



HEDIS PROVIDER TOOL KIT -AT A GLANCE BEHAVIORAL HEALTH MEASURES

HEDIS MEASURE	TIPS AND BEST PRACTICES	SAMPLE CODES USED
<p>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications:</p> <p>Those members with Schizophrenia or Bipolar Disorder who received an antipsychotic medication and had a diabetes-screening test.</p> <p>Ages: 18-64 years</p>	<p>Ordering test such as an HbA1c or fasting blood sugar (FBS) when starting patients on psychotropic medication and at the patient’s three month appointment then annually after that.</p> <p>Encourage members with schizophrenia or bipolar disorder who are also on antipsychotic medication to get a diabetic screening.</p> <p>Weigh member at each appointment to monitor weight gain.</p> <p>If weight gain does occur, evaluate whether the patient would benefit from a change in medication or a change in lifestyle.</p> <p>Educate members on healthy diet and exercise. Provide information to member on myStrength self-management tools.</p> <p>Ensure those members with a fasting blood sugar greater than</p>	<p>ICD-10-Dx:</p> <p>Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p>Bipolar Disorder: F30.10-F30.13, F30.2-F30.4, F30.8, 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</p> <p>Other Bipolar Disorders: F31.81, F31.89, F31.9</p> <p>CPT Codes: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037</p> <p>CPT II Codes: 3044F, 3045F, 3046F</p>

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	<p>100 mg/DL or an HbA1c greater than 5.7% or assisted with being connected with a primary care physician.</p> <p>For a complete list of medications and NDC codes, visit www.ncqa.org. For Medicaid, please refer to the Preferred Drug List (PDL) on the State Specific website.</p>	
<p>Monitoring for People with Diabetes and Schizophrenia:</p> <p>Those members with schizophrenia and diabetes who had both an LDL-C and HbA1C test during the measurement year.</p> <p>Ages: 18-64 years</p>	<p>Schedule an HbA1c test and an LDL-C test for members with schizophrenia and diabetes. To increase compliance, consider using standing orders to get labs done.</p> <p>Tips for providers and/or staff talking to the patient: Assess patient’s personal and family history of obesity, diabetes, heart disease, and any medications that the patient takes that may cause weight gain.</p> <p>Ordering test such as A1C or fasting blood sugar (FBS) when starting patients on psychotropic medication and at the patient’s three month appointment.</p> <p>Weigh patient at their first appointment and all follow-up appointments.</p> <p>If weight gain does occur, evaluate whether the patient would benefit from a change in medication or a change in lifestyle.</p>	<p>ICD-10-Dx:</p> <p>Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p>Diabetes: Use the appropriate code family: E or O (pre-existing DM in pregnancy)</p> <p>CPT Codes:</p> <p>HbA1C tests: 83036, 83037</p> <p>Glucose test: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>LDL-C tests: 80061, 83700, 83701, 83704, 83721</p> <p>CPT II Codes: 3044F, 3045F, 3046F, 3048F, 3049F, 3050F</p>

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	<p>Routinely arrange the lab appointments when the patient is in the office</p> <p>The importance of continuing medication, even if the patient is feeling better.</p> <p>The patient should call the doctor's office for any questions or concerns.</p> <p>Provide written instructions to support educational messages.</p> <p>Review medical record Help patient take steps to control their blood sugar and decrease weight if weight is an issue.</p> <p>Encourage patient to make and keep preventive health appointments.</p> <p>Follow up to monitor patient's progress (may be telephonic or via office visits).</p>	

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<p>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia: Assesses adults 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.</p> <p>Those members 18-64 years old with cardiovascular disease who had an LDL-C test during the measurement year.</p>	<p>Encourage members with schizophrenia and cardiovascular disease to contact their PCP to schedule an LDL-C test.</p> <p>Communicate need for LDL-C to member’s PCP.</p> <p>If members are not connected with a PCP, assist them in finding a PCP.</p> <p>To increase compliance, consider using standing orders to get labs done.</p> <p>Involve family/support system to assist member with after-care follow-up.</p>	<p>ICD-10-Dx:</p> <p>Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p>Ischemic Vascular Disease (IVD): Use the appropriate code family: I</p> <p>CPT Codes:</p> <p>LDL-C Test: 80061, 83700, 83701, 83704, 83721</p> <p>CPT 11 Codes: 3048F, 3049F, 3050F</p>

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<p>Antidepressant Medication Management:</p> <p>Those members with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on antidepressant medication treatment.</p> <ul style="list-style-type: none"> Effective Continuation Phase Treatment- Members who remained on an antidepressant medication for at least 180 days (6 months). <p>Ages: 18 years and older</p>	<p>Educate your patients on how to take their antidepressant medications. Important messages include:</p> <ul style="list-style-type: none"> How antidepressants work, their benefits and how long they should be used. Length of time patient should expect to be on the antidepressant before they start to feel better. Importance of continuing to take the medication even if they begin feeling better. Common side effects, how long the side effects may last and how to manage them. What to do if they have questions or concerns. <p>For a complete list of medications and NDC codes, visit www.ncqa.org. For Medicaid, please refer to the Preferred Drug List (PDL) on the State Specific website.</p>	<p>ICD-10-Dx: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p> <p>AMM STAND-ALONE VISITS CPT Codes: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347 99350, 99384-99387, 99394-99397, 99401-99404, 99411-99412, 99510</p> <p>ED VISITS</p> <p>CPT Codes: 99281-99285</p> <p>AMM VISITS WITH POS</p> <p>CPT Codes: 90791, 90792, 90832 90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
<p>Antipsychotic Medications Adherence for Individuals with Schizophrenia:</p> <p>Members with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p> <p>Ages: 19-64 years</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Dementia 	<p>Encourage schizophrenic patients to: Discuss any side effects and how long they might last and how to manage.</p> <p>To take their medications as prescribed, and refill their medications on time.</p> <p>Provide hand out information on tips for remembering to take medications (Available from DWMHA website).</p>	<p>ICD-10-Dx: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p>HCPCS:</p> <p>14-day supply: J2794 28-day supply: J0401, J1631, J2358, J2426, J2680</p>

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<ul style="list-style-type: none"> Did not receive at least 2 antipsychotic medication-dispensing events. 	<p>Encourage involvement of families and/or support systems</p> <p>For a complete list of medications and NDC codes, visit www.ncqa.org. For Medicaid, please refer to the preferred Drug List (PDL) on the State Specific website.</p>	
<p>Follow-Up After Hospitalization for Mental Illness With-in 30 Days After Hospitalization for Mental Illness:</p> <p>Members who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner.</p> <p>Ages: six years and older</p> <p>Excludes discharges followed by readmission or direct transfer to non-acute inpatient care setting within the 30 day follow up period regardless of principal diagnosis for the readmission. Excludes discharges followed by readmission or direct transfer to an acute inpatient care setting within 30 day follow up period if the principal diagnosis was for non-mental health.</p>	<p>Make every attempt to schedule 7 and 30-Day Follow-up appointments through Access Center prior to Discharge.</p> <p>If unable to schedule visits prior to discharge, schedule the 7 Day Follow-up visit within five days of discharge to allow flexibility in rescheduling. If the appointment doesn't occur within the first seven days post-discharge, please schedule within 30 days.</p> <p>Involve the patient's caregiver regarding the follow-up plan after In Patient discharge.</p> <p>Educate patient and family regarding the importance of keeping follow up appointments.</p> <p>Encourage patients to sign up for text-messaging reminders.</p> <p>Definition of mental health practitioners is available on the Michigan Department of Health and Human Services website www.michigan.gov.</p>	<p>ICD-10-Dx: Use the appropriate code family: F</p> <p>Stand-Alone Visits (7 and 30 days post discharge) CPT Codes: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347 99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510</p> <p>Transitional Care CPT Codes: 99495 (14 Days, used for 30-Day Follow-up indicator) and 99496 (7 Days)</p> <p>Follow-up visits (Group 1) with POS</p> <p>CPT Codes: 90791, 90792, 90832 90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876 WITH POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p>Follow-up visits (Group 2) with POS CPT Codes: 99221-99223, 99231 99233, 99238, 99239, 99251-99255 WITH POS: 52, 53</p>

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<p>Initiation and Engagement of Alcohol and Other Drug Abuse Treatment</p> <p>The initiation and engagement of alcohol and other drug abuse treatment looks at the percentage of adolescent and adult members with a new episode of alcohol or other drug abuse who receive the following:</p> <p>Initiation of Treatment: The percentage of individuals 13 years old and older who initiate treatment through an inpatient alcohol and other drug abuse (AODA) admission, emergency room visit, outpatient visit, intensive outpatient visit or partial hospitalization within 14 days of the diagnosis. The AODA diagnosis can take place in a medical or behavioral health setting.</p> <p>Engagement of AODA Treatment: The percentage of members 13 years old and older who initiated treatment and has two or more additional services with a diagnosis of AODA within 30 days of the initiation visit.</p>	<p>Screen for substance use on intake using the Biopsychosocial assessment and annually after that.</p> <p>When substance use is identified follow-up with individual by scheduling 3 follow-up appointments in the next 30 days. Increased intensity of contact in early stages of treatment will help to address the concerns as timely as possible and help to keep the individual connected and motivated for treatment. If referring to substance abuse provider, ensure first appointment within 14 days of diagnosis. Address any barriers individual has to follow up.</p> <p>If substance use is identified, be sure to document and code it on any claims submitted.</p> <p>Educate members on the effects of substance abuse. Work with individual's support system to support member in their after- care. Encourage member to sign consent to allow sharing of their information with others involved in their care.</p>	<p>CD-10 Dx: Use the appropriate code family: F</p> <p>Stand-Alone Visits CPT:98960-98962, 99078, 99201-99205, 99211-99215, 99217, 99220, 99241-99245,99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510.</p> <p>IET Visits (Group 1) with POS 90791, 90792, 90832, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255.</p> <p>WITH POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72</p> <p>IET Visits (Group 2) with POS CPT Codes: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 WITH POS: 52, 53</p>
<p>Follow-Up Care for Children Prescribed ADHD Medication</p> <p>The two rates of this measure assess follow-up care for children prescribed an ADHD medication:</p>	<p>Schedule no fewer than three follow-up visits in 10 months, as follows:</p> <p>Schedule a follow-up visit with a practitioner that has prescribing authority for your patients ages</p>	<p>CPT Codes: Stand Alone Visit 90807-90815, 96150-96154, 98960-98962, 99089, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-</p>

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<p>Initiation Phase: Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority, within 30 days of their first prescription of ADHD medication.</p> <p>Continuation and Maintenance Phase: Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months subsequent to the Initiation Phase.</p>	<p>6-12 years within 30 days of their initial prescription, and Schedule two additional visits within nine months following initiation.</p> <p>Discuss the importance of the follow-up visit with patients and parents.</p> <p>Schedule all follow-up visits during the initial visit and send reminder calls, postcards, and other reminders before the next visit.</p> <p>Allow enough time to meet with each of your patients, and be prepared to answer questions from parents about their child’s newly prescribed medications.</p>	<p>99384, 99391-99394, 99401-99404, 99411-99412, 99510</p> <p>ADD Visit Group 1: 90791-90792, 90801-90802, 90816-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875-90876</p> <p>ADD Visit Group 2: 99221-99223, 99231-99233, 99238-99239, 99251-99255 ADD POS GROUP 1</p> <p>11-Office, 12-Home, 13-Assisted Living Facility, 14-Group Home, 15-Mobile Unit, 20-Urgent Care Facility, 22-Outpatient Hospital, 3-School, 33-Custodial Care Facility, 49-Independent Clinic, 5-Indian Health Service Free-standing Facility, 50-Federally Qualified Health Center, 52-Psychiatric Facility-Partial Hospitalization, 53-Community Mental Health Center, 7-Tribal, 638-Free-standing Facility, 71-Public Health Clinic, 72-Rural Health Clinic, 9-Prison/ Correctional Facility</p>