



BEHAVIORAL HEALTH HEDIS CODING GUIDE



MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p>Follow-Up After Hospitalization for Mental Illness Age 6 and older</p>	<p>The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner.</p> <p>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 after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge. 	<p>Follow up within 7 days after date of inpatient discharge with a qualified mental health professional</p> <p>Mental Health Professionals Include: Psychiatrist, Psychologist, Psychiatric Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Masters-prepared Social Worker (MSW), Certified Marital and Family Therapist (MFT) or Licensed Professional Counselor (PC, PCC, PCC-S).</p> <p>*Follow up with primary PCP does NOT fulfill this follow up requirement for this measure unless he/she meets criteria listed above</p> <p>Telehealth visits with appropriate codes and any of above Mental Health Professionals is sufficient to qualify for this measures.</p> <p>This measure addresses need for coordination of care immediately after hospitalization, which is a higher risk time for readmissions and suicide completions.</p>	<p>CPT: 98960-98962, 99201-99205, 99211-99215, 99217-99220, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401</p> <p>Telehealth Modifier: 95, GT</p> <p>HCPCS: G0463, H0004, H0031, H0034-H0036, H2011-H2015, H2017, H2019-H2020, S9480, T1015</p> <p>Revenue Code (behavioral health setting): 0513, 0900, 0905, 0907, 0914-0916</p> <p>Revenue Code (non-behavioral health setting): 0510, 0515-0517, 0519-0521, 0523, 0529</p> <p>OR</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853</p> <p>Telehealth Modifier: 95, GT</p> <p>With</p> <p>Place of Service: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p>OR</p> <p>CPT: 99221-99223, 99231-99233, 99238, 99239</p> <p>Telehealth Modifier: 95, GT</p> <p>With</p> <p>Place of Service: 52, 53,</p> <p>OR</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853</p> <p>With</p> <p>Place of Service: 02</p> <p>OR</p> <p>CPT: 90870</p> <p>Surgical Procedure ICD: GZBxZZZ</p> <p>With</p> <p>Place of Service: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
Follow-Up After Emergency Department Visit for Mental Illness Age 6 and older	<p>The percentage of Emergency Department visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for a mental illness diagnosis or intentional self-harm.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit. 	<p>Follow-up within 7 days after date of Emergency Department visit with any practitioner. The follow-up visit must list a primary mental illness diagnosis or intentional self-harm.</p> <p>Telehealth visits with appropriate codes and primary mental illness diagnoses or intentional self-harm are sufficient to qualify for this measures.</p> <p>This measure addresses the need for a member to have access to outpatient services for coordination of care in the community-based treatment setting and not use the ED for ongoing mental health services when not medically necessary.</p>	<p>Primary ICD-10: : F03.90-F03.91, F20-F53, F59-F68.8, F80.0-F99 Diagnosis of intentional self-harm (multiple possible codes)</p> <p>With any of the following</p> <p>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401</p> <p>HCPGS: G0463, H0004, H0031, H0034-H0036, H2011-H2015, H2017, H2019-H2020, S9480, T1015</p> <p>Revenue Code: 0510, 0513, 0515-0517, 0519-0521, 0523, 0529, 0900, 0905, 0907, 0914-0916</p> <p>OR</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 99221-99223, 99231-99233, 99238, 99239</p> <p>With</p> <p>Place of Service: 02, 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p>OR</p> <p>CPT: 90870</p> <p>Surgical Procedure ICD: GZBxZZZ</p> <p>With</p> <p>Place of Service: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Age 13 and older	<p>The percentage of Emergency Department visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence diagnoses and who had a follow-up AOD visit.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. 	<p>Follow-up within 7 days after date of Emergency Department visit with any practitioner. The follow-up visit must list a primary alcohol or other drug (AOD) abuse or dependence diagnosis.</p> <p>Telehealth visits with appropriate codes and primary alcohol or other drug (AOD) abuse or dependence diagnoses are sufficient to qualify for this measure.</p>	<p>Primary ICD-10: F10.10-F10.29, F11.10-F11.29, F12.10-F12.29, F13.10-F13.29, F14.10-F14.29, F15.10-F15.29, F16.10-F16.29, F18.10-F18.29, F19.10-F19.29</p> <p>With any of the following</p> <p>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401, 99408, 99409</p> <p>HCPGS: G0443, G0463, H0004, H0005, H0015, H0020, H0031, H0034-H0035, H2000, H2011-H2015, H2017, H2019-H2020, H2035, S9480, T1015</p> <p>Revenue Code: 0510, 0513, 0515-0517, 0519-0521, 0523, 0529, 0900, 0905-0907, 0914-0916</p>

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	<p>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.</p>	<p>This measure addresses the need for a member to have access to outpatient services for coordination of care in the community-based treatment setting and not use the ED for ongoing substance use disorder services when not medically necessary.</p>	<p>OR CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853 With Place of Service: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72 OR CPT: 99221-99223, 99231-99233, 99238, 99239 With Place of Service: 53</p>
<p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Ages 13 and older</p>	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment: percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis. • Engagement of AOD Treatment: The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit. 	<p>Adolescents and adults with new episodes of alcohol or other drug abuse or dependence are receiving initiation and engagement into AOD treatment.</p> <p>Timely access to AOD services increases chance that member will engage into services when they demonstrate readiness.</p>	<p>ICD-10: F10.10-F10.29, F11.10-F11.29, F12.10-F12.29, F13.10-F13.29, F14.10-F14.29, F15.10-F15.29, F16.10-F16.29, F18.10-F18.29, F19.10-F19.29</p> <p>With any of the following</p> <p>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401, 99408, 99409</p> <p>HCPCS: G0463, H0004, H0005, H0015, H0031, H0034-H0036, H2000, H2011-H2015, H2017, H2019-H2020, S9480</p> <p>Revenue Code: 0510, 0513, 0515-0517, 0519-0521, 0523, 0529, 0900, 0905-0907, 0914-0916</p> <p>OR CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853 With Place of Service: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72 OR CPT: 99221-99223, 99231-99233, 99238, 99239 With Place of Service: 02, 52, 53 OR HCPCS: J0571-J0575, J2315</p>

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p>Antidepressant Medication Management Age 18 and older</p>	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had 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"> • Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). • Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). <p>Member is less likely to relapse if antidepressant treatment is maintained for a minimum length of time.</p>	<p>Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.</p> <p>Acute phase: 84 consecutive days of antidepressant medication treatment after major depression diagnosis.</p> <p>Continuation phase: 180 consecutive days of antidepressant medication treatment after major depression diagnosis.</p> <p>Major Depression: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>
<p>Follow-Up for Children Prescribed ADHD Medications Age 6-12</p>	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p>	<p>Two rates are reported:</p> <ul style="list-style-type: none"> • Initiation Phase: The percentage of members who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. • Continuation and Maintenance Phase: The percentage of members who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	<p>Need Evidence of three visits within 10 months, one of the three within the first 30 days.</p> <p>The visit within the first 30 days must be a face-to-face visit with one of the following scenarios: CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401</p> <p>HCPCS: G0463, H0004, H0031, H0034-H0036, H2001, H2011-H2015, H2017, H2019-H2020, S9480, T1015</p> <p>Revenue Code: 0510, 0513, 0515-0517, 0519-0521, 0523, 0529, 0900, 0914-0916</p> <p>OR</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239</p> <p>With</p> <p>Place of Service: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72</p>

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<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics Age 1-17</p>	<p>The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescription dispensing events and had metabolic testing</p>	<p>Children and adolescents who had two or more antipsychotic prescription dispensing events and had metabolic testing.</p> <p>3 Rates are reported. Percentage of children on antipsychotics who:</p> <ul style="list-style-type: none"> • Received blood glucose testing • Received cholesterol testing • Received blood glucose and cholesterol testing <p>Certain antipsychotic medications can increase risk for development of diabetes and hyperlipidemia. Metabolic monitoring increases recognition and allows for early intervention.</p>	<p>One of the visits after the first 30 days must be a face-to-face visit with one of the above scenarios. The second visit may also include a telephone visit or one of the above scenarios with a telehealth modifier.</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239</p> <p>With</p> <p>Telehealth Place of Service: 02</p> <p>OR</p> <p>Telehealth CPT Modifier: 95, GT</p> <p>Glucose / HbA1c CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037</p> <p>LDL / Other Cholesterol CPT: 80061, 82465, 83700, 83701, 83704, 83718, 83722, 83721, 84478</p>

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Adherence to Antipsychotic Medications for Individuals With Schizophrenia	The percentage of members 18 years and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	<p>Adults who are started on an antipsychotic medication to treat Schizophrenia remain on medication for at least 80% of their treatment period.</p> <p>Treatment period is the date of the initial antipsychotic dispensing event during the calendar year through the last day of the calendar year.</p> <p>Adherence to medication increases likelihood of recovery.</p>	<p>Compliance occurs only if patient has prescriptions filled 80% of days from their initial antipsychotic medication prescription.</p> <p>Encourage patient to fill prescriptions on time and take medications as prescribed.</p> <p>ICD-10 CM: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9</p> <p>HCPGS: J0401, J1631, J2358, J2426, J2680, J2794</p>
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year (current calendar year).	<p>Adults who are diagnosed with both Schizophrenia AND Cardiovascular Disease have an LDL-C test during the measurement year.</p> <p>Antipsychotic medication can cause dyslipidemias, which can worsen cardiovascular disease. Monitoring increases chance to intervene for best outcomes.</p>	<p>CPT: 80061, 83700, 83701, 83704, 83721</p> <p>ICD-10 CM: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9</p> <p>AND</p> <p>ICD-10 CM: I21.01- I21.4, I20.0, I20.9-I20.9, I24.0-I24.9, I25.10-I25.9, I63.00-I63.02, I63.031-I63.032, I63.039, I63.09-I63.112, I63.119, I63.112-I63.132, I63.139-I63.212, I63.219-I63.312, I63.319-I63.322, I63.339-I63.342, I63.349-I63.412, I63.419-I63.422, I63.429-I63.432, I63.439-I63.442, I63.449-I63.512, I63.519-I63.522, I63.529-I63.532, I63.539-I63.542, I63.549-I63.8, I63.9, I65.01-I65.9, I66.01-I66.9, I67.2, I70.0-I70.92, I74.01-I74.9, I75.011-I75.89</p>
Diabetes Monitoring for People With Diabetes and Schizophrenia	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year (current calendar year).	<p>Adults who are diagnosed with both Schizophrenia AND Diabetes have BOTH an LDL-C test and an HbA1c test during the measurement year.</p> <p>Antipsychotic medication can cause metabolic problems and worsen the course of diabetes is not discovered. Monitoring increases chance to intervene for best outcomes.</p>	<p>HbA1c</p> <p>CPT: 83036, 83037</p> <p>LDL</p> <p>CPT: 80061, 83700, 83701, 83704, 83721</p> <p>ICD-10 CM: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9</p> <p>AND</p> <p>ICD-10 CM: E08.00-E09.9, E10.10-E13.19, O24.410- O24.93, O24.011-O24.83</p>

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year (current calendar year).	Adults diagnosed with Schizophrenia OR Bipolar Disorder have EITHER a Glucose test or an HbA1c test. Antipsychotic medication can cause metabolic problems and worsen the course of diabetes if not discovered. Monitoring increases chance to intervene for best outcomes.	Glucose / HbA1c CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037 ICD-10 CM: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9 OR ICD-10 CM: F31-F31.9
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Documentation of psychosocial care as a first-line treatment for children and adolescents. Exclusions include any of the following visits with a diagnosis of schizophrenia, bipolar disorder or other psychotic disorders: • At least one acute inpatient encounter OR • At least 2 visits in an outpatient, intensive outpatient, or partial hospitalization setting	CPT: 90791-90792, 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99291, 90867-90870, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401 HCPCS: G0463, H0004, H00031, H0035, H0038, H2000, H2011-H2014, H2017, H2019-H2020, S9480 Outpatient Place of Service: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72 Inpatient Place of Service: 21, 51 ICD-10 CM: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9, F30.10 –F31.78, F22-F29, F32.3-F33.3, F84.0-F84.9, F95.0-F95.9
Use of Opioids at High Dosage	For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average morphine equivalent dose [MED] >90mg	Reduce the number of adults prescribed high dose opioids for ≥15 days. A lower rate indicates a better performance. Increasing total MED dose of opioids is related to increased risk of overdose and adverse events. Necessity of use of high dose should be clear.	Patients are considered out of compliance if their prescription Average MED was >90mg> MED during the treatment period. Patients with cancer, sickle cell disease or patients in hospice care may be excluded from this measure.

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p>Use of Opioids from Multiple Providers</p>	<p>For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.</p> <p>Multiple Prescribers: The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers during the measurement year (current calendar year).</p> <p>Multiple Pharmacies: The rate per 1,000 of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year (current calendar year).</p> <p>Multiple Prescribers and Multiple Pharmacies: The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the rate per 1,000 of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).</p>	<p>Reduce the number of adults prescribed opioids for ≥15 days by multiple providers. A lower rate indicates a better performance.</p> <p>Member use of increasing number of prescribers or pharmacies may signal risk for uncoordinated care. Clinical correlation is encouraged so that providers can evaluate for risk of diversion, misuse or a substance use disorder. Providers are encouraged to talk to each other for ideal management of member.</p>	<p>Multiple Prescribers: Patients are considered out of compliance if they received prescription opioids from four or more different prescribers.</p> <p>Multiple Pharmacies: Patients are considered out of compliance if they received prescription opioids from four or more different pharmacies.</p> <p>Multiple Prescribers and Multiple Pharmacies: Patients are considered out of compliance if they received prescription opioids from four or more different prescribers and four or more different pharmacies.</p>