

# Behavioral Health



## (ADD-E) Follow-up Care for Children Prescribed ADHD Medication

*Lines of Business:* ● Medicaid

Time frame is measurement year.

Measure evaluates percentage of children newly prescribed attention deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed.

### Two rates are reported:

- 1 Initiation Phase:** percentage of members 6–12 years of age 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.
- 2 Continuation and Maintenance (C&M) Phase:** percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, 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.

### Tips:

- Complete a medical and psychiatric examination prior to diagnosing and prescribing ADHD medications.
- Limit the first prescription of ADHD medication to a 14-to-21-day supply.
- Have member or parent schedule a follow-up appointment before leaving the office when a new ADHD medication has been prescribed.

(continued)

## (ADD-E) Follow-up Care for Children Prescribed ADHD Medication *(continued)*

Lines of Business: ● Medicaid

- Schedule a follow-up visit within 2–3 weeks when giving the first prescription, before the member leaves the office.
- Reschedule any canceled appointments right away.
- Schedule telehealth visits if office visits are not acceptable.
- Submit applicable codes.

Description	Codes*
An Outpatient Visit	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	<b>CPT:</b> 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510, 99483, 99492–99494 <b>HCPCS:</b> 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
Observation Visit	<b>CPT:</b> 99217–99220
Health and Behavior Assessment/ Intervention	<b>CPT:</b> 96150–96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Visit Setting Unspecified Value Set with Partial Hospitalization POS	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>POS:</b> 52
Partial Hospitalization/ Intensive Outpatient	<b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telehealth Visit	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>POS:</b> 02, 10

*(continued)*

## (ADD-E) Follow-up Care for Children Prescribed ADHD Medication *(continued)*

Lines of Business: ● Medicaid

Description	Codes*
Telephone Visits	<b>CPT:</b> 98966–98968, 99441–99443
E-visit/Virtual Check-In	<b>CPT:</b> 98969–98972, 99421–99423, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Visit Setting Unspecified Value Set with Community Mental Health Center POS	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>POS:</b> 53
Narcolepsy	<b>ICD-10:</b> G47.411, G47.419, G47.421, G47.429

\*Codes subject to change.



## (AMM) Antidepressant Medication Management

*Applicable Foster Care Measure:*

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Time frame for measure is May 1 of the year prior to the measurement year to April 30 of the measurement year.

Measure evaluates 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.

### Two rates are reported:

- 1 Effective Acute Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- 2 Effective Continuation Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

# (AMM) Antidepressant Medication Management *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

## Tips:

- Educate patients on the importance of taking antidepressants as prescribed and possible side effects.
- Monitor response to treatment with a standardized tool such as the Patient Healthcare Questionnaire (PHQ-9).
- Discuss the 988 Suicide & Crisis Lifeline ([988lifeline.org](https://www.988lifeline.org)) with patients and family.

Antidepressant Medications			
Description	Prescription		
Miscellaneous Antidepressants	• Bupropion • Vortioxetine	• Vilazodone	
Monoamine Oxidase Inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine	
Phenylpiperazine Antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic Combinations	• Amitriptyline-chlordiazepoxide • Fluoxetine-olanzapine • Amitriptyline-perphenazine		
SNRI Antidepressants	• Desvenlafaxine • Venlafaxine	• Duloxetine • Levomilnacipran	
SSRI Antidepressants	• Citalopram • Fluvoxamine	• Escitalopram • Paroxetine	• Fluoxetine • Sertraline
Tetracyclic Antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic Antidepressants	• Amitriptyline • Desipramine • Nortriptyline	• Amoxapine • Doxepin (>6 mg) • Protriptyline	• Clomipramine • Imipramine • Trimipramine



# (APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics

*Applicable Foster Care Measure:*

*Lines of Business:* ● Medicaid

This measure demonstrates the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year.

## Three rates reported:

- 1 Percentage of children and adolescents on antipsychotics who received blood glucose testing.
- 2 Percentage of children and adolescents on antipsychotics who received cholesterol testing.
- 3 Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

## Tips:

- Provide members/caregivers with lab orders for HbA1c or glucose and cholesterol or LDL-C to be completed yearly.
- Educate the member and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow up care.
- Submit applicable codes.

Description (Need either A1c or Glucose and LCL-C or Cholesterol)	Codes*
HbA1c Lab Tests	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F
Cholesterol Lab Tests	<b>CPT:</b> 82465, 83718, 83722, 84478

\*Codes subject to change.

Note: Do **not** include a modifier when using CPT-CAT-II codes.



# (APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

*Lines of Business:* ● Medicaid

Time frame for measure: Jan. 1 to Dec. 1 of measurement year.

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.

Identify members eligible for antipsychotic medications and provide psychosocial care prior to beginning a medication.

## Tips:

- Before prescribing antipsychotic medication, complete or refer for a trial of first-line psychosocial care.
- Antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- Periodically the ongoing need for continued therapy with antipsychotic medications should be reviewed.

Description	Codes*
Psychosocial Care	<b>CPT:</b> 90832–90839, 90840–90849, 90853, 90875, 90876, 90880 <b>HCPCS:</b> G0176, G0177, G0409–G0411, H0004, H0035–H0039, H0040, H2000–H2020, S0201, S9480–S9485
Residential Behavioral Health Treatment	<b>HCPCS:</b> H0017–H0019, T2048

\*Codes subject to change.



## (COU) Risk of Continued Opioid Use

Lines of Business: ● Medicare, ● Medicaid

The time frame for the measure is Nov. 1 of the year prior to the measurement year to Oct. 31 of the measurement year.

Measure evaluates the percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.

### Two rates are reported:

- 1 The percentage of members with at least 15 days of prescription opioids in a 30-day period.
- 2 The percentage of members with at least 31 days of prescription opioids in a 62-day period.

*Note: A lower rate indicates better performance.*

### The following opioid medications are excluded from this measure:

- ✓ Injectables.
- ✓ Opioid-containing cough and cold products.
- ✓ Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
- ✓ Ionsys® (fentanyl transdermal patch).

### Tips:

- Only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.
- Assess the risks and benefits with patients within one to four weeks of initiating opioid therapy for chronic pain.
- Educate on the risks of long-term opioid use.

## (COU) Risk of Continued Opioid Use *(continued)*

Lines of Business: ● Medicare, ● Medicaid

### Opioid Medications

- |   |                 |               |
|---|-----------------|---------------|
| • Benzhydrocodone                                   | • Fentanyl      | • Morphine    |
| • Buprenorphine (transdermal patch and buccal film) | • Hydrocodone   | • Opium       |
| • Butorphanol                                       | • Hydromorphone | • Oxycodone   |
| • Codeine   | • Levorphanol   | • Pentazocine |
| • Dihydrocodeine                                    | • Meperidine    | • Tapentadol  |
|   | • Methadone     | • Tramadol    |



## (DSF-E) Depression Screening and Follow-Up for Adolescents and Adults

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Time frame for measure: the measurement year.

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

### Two rates are reported:

- 1 Depression Screening.** The percentage of members who were screened for clinical depression using a standardized instrument.
- 2 Follow-Up on Positive Screen.** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

**Depression Screening instrument:** A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:



## (DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) <sup>®</sup>	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) <sup>®</sup>	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®</sup>	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60
Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) <sup>®</sup>	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®</sup>	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety — Depression Scale (DUKE-AD) <sup>®</sup>	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10

## (DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
My Mood Monitor (M-3) <sup>®</sup>	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

### Tips:

- Use age-appropriate screening instruments.
- Train staff on the importance of depression screenings and to recognize the risk factors for depression.
- Work with a care team to coordinate follow-up care for members with a positive screening.
- Ensure all services conducted during the visit are coded appropriately, including the depression screening LOINC codes.
- Coordinate file submissions to the health plan that include EHR data.

Description	Codes*
Behavioral Health Encounter	<b>CPT:</b> 90791, 90792, 90832–90839, 90845–90849, 90853, 90865–90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
Bipolar Disorder	<b>ICD-10:</b> F30.10–F30.13, F30.2–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64, F31.70–F31.78
Depression	<b>ICD-10:</b> F01.51, F01.511, F01.518, F32.0–F32.5, F32.81, F32.89, F32.9, F32.A, F33.0–F33.3, F33.40–F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340–O99.345
Depression Case Management Encounter	<b>CPT:</b> 99366, 99492–99494 <b>HCPCS:</b> G0512, T1016, T1017, T2022, T2023

*(continued)*

# (DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Description	Codes*
Depression or Other Behavioral Health Condition	<b>ICD-10:</b> F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0–F20.5, F20.81, F20.89, F20.9, F21–F24, F25.0–F25.9, F28, F29, F30.10–F30.13, F30.2–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64, F31.70–F31.78, F31.81, F31.89, F31.9, F32.0–F32.9, F32.A, F33.0–F33.9, F34.0–F34.9, F39, F40.00–F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230–F40.233, F40.240–F40.248, F40.290–F40.298, F40.8, F40.9, F41.0–F41.9, F42–F42.9, F43.0, F43.10–F43.12, F43.20–F43.29, F43.8–F43.89, F43.9, F44.89, F45.21, F51.5, F53–F53.1, F60.0–F60.9, F63.0–F63.9, F68.10–F68.13, F68.8, F68.A, F84.0–F84.9, F90.0–F90.9, F91.0–F91.9, F93.0–F93.9, F94.0–F94.9, O90.6, O99.340–O99.345
Follow Up Visit	<b>CPT:</b> 98960–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99349, 99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483
Hospice Encounter	<b>HCPCS:</b> G9473–G9479, Q5003–Q5010, S9126, T2042–T2046
Hospice Intervention	<b>CPT:</b> 99377, 99378 <b>HCPCS:</b> G0182
Other Bipolar Disorder	<b>ICD-10:</b> F31.81, F31.89, F31.9

\*Codes subject to change.



## (FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder

*Applicable Foster Care Measure:*

*Lines of Business:* ● Medicare, ● Medicaid

Measure evaluates the percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose for which there was a follow up.

The measure is based on ED visits; members may appear in a measure sample more than once. Each ED visit requires separate follow up.

### Two rates are reported:

- 1 Discharges for which the member received follow-up within 30 days of discharge.** The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- 2 Discharges for which the member received follow-up within 7 days of discharge.** The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

### Tips:

- Offer virtual, telehealth, and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Discuss the benefits of seeing a primary or specialty provider.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

## (FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● Medicare, ● Medicaid

The visit can be with any practitioner if the claim includes a diagnosis of SUD (e.g., F10.xx–F19.xx) or drug overdose (e.g., T40–T43, T51). If the visit occurs with a mental health provider, the claim does not have to include the SUD or drug overdose diagnosis.

Description	Codes*
Outpatient Visit with any Diagnosis of SUD or Drug Overdose	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 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><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017–H2020, T1015</p> <p><b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx</p> <p><b>POS:</b> 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72</p>
Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of SUD or Drug Overdose	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx</p> <p><b>POS:</b> 52</p>
Non-residential Substance Abuse Treatment Facility with any Diagnosis of SUD or Drug Overdose	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx</p> <p><b>POS:</b> 57, 58</p>

## (FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
Community Mental Health Center Visit with any Diagnosis of SUD or Drug Overdose	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx <b>POS:</b> 53
Observation Visit with any Diagnosis of SUD or Drug Overdose	<b>CPT:</b> 99217, 99218, 99219, 99220 <b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx
Peer Support Service with any Diagnosis of SUD or Drug Overdose	<b>HCPCS:</b> G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016 <b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx
Opioid Treatment Service That Bills Monthly or Weekly with any Diagnosis of SUD or Drug Overdose	<b>HCPCS:</b> G2086, G2087, G2071, G8074–G2077, G2080 <b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx
Telehealth Visit with any Diagnosis of SUD or Drug Overdose	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx <b>POS:</b> 02, 10
Telephone Visit with any Diagnosis of SUD or Drug Overdose	<b>CPT:</b> 98966–98968, 99441–99443 <b>ICD-10:</b> F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx

*(continued)*

## (FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
E-Visit or Virtual Check In with any Diagnosis of SUD or Drug Overdose	<b>CPT:</b> 98969–98972, 99421–99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061–G2063, G2250–G2252
Substance Use and Substance Use Disorder Services	<b>CPT:</b> 99408, 99409 <b>HCPCS:</b> T1012, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, H0006, H0028
Behavioral Health Screening or Assessment for SUD or Mental Health Disorders	<b>CPT:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, G0442, H2011, H0001, H0002, H0031, H0049
Pharmacotherapy Dispensing Event or Medication Treatment Event	<b>Medications:</b> Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) <b>HCPCS:</b> G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J2315, Q9991, Q9992, S0109

\*Codes subject to change.



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

*Applicable Foster Care Measure:*

*Lines of Business:* ● Marketplace, ● Medicare, ● Medicaid

Measure evaluates 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 during the measurement year.

### Two rates are reported:

- 1 Discharges for which the member received **follow-up within 30 days after discharge**.
- 2 Discharges for which the member received **follow-up within 7 days after discharge**.

### Tips:

- Schedule follow up appointments prior to discharge and include the date and time on discharge instructions.
- Submit applicable codes.
- Offer telehealth and phone visits.
- Reach out proactively to assist in (re)scheduling appointments within the required timeframes.
- Partner with the health plan to address social determinants, health equity, and quality care.



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

Applicable Foster Care Measure:

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Description	Codes*
Outpatient Visit with a Mental Health Provider	<p><b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99492–99494, 99510, 99483</p> <p><b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015</p>
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider	<p><b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>POS:</b> 52</p>
Partial Hospitalization/Intensive Outpatient	<p><b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p>
Visit Setting Unspecified Value Set with Community Mental Health Center POS	<p><b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>POS:</b> 53</p>

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

Applicable Foster Care Measure:

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Description	Codes*
Electroconvulsive Therapy with Ambulatory Surgical Center POS/Community Mental Health Center POS/Outpatient POS/Partial Hospitalization POS	<b>CPT:</b> 90870 <b>Ambulatory POS:</b> 24 <b>Comm. POS:</b> 53 <b>Partial Hosp. POS:</b> 52 <b>Outpatient POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Telehealth Visit	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>POS:</b> 02, 10
Observation	<b>CPT:</b> 99217–99220
Transitional Care Management	<b>CPT:</b> 99495, 99496
Telephone Visit	<b>CPT:</b> 98966–98968, 99441–99443
Psychiatric Collaborative Care Management	<b>CPT:</b> 99492–99494 <b>HCPCS:</b> G0512

\*Codes subject to change.



## (FUI) Follow-Up After High-Intensity Care for Substance Use Disorder

*Lines of Business:* ● Medicare, ● Medicaid

Measure evaluates percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

- ✓ For an acute inpatient discharge or residential treatment discharge or for withdrawal management that occurred during an acute inpatient stay or residential treatment stay, the episode date is the date of discharge.
- ✓ For direct transfers, the episode date is the discharge date from the transfer admission.
- ✓ For withdrawal management (other than withdrawal management that occurred during an acute inpatient stay or residential treatment stay), the episode date is the date of service.

### Two rates are reported:

- 1 The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.
- 2 The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

*Note: Follow-up does not include withdrawal management.*

### Tips:

- Offer virtual, telehealth and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

# (FUI) Follow-Up After High-Intensity Care for Substance Use Disorder *(continued)*

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
An Acute or Nonacute Inpatient Admission or Residential Behavioral Health Stay with a Principal Diagnosis of SUD on the Discharge Claim (does not include visits that occur on the date of the episode)	F10.xx-F19.xx
Outpatient Visit with a Principal Diagnosis of SUD	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015</p> <p><b>ICD-10:</b> F10.xx-F19.xx</p> <p><b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p>
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of SUD	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b>ICD-10:</b> F10.xx-F19.xx</p> <p><b>POS:</b> 52</p>

*(continued)*

# (FUI) Follow-Up After High-Intensity Care for Substance Use Disorder *(continued)*

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
Non-residential Substance Abuse Treatment Facility with a Principal Diagnosis of SUD	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>ICD-10:</b> F10.xx–F19.xx</p> <p><b>POS:</b> 57, 58</p>
Community Mental Health Center Visit with a Principal Diagnosis of SUD	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>ICD-10:</b> F10.xx–F19.xx</p> <p><b>POS:</b> 53</p>
Telehealth Visit with a Principal Diagnosis of SUD	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>ICD-10:</b> F10.xx–F19.xx</p> <p><b>POS:</b> 02, 10</p>
Substance use Disorder Services with a Principal Diagnosis of SUD	<p><b>CPT:</b> 99408, 99409</p> <p><b>HCPCS:</b> : T1012, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, H0006, H0028</p>
Opioid Treatment Service that Bills Monthly or Weekly with a Principal Diagnosis of SUD	<p><b>HCPCS:</b> G2086, G2087, G2071, G8074–G2077, G2080</p> <p><b>ICD-10:</b> F10.xx–F19.xx</p>
Observation Visit with a Principal Diagnosis of SUD	<p><b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>ICD-10:</b> F10.xx–F19.xx</p>
Residential Behavioral Health Treatment with a Principal Diagnosis of SUD	<p><b>HCPCS:</b> H0017, H0018, H0019, T2048</p> <p><b>ICD-10:</b> F10.xx–F19.xx</p>

# (FUI) Follow-Up After High-Intensity Care for Substance Use Disorder *(continued)*

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
Telephone Visit with a Principal Diagnosis of SUD	<b>CPT:</b> 98966–98968, 99441–99443 <b>ICD-10:</b> F10.xx–F19.xx
E-Visit or Virtual Check in with a Principal Diagnosis of SUD	<b>CPT:</b> 98969–98972, 99421–99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061–G2063, G2250–G2252
Pharmacotherapy Dispensing Event or Medication Treatment Event	<b>Medications:</b> Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) <b>HCPCS:</b> G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J2315, Q9991, Q9992, S0109

\*Codes subject to change.



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

*Applicable Foster Care Measure:*

*Lines of Business:* ● Medicare, ● Medicaid

Measure evaluates the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

### **Two rates are reported:**

- 1** The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- 2** The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

### **Tips:**

- Offer virtual, telehealth and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Discuss the benefits of seeing a primary or specialty provider and appropriate ED utilization.
- Partner with the health plan to address social determinants, health equity, and quality care.

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

Applicable Foster Care Measure:

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
Outpatient Visit with a Principal Diagnosis of a Mental Health Disorder	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017–H2020, T1015</p> <p><b>ICD-10:</b> F10.xx–F99</p> <p><b>POS:</b> 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72</p>
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of a Mental Health Disorder	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b>ICD-10:</b> F10.xx–F99</p> <p><b>POS:</b> 52</p>
Community Mental Health Center Visit with a Principal Diagnosis of a Mental Health Disorder	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>ICD-10:</b> F10.xx–F99</p> <p><b>POS:</b> 53</p>

*(continued)*



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

Applicable Foster Care Measure:

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
Electroconvulsive therapy <b>with</b> an Outpatient POS <b>and with</b> a principal diagnosis of intentional self-harm <b>and with</b> any diagnosis of a mental health disorder	<b>CPT:</b> 90780 <b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx <b>POS:</b> 03, 05, 07, 09, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth Visit with a Principal Diagnosis of a Mental Health Disorder	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>ICD-10:</b> F10.xx–F99 <b>POS:</b> 02, 10
Observation Visit with a Principal Diagnosis of a Mental Health Disorder	<b>CPT:</b> 99217, 99218, 99219, 99220 <b>ICD-10:</b> F10.xx–F99
Telephone Visit with a Principal Diagnosis of a Mental Health Disorder	<b>CPT:</b> 98966–98968, 99441–99443 <b>ICD-10:</b> F10.xx–F99
E-Visit or Virtual Check in with a Principal Diagnosis of a Mental Health Disorder	<b>CPT:</b> 98969–98972, 99421–99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061–G2063, G2250–G2252

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

Applicable Foster Care Measure:

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
<p>An Outpatient with a Principal Diagnosis of Intentional Self-Harm with any Diagnosis of a Mental Health Disorder</p>	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017–H2020, T1015</p> <p><b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99</p> <p><b>POS:</b> 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72</p>
<p>Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder</p>	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99</p> <p><b>POS:</b> 52</p>

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

Applicable Foster Care Measure:

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
Community Mental Health Center Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99</p> <p><b>POS:</b> 53</p>
Electroconvulsive Therapy with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p><b>CPT:</b> 90780</p> <p><b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99</p> <p><b>POS:</b> 03, 05, 07, 09, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
Telehealth Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99</p> <p><b>POS:</b> 02, 10</p>
Observation Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p><b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99</p>
Telephone Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p><b>CPT:</b> 98966–98968, 99441–99443</p> <p><b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99</p>

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

Applicable Foster Care Measure:

Lines of Business: ● Medicare, ● Medicaid

Description	Codes*
E-Visit or Virtual Check In with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<b>CPT:</b> 98969–98972, 99421–99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061–G2063, G2250–G2252 <b>ICD-10:</b> T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99

\*Codes subject to change.



## (IET) Initiation and Engagement of Substance Use Disorder Treatment

Applicable Foster Care Measure:

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Time frame for measure: (to capture episodes) Nov. 15 of the year prior to the measurement year through Nov. 14 of the measurement year.

Measure evaluates percentage of adolescent and adult members with a new episode of substance use disorder (SUD) episodes that result in treatment initiation and engagement.

### Two rates are reported:

- 1 Initiation of SUD Treatment:** percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days.
- 2 Engagement of SUD Treatment:** percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

# (IET) Initiation and Engagement of Substance Use Disorder Treatments *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

## Tips:

- Explain the importance of a follow-up to your patients.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule patients as soon as possible who do not keep initial appointments.
- Use telehealth where appropriate.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Submit applicable codes.

## Alcohol Use Disorder Treatment Medications

Description	Prescription
Aldehyde Dehydrogenase Inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral; delayed-release tablet)

## Opioid Use Disorder Treatment Medications

Description	Prescription	Medication Lists
Antagonist	Naltrexone (oral)	Naltrexone Oral Medication List
Antagonist	Naltrexone (injectable)	Naltrexone Injection Medication List
Partial Agonist	Buprenorphine (sublingual tablet)	Buprenorphine Oral Medication List

## (IET) Initiation and Engagement of Substance Use Disorder Treatments *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Opioid Use Disorder Treatment Medications		
Description	Prescription	Medication Lists
Partial Agonist	Buprenorphine (injection)	Buprenorphine Injection Medication List
Partial Agonist	Buprenorphine (implant)	Buprenorphine Implant Medication List
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naloxone Medication List

*Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder (OUD) administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.*

Description	Codes*
Initiation and Engagement/ Treatment	<p><b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99221–99223, 99231, 99232, 99233, 99238, 99239, 99241–99245, 99341–99345, 99347–99350, 99251–99255, 99381–99387, 99391–99397, 99401–99404, 99408, 99409, 99411, 99412, 99483, 99492–99494, 99510</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0443, G0463, G2086, G2087, G0512, G2067–G2078, G2080, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H0050, H2000, H2010, H2011, H2013–H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p><b>POS:</b> 02, 03, 05, 07, 09, 11–20, 22, 33, 49–50, 52–53, 57, 58, 71–72</p>

*(continued)*

## (IET) Initiation and Engagement of Substance Use Disorder Treatments *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● Marketplace, ● Medicare, ● Medicaid

Description	Codes*
Telephone Visits	<b>CPT:</b> 98966–98968, 99441–99443
E-visit/Virtual Check-In	<b>CPT:</b> 98969–98972, 99421–99423, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061–G2063

\*Codes subject to change.



### (PND-E) Prenatal Depression Screening

Lines of Business: ● Medicaid

Time frame for measure: the measurement year.

The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

#### Two rates are reported:

- 1 Depression Screening.** The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- 2 Follow-Up on Positive Screen.** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

*Note: Applicable LOINC codes are required for numerator 1 (Depression Screening).*

## (PND-E) Prenatal Depression Screening *(continued)*

Lines of Business: ● Medicaid

**Depression Screening instrument:** A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Positive Finding	LOINC Code (Required for numerator 1)
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	Total score ≥10	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M) <sup>®</sup>	Total score ≥10	89204-2
Patient Health Questionnaire-2 (PHQ-2) <sup>®1</sup>	Total score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®1,2</sup>	Total score ≥8	89208-3
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	Total score ≥17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10	99046-5
PROMIS Depression	Total score (T Score) ≥60	71965-8
Instruments for Adults (18+ years)	Positive Finding	LOINC Code (Required for numerator 1)
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	Total score ≥10	44261-6
Patient Health Questionnaire-2 (PHQ-2) <sup>®1</sup>	Total score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®1,2</sup>	Total score ≥8	89208-3
Beck Depression Inventory (BDI-II)	Total score ≥20	89209-1
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	Total score ≥17	89205-9

<sup>1</sup>Brief screening instrument. All other instruments are full-length.

<sup>2</sup>Proprietary; may be cost or licensing requirement associated with use.



## (PND-E) Prenatal Depression Screening *(continued)*

Lines of Business: ● Medicaid

Instruments for Adults (18+ years)	Positive Finding	LOINC Code (Required for numerator 1)
Duke Anxiety-Depression Scale (DUKE-AD) <sup>®2</sup>	Total score ≥30	90853-3
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10	99046-5
My Mood Monitor (M-3) <sup>®</sup>	Total score ≥5	71777-7
PROMIS Depression	Total score (T Score) ≥60	71965-8
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥31	90221-3

### Tips:

- Use age-appropriate screening instruments.
- If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.
- Train staff on the importance of depression screenings and to recognize the risk factors for depression in pregnancy.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit.
- Ask your provider relations representative about ways to submit data to the health plan directly from your EHR/EMR.

Description	Codes*
Perinatal	<p><b>ICD-10:</b> Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49, Z3A.01, Z3A.08, Z3A.09 Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36</p> <p><b>CPT:</b> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p>

## (PND-E) Prenatal Depression Screening *(continued)*

Lines of Business: ● Medicaid

Description	Codes*
Behavioral Health Encounter	<b>CPT:</b> 90791, 90792, 90832–90839, 90845–90849, 90853, 90865–90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
Depression Case Management Encounter	<b>CPT:</b> 99366, 99492–99494 <b>HCPCS:</b> G0512, T1016, T1017, T2022, T2023
Depression or Other Behavioral Health Condition	<b>ICD-10:</b> F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0–F20.5, F20.81, F20.89, F20.9, F21–F24, F25.0–F25.9, F28, F29, F30.10–F30.13, F30.2–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64, F31.70–F31.78, F31.81, F31.89, F31.9, F32.0–F32.9, F32.A, F33.0–F33.9, F34.0–F34.9, F39, F40.00–F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230–F40.233, F40.240–F40.248, F40.290–F40.298, F40.8, F40.9, F41.0–F41.9, F42–F42.9, F43.0, F43.10–F43.12, F43.20–F43.29, F43.8–F43.89, F43.9, F44.89, F45.21, F51.5, F53–F53.1, F60.0–F60.9, F63.0–F63.9, F68.10–F68.13, F68.8, F68.A, F84.0–F84.9, F90.0–F90.9, F91.0–F91.9, F93.0–F93.9, F94.0–F94.9, O90.6, O99.340–O99.345
Follow Up Visit	<b>CPT:</b> 98960–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99349, 99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483

\*Codes subject to change.



# (POD) Pharmacotherapy for Opioid Use Disorder

Lines of Business: ● Medicare, ● Medicaid

The time frame for the measure is July 1 of the year prior to the measurement year to June 30 of the measurement year.

Evaluates the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

## Tips:

- Closely monitor medication prescriptions and do not allow any gap in treatment of 8 or more consecutive days.
- Offer mutual help like peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.)
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.

Description	Codes*
<b>Opioid Use Disorder (OUD)</b>	F11.10, F11.120–122, F11.129, F11.13–14, F11.150–151, F11.159, F11.181–182, F11.188, F11.19–20, F11.220–222, F11.229, F11.23–24, F11.250–251, F11.259, F11.281–282, F11.288, F11.29
Description	Prescription
<b>Antagonist</b>	Naltrexone (oral or injectable)
<b>Partial Agonist</b>	Buprenorphine (sublingual tablet, injection, or implant)
<b>Partial Agonist</b>	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
<b>Agonist</b>	Methadone (oral, medical claim codes H0020, S10109, G2067, G2078)

\*Codes subject to change.

*Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder (OUD) administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.*



# (SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Lines of Business: ● Medicare, ● Medicaid

The index prescription start date (IPSD) is the earliest prescription dispensing data for any antipsychotic medication during the measurement year.

The treatment period is defined as the time beginning on the IPSD through the last day of the measurement year.

Evaluates percentage of members 18 years of age 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.

*If an oral medication and a long-acting injection are dispensed on the same day, calculate number of days covered by an antipsychotic medication using the prescription with the longest days supply.*

## Tips:

- Consider the use of long-acting injectable antipsychotic medications to increase adherence.
- Provide education on how to take the medication, expected side effects, and talking to the prescriber before stopping the medication.

### Oral Antipsychotics

- |                 |                |                              |
|-----------------|----------------|------------------------------|
| • Aripiprazole  | • Lumateperone | • Chlorpromazine             |
| • Asenapine     | • Lurasidone   | • Fluphenazine               |
| • Brexpiprazole | • Molindone    | • Perphenazine               |
| • Cariprazine   | • Olanzapine   | • Prochlorperazine           |
| • Clozapine     | • Paliperidone | • Thioridazine               |
| • Haloperidol   | • Quetiapine   | • Trifluoperazine            |
| • Iloperidone   | • Risperidone  | • Amitriptyline-perphenazine |
| • Loxapine      | • Ziprasidone  | • Thiothixene                |

# (SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia *(continued)*

Lines of Business: ● Medicare, ● Medicaid

Long-Acting Injections	
Description	Prescription
Long-acting Injections 14 Days Supply	<ul style="list-style-type: none"> <li>• Risperidone (excluding Perseris®)</li> </ul>
Long-acting Injections 28 Days Supply	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Aripiprazole lauroxil</li> <li>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> </ul>
Long-acting Injections 30 days Supply	<ul style="list-style-type: none"> <li>• Risperidone (Perseris®)</li> </ul>



## (SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications

Lines of Business: ● Medicaid

Time frame for measure: the measurement year.

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.

Identify members with diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder and conduct a glucose or HbA1c lab test.

### Tips:

- Provide members/caregivers with lab orders for HbA1c or glucose and cholesterol or LDL-C to be completed yearly.
- Educate the member and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow up care.
- Submit applicable codes.

# (SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications *(continued)*

Lines of Business: ● Medicaid

- Consider using standing orders to get lab tests.
- Educate patients and their caregivers on the importance of completing annual visits and blood work.
- Discuss weight management options and encourage members to increase physical activity, improve sleep, and maintain a well-balanced diet.

Description	Codes*
Glucose Lab Test	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
Glucose Test Result or Finding	<b>SNOMED:</b> 166890005 (Blood glucose within reference range), 166891009 (Blood sugar below reference range), 166892002 (Blood sugar above reference range), 442545002 (Blood glucose outside reference range), 444780001 (Glucose above reference range), 1179458001 (Blood glucose below reference range)
HbA1c Lab Test	<b>CPT:</b> 83036, 83037
HbA1c Test Result or Finding	<b>CPT CAT II:</b> 3044F, 3046F, 3051F, 3052F

\*Codes subject to change.

Note: Do **not** include a modifier when using CPT-CAT-II codes.



## (UOP) Use of Opioids from Multiple Providers

Lines of Business: ● Medicare, ● Medicaid

Assesses the percentage of members 18 years and older, receiving prescription opioids for  $\geq 15$  days during the measurement year, who received opioids from multiple providers.

### Three rates reported:

- 1 Multiple Prescribers** — The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- 2 Multiple Pharmacies** — The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- 3 Multiple Prescribers and Multiple Pharmacies** — The percentage 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 percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

*Note: A lower rate indicates better performance for all three rates.*

### Tips:

- Only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.
- Identify alternatives to opioids for pain management such as NSAIDs, physical therapy, acupuncture, massage therapy, and corticosteroids when clinically appropriate.
- Set expectations early-on regarding controlled-substance prescriptions from other providers and the use of multiple pharmacies.

## (UOP) Use of Opioids from Multiple Providers *(continued)*

Lines of Business: ● Medicare, ● Medicaid

### Opioid Medications

- Benzhydrocodone
- Buprenorphine (transdermal patch and buccal film)
- Codeine
- Dihydrocodeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Levorphanol
- Meperidine
- Methadone
- Morphine
- Opium
- Oxycodone
- Oxymorphone
- Pentazocine
- Tapentadol
- Tramadol

(Opioid medications exclude injectables and opioid-containing cough and cold products).





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