



HEDIS PROVIDER TOOL KIT-AT A GLANCE BEHAVIORAL HEALTH MEASURES

| HEDIS MEASURE | DOCUMENTATION TIPS | SAMPLE CODES USED |
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| <p>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD):</p> <p>Those members with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who received an antipsychotic medication and had a diabetes screening test.</p> <p>Ages: 18-64 years</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Diabetes diagnosis • Hospice | <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.</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>ICD-11-Dx:</p> <p>Schizophrenia: 6A20.0, 6A20.1, 6A20.2, 6A20.3, 6A20.5, 6A20.Y, 6A20.Z, 6A22, 6A23, 6A24, 6A25, 6A21.0, 6A21.1, 6A21.Y, 6A21.Z</p> <p>Bipolar Disorder: 6A60, 6A60.0, 6A60.1, 6A60.2, 6A60.3, 6A61, 6A61.0, 6A61.1, 6A61.2, 6A61.3, 6A61.4, 6A62, 6A62.0, 6A62.1, 6A62.2, 6A62.3, 6A62.4, 6A62.5, 6A62.6, 6A62.7, 6A62.8, 6A63, 6A63.0, 6A63.0, 6A63.1, 6A63.2, 6A64, 6A65</p> <p>Other Disorders: 6A70., 6A70.0, 6A70.1, 6A70.2, 6A70.3</p> <p>Glucose CPT Codes: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HgbA1c CPT Codes: 83036, 83037</p> <p>HgbA1c CPT II Codes: 3044F, 3046F 3051F, 3052F</p> |

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| | <p>Ensure those members with a fasting blood sugar greater than 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 (SMD):</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.</p> <p>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</p> | <p>ICD-11-Dx:</p> <p>Schizophrenia: : 6A20.0, 6A20.1, 6A20.2, 6A20.3, 6A20.5, 6A20.Y, 6A20.Z, 6A22, 6A23, 6A24, 6A25, 6A21.0, 6A21.1, 6A21.Y, 6A21.Z</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, 3046F, 3048F, 3049F, 3050F, 3051F, 3052F</p> |

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| | <p>would benefit from a change in medication or a change in lifestyle.</p> <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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Antidepressant Medication Management (AMM):

Those members with a major depression diagnosis who were treated with antidepressant medication and remained on an antidepressant medication treatment.

- Effective Acute Phase Treatment – Members who remained on antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment– Members who remained on an antidepressant medication for at least 180 days (6 months).

Ages: 18 years and older

Educate your patients on how to take their antidepressant medications. Important messages include:

- 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.

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.

ICD-11-Dx: 6A7Z, 6A60.Z, 6A70.Z, 6A73

BH Outpatient Visit

CPT Codes: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99510

HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020, T1015
w/ POS: 02, 10, 52, 53

Telehealth Visit:

CPT: 98966, 98967, 98968, 99441, 99442, 99443
w/ POS: 10

ED VISITSCPT: 99281, 99282, 99283, 99284, 99285

Online Assessments:

CPT: 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458
HCPCS: G0071, G2010, G2012, G2250, G2251, G2252

**Antipsychotic Medications
Adherence for Individuals
with Schizophrenia (SAA):**

Members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Ages: 18 and older

Exclusions:

- Dementia
- Did not receive at least 2 antipsychotic medication dispensing events.
- Hospice
- Members ages 66 to 80 with frailty and advanced illness
- Members ages 81 and older with at least two indications of frailty

Encourage schizophrenic patients to:

- Discuss any side effects and how long they might last and how to manage.
- To take their medications as prescribed and refill their medications on time.
- Provide hand-out on tips for remembering to take medications.

Encourage involvement of families and/or support systems

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.

ICD-11-Dx:

Schizophrenia: 6A20.1, 6A20.0Z, 6A22, 6A20.3 6A20.Y, 6A20.2, 6A21.0, 6A21.1, 6A21.Y, 6A21.Z

14-day supply: J2794, J2801

28-day supply: J0401, J1631, J1943, J1944, J2358, J2426, J2680

30-day supply: J2798

Follow-Up After Hospitalization for Mental Illness With-in 30 Days After Hospitalization for Mental Illness (FUH):

Members who were hospitalized for treatment of selected mental health disorders or intentional self-harm diagnosis, and who had an follow up visit with a mental health provider.

Ages: 6 years and older

Exclusions: Hospice

- Make every attempt to schedule 7- and 30-Day Follow-up appointments through Access Center prior to Discharge.
- If unable to schedule visits prior to discharge, schedule the seven 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. Involve the patient's caregiver regarding the follow-up plan after In Patient discharge.
- Educate patient and family regarding the importance of keeping follow up appointments.
- Encourage patients to sign up for text-messaging reminders.
- Definition of mental health practitioners is available on the Michigan Department of Health and Human Services website www.michigan.gov.

ICD-11-Dx:

Schizophrenia: 6A20.0, 6A20.1, 6A20.2, 6A20.3, 6A20.5, 6A20.81, 6A20.89, 6A20.9, 6A21, 6A22, 6A23, 6A24, 6A25.0, 6A25.1, 6A25.8, 6A25.9, 6A28, 6A29

Mood Disorders: 6A60.10, 6A60.11, 6A60.12, 6A60.13, 6A60.2, 6A60.3, 6A60.4, 6A60.8, 6A60.9, 6A61.0, 6A61.10, 6A61.11, 6A61.12, 6A61.13, 6A61.2, 6A61.30, 6A61.31, 6A61.32, 6A61.4, 6A61.5, 6A61.60, 6A61.61, 6A61.62, 6A61.63, 6A61.64, 6A61.70, 6A61.71, 6A61.72, 6A61.73, 6A61.74, 6A61.75, 6A61.76, 6A61.77, 6A61.78, 6A61.81, 6A61.89, 6A61.9, 6A64.0, 6A64.1, 6A64.81, 6A64.89, 6A64.9, 6A69, 6B00.0, 6A62.0, 6A62.1, 6A62.2, 6A62.3, 6A62.4, 6A62.5, 6A62.81, 6A62.89, 6A62.9, 6A62.A, 6A63.0, 6A63.1, 6A63.2, 6A63.3, 6A63.40, 6A63.41, 6A63.42, 6A63.8, 6A63.9,

Visit Setting Unspecified:

CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

w/ POS: 2, 22, 52, 53, 56

BH Outpatient:

CPT: 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342,

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| | | <p>99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS: 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</p> <p>w/ POS: 53</p> <p>Partial Hospitalization or Intensive Outpatient:</p> <p>HCPCS:</p> <p>G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Transitional Care Management Services</p> <p>CPT: 99495, 99496</p> <p>w/ POS: 53</p> <p>Electroconvulsive Therapy:</p> <p>CPT: 90870</p> <p>w/ POS: 22, 24, 52, 53</p> <p>Residential Behavioral Health Treatment: HCPCS:</p> <p>T2048, H0019, H0017, H0018</p> <p>Telephone Visit CPT:</p> <p>98966, 98967, 98968, 99441, 99442, 99443</p> <p>Psychiatric Collaborative Care Management:</p> <p>CPT: 99492, 99493, 99494</p> <p>HCPCS: G0512</p> |
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| | | Peer Support Services: HPCS: T1012, H0040, H0039, H0025, H0024, T1016, H0046, S9445, G0140, H0038, H2014, H2023, G0177 |
| Initiation and Engagement of Substance Use Disorder Treatment (IET): Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient visit, partial hospitalization, telehealth visit, or medication treatment within 14 days. Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. Ages: 13 and older Exclusions: Hospice | Screen for substance use on intake using the Biopsychosocial assessment and annually after that. 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. If substance use is identified, be sure to document and code it on any claims submitted. 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. | ICD-11 Dx: Use the appropriate code family: 6C Visit Setting Unspecified: CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 w/ POS: 02, 03, 05, 07, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72 BH Outpatient Visit: CPT: 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HPCS: 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 |

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| | | <p>Partial Hospitalization or Intensive Outpatient Visit: HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Substance Use Disorder Services: CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012</p> <p>Telephone Visit: CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessments: CPT: 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252</p> <p>ODD Monthly Office-Based Treatment: HCPCS: G2086, G2087</p> <p>ODD Weekly Drug Treatment Service: HCPCS: G2067, G2068, G2069, G2070, G2072, G2073</p> <p>ODD Weekly Non-Drug Service: HCPCS: G2071, G2074, G2075, G2076, G2077, G2080</p> |
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Follow-Up Care for Children Prescribed ADHD Medication (ADD):

The two rates of this measure assess follow-up care for children prescribed an ADHD medication:

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.

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.

Exclusions:

- Hospice
- Acute inpatient encounter or discharge with principal diagnosis of mental, behavioral, or neurodevelopmental disorder.
- Narcolepsy

Schedule no fewer than three follow-up visits in 10 months, as follows:

Schedule a follow-up visit with a practitioner that has prescribing authority for your patients ages

6-12 years within 30 days of their initial prescription, and

Schedule two additional visits within nine months following initiation.

Discuss the importance of the follow-up visit with patients and parents.

Schedule all follow-up visits during the initial visit and send reminder calls, postcards, and other reminders before the next visit.

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.

Visit Setting Unspecified

CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

w/ POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72

BH Outpatient:

CPT: 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510

HCPCS: 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

Health and Behavior

Assessment or Intervention:

CPT: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

Partial Hospitalization or Intensive Outpatient:

HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

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| | | <p>Telephone Visit: CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessments: (Continuation Phase One of Two Visits): CPT: 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252</p> |
| <p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</p> <p>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.</p> <p>Documentation of psychosocial care in the 121day period from 90 days prior to the Rx dispensing date through 30 days after the Rx dispensing date.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Hospice • Beneficiaries with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder | <p>Ensure psychological services, such as behavioral interventions, psychological therapies, and crisis intervention, are being documented and billed.</p> <p>Identify all beneficiaries in the specified age range who were dispensed an antipsychotic medication</p> <p>Test each antipsychotic prescription for a negative medication history.</p> <p>Confirm period of 120 days prior to the IPSD when the beneficiary had no antipsychotic medications dispensed for either new or refilled prescriptions.</p> <p>Beneficiaries must be continuously enrolled for 120 days prior to the IPSD through 30 days after the IPSD.</p> | <p>Psychosocial Care: CPT: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485</p> |

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| <p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p> <p>Children and adolescents 1 – 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.</p> <p>Both of the following during the MY.</p> <ul style="list-style-type: none"> • At least one test for blood glucose or HbA1c • At least one test for LDL-C or cholesterol <p>Exclusions:</p> <ul style="list-style-type: none"> • Hospice | <p>Provide members psychoeducation on importance of metabolic monitoring for individuals taking anti-psychotics including health risks associated.</p> <p>Confirm members are getting BOTH blood glucose/HbA1c and cholesterol/LDL-C screening completed after being ordered.</p> | <p>Glucose Lab Test: CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1C Lab Test: CPT: 83036, 83037</p> <p>HbA1C Test Result or Finding: CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p>Cholesterol Lab Test: CPT: 82465, 83718, 83722, 84478</p> <p>LDL C Lab Test: CPT: 80061, 83700, 83701, 83704, 83721</p> <p>LDL C Test Result or Finding: CPT-CAT-II: 3048F, 3049F, 3050F</p> |
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