may have a medical and comorbid mental health diagnosis, so communication with their PCP/medical specialist may be helpful to get the member into treatment for mental illness. • Utilize telehealth options or phone visits if needed. • Follow-up visit must take place after a principal diagnosis of a mental health disorder or intentional self-harm. | <p>*ICD-10 Mental Illness Diagnosis Codes: F03.9x, F20-25.xx, F28-34. xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx</p> <p>*ICD-10 Intentional Self-Harm Diagnosis Codes: (Example: T39.92XA)</p> <p>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</p> <p>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</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Community Mental Health Center POS: 53</p> <p>Electroconvulsive Therapy *CPT Codes: 90870</p> <p>Ambulatory Surgical Center POS: 24</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>Telehealth POS: 02</p> <p>Observation CPT Codes: 99217-99220</p> <p>Telephone Visits *CPT Codes: 98966-98968, 99441-99443</p> <p>Behavioral Healthcare Setting UB Rev Codes: 0513, 0900-0919</p> <p>*All codes subject to change.</p> |

| HEDIS® Measures | Intent and Recommendations | Codes, Medications and Services |
|--|---|--|
| <p>Initiation and Engagement of Substance Use Disorder Treatment (IET)</p> <p>Measure Specifications: The percentage of members ages 13 years and older with a new episode of Substance Use Disorder (SUD) (but 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: 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 diagnosis. • Engagement of Substance Use Disorder Treatment: Percentage of members who initiated treatment and were engaged in ongoing substance use disorder treatment within 34 days of the initiation visit. <p>Applicable Lines of Business: Medicaid, Medicare, Marketplace</p> <p>Age Group: 13 years and older</p> <p>Exclusions: Members who received hospice services or died during the measurement year. The member had substance use disorder episodes that occurred during the 194 days prior to the new substance use disorder episode date. Member whose initiation of treatment was an inpatient stay with discharge date after Nov. 27 of the measurement year.</p> <p>Measurement Period: New episodes of substance use disorder, Nov. 15 of year prior to the measurement year through Nov. 14 of measurement year.</p> | <p>Measure Intent: Individuals who engage in early substance use disorder treatment have been found to have decreased odds of negative outcomes, including mortality.</p> <ul style="list-style-type: none"> • PCP/ medical specialist, along with BH practitioners and providers, may provide substance use disorder diagnosis in a variety of settings, such as a medical ED visit, PCP office visit, acute IP medical treatment, or treatment for withdrawal management. Once the member has a new substance use disorder diagnosis, the initiation phase begins. • Schedule 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 initial follow-up appointment, schedule 2 more encounters or appointments to occur within 34 days of the initial visit. If member started long-acting SUD Medication-Assisted Treatment (MAT), only one follow-up visit is needed within 34 days. • When treating a member for issues related to substance use disorder, remember to code the diagnosis on every claim. • Encourage member and parent/legal guardian to sign the appropriate release of information forms and coordinate care with medical and behavioral health providers. • Follow-up care does not include withdrawal treatment. Exclude all withdrawal treatment events (HCPCS H0008-H0014, ICD-10 PCS HZ2ZZZZ, UB Rev 0116, 0126, 0136, 0146, 0156) when identifying follow-up visits for numerator compliance. | <p>*ICD-10 AOD Abuse and Dependence and Substance Induced Disorder Codes: F10.xx-F19.xx (excludes remission codes)</p> <p>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</p> <p>Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p> <p>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</p> <p>Partial Hospitalization POS: 52</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS Codes: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>Non-Residential Substance Abuse Treatment Facility POS: 57-58</p> <p>Community Mental Health Center POS: 53</p> <p>Telehealth POS: 02</p> <p>Substance Use Disorder Services HCPCS Codes: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012</p> <p>ODD Weekly Non-Drug Treatment Service HCPCS Codes: G2071, G2074-G2077, G2080</p> <p>ODD Monthly Office-Based Treatment HCPCS Codes: G2086-G2087</p> <p>Observation CPT Codes: 99217-99220</p> <p>Residential Behavioral Health Treatment HCPCS Codes: H0017-H0019, T2048</p> <p>Telephone Visits CPT Codes: 98966-98968, 98441-98443</p> <p>Online Assessments CPT Codes: 98969, 98971-98972, 99421-99444, 99457</p> <p>AOD Medication Treatment HCPCS Codes: H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109</p> <p>ODD Weekly Drug Treatment Service HCPCS Codes: G2067-G2073</p> <p>Pharmacotherapy dispensing event</p> <p>Opioid Use Disorder Treatment Medications: Naltrexone (oral and injectable); Buprenorphine (sublingual tablet, injection, implant) 1; Buprenorphine/Naloxone (sublingual tablet, buccal film, sublingual film)</p> <p>Alcohol Use Disorder Treatment Medications: 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 FDA-approved for the treatment of pain and not for opioid use disorder.</p> <p>*All codes subject to change.</p> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|---|---|---|
| <p>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</p> <p>Measure Specifications: The percentage of members ages 18 years and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of treatment period during measurement year.</p> <p>Applicable Lines of Business: Medicaid, Medicare, Marketplace</p> <p>Age Group: 18 years and older</p> <p>Exclusions: Members with a diagnosis of dementia. Members with fewer than two antipsychotic medication dispensing events. Members who received hospice services or died during measurement year.</p> <p>Measurement Period: Jan. 1 through Dec. 31 of a given calendar year.</p> | <p>Measure Intent: Measuring antipsychotic medication adherence may lead to less relapse and fewer hospitalizations.</p> <ul style="list-style-type: none"> Consider the use of long-acting injectable antipsychotic medications to increase adherence. Engage with and educate your patients on how to take their medications. Stress the importance of continuing to take the medication even if they begin feeling better and to not stop taking it without consulting you first. Offer adherence tips: Tell member to take medications at the same time each day; use a pill box; and enrolling in pharmacy auto-refill reminders/ programs. Treatment period is the time between the member's first antipsychotic medication fill date of the current year through Dec. 31 of the current year. Encourage member and/or their parent/ legal guardian to sign the appropriate release of information forms and coordinate care with their medical and behavioral health providers. <p>Before prescribing antidepressant medication to Medicaid members, please refer to the Florida Medicaid Preferred Drug List (PDL).</p> <p>Before prescribing antidepressant medication to Medicare members, please refer to the health plan's formulary.</p> | <p><u>Long-Acting Injections HCPCS Codes:</u></p> <ul style="list-style-type: none"> 14-day supply: J2794 28-day supply: J0401, J1631, J1943, J1944, J2358, J2426, J2680 30-day supply: J2798 <p>Antipsychotic Medications: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Amitriptyline-perphenazine, Thiothixene</p> |

| HEDIS [®] Measures | Intent and Recommendations | Codes, Medications and Services |
|--|---|---|
| <p>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)</p> <p>Measure Specifications: The percentage of members ages 18-64 years with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</p> <p>Applicable Line of Business: Medicaid</p> <p>Age Group: 18-64 years</p> <p>Exclusions: Members diagnosed with diabetes. Members who had no antipsychotic medications dispensed during measurement year. Members who received hospice services or died in the measurement year.</p> <p>Measurement Period: Jan. 1 through Dec. 31 of a given calendar year.</p> | <p>Measure Intent: Diabetes screening for individuals with schizophrenia or bipolar disorder who are prescribed an antipsychotic medication may lead to earlier identification and treatment of diabetes. A glucose test or an HbA1c test performed during the measurement year closes this gap.</p> <ul style="list-style-type: none"> Encourage members with schizophrenia or bipolar disorders who are also on antipsychotic medication to schedule an annual HbA1c test or glucose test at the time of their visit. To increase compliance, consider ordering the HbA1c or glucose test as an annual standing order. BH providers (MD, NP or other professional with lab ordering ability) can order diabetic tests for patients who do not have regular contact with their PCP. The BH provider then coordinates medical management with member's PCP. | <p>*ICD-10 Codes for Schizophrenia: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9</p> <p>*ICD-10 Codes for Bipolar Disorder: F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4-F31.5, F31.60-F31.64, F31.70-F31.78</p> <p>*CPT Codes for Glucose Tests: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>*CPT Codes for HbA1c Tests: 83036, 83037 CPT II: 3044F, 3045F, 3046F, ≥7%-<8%: 3051F, ≥8%-≤9%: 3052F</p> <p>*All codes subject to change.</p> |