

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b> 6 years and over</p>	<p>The percentage of discharges for members six 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.</p> <p><b>Two rates are reported.</b> 1. The percentage of discharges for which</p>		

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<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b> 6 years and over</p>		<p>Telehealth visits with appropriate codes and any listed mental health provider-type is sufficient to qualify for this measure.</p>	<p><b>Electroconvulsive Therapy</b> CPT: 90870 ICD-10-PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
<p><b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b> 6 years and over</p>	<p>The percentage of emergency department (ED) visits for members six 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.</p> <p><b>Two rates are reported.</b> 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 seven days of the ED visit.</p>	<p>This measure addresses the need for coordination of care immediately after an ED visit, which is a higher risk time for readmissions and suicide completions.</p> <p>Follow-up within seven days after date of ED 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 measure.</p>	<p><b>Outpatient Visit, Visit Setting Unspecified</b> CPT: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p><b>Telehealth Visit, Visit Setting Unspecified CPT</b> POS: 02, 10</p> <p><b>BH Outpatient Visit</b> CPT: 98960-62, 99202-05, 99211-15, 99341-45, 99347-50, 99381-87, 99391-97, 99401 HCPCS: G0463, H0004, H0031, H0034, H2000, H20101, H2013-15, H2017, H2019-20, T1015</p> <p><b>Intensive Outpatient/Partial Hospitalization</b> Option 1: HCPCS: H0035, H2012, S9480 Option 2: <b>Visit Setting Unspecified CPT</b> POS: 52</p> <p><b>CMHC Visit, Visit Setting Unspecified CPT</b> POS: 53</p> <p><b>Electroconvulsive Therapy</b> CPT: 90870 ICD-10-PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p><b>Observation Visit</b> CPT: 99217-20</p> <p><b>Online Assessments</b> CPT: 99457-58</p>

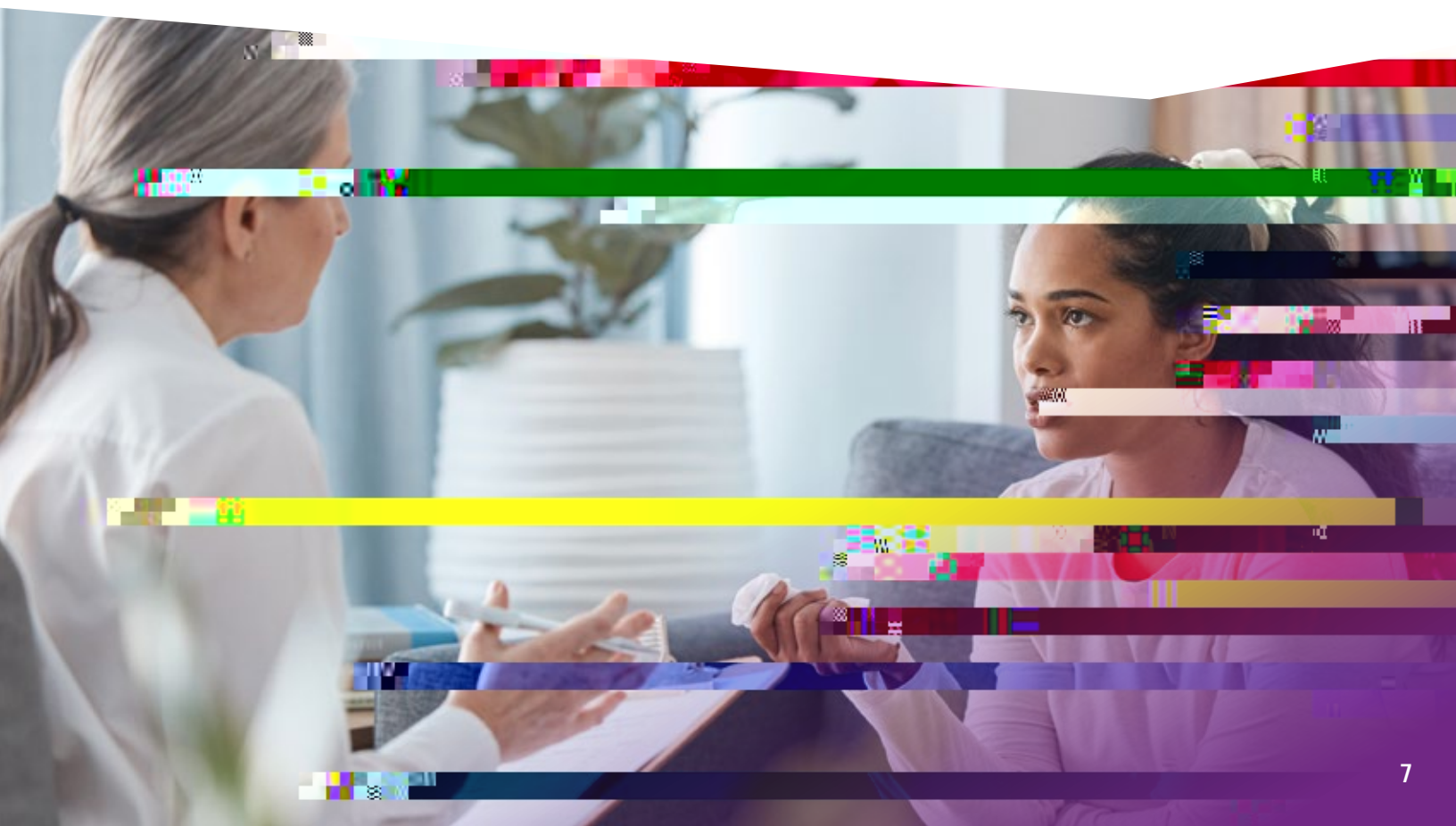
MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
<p><b>Follow-Up After Emergency Department Visit for Substance Use (FUA)</b> 13 years and over</p>	<p>The percentage of ED visits for members 13 years of age and older with a diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose.</p> <p><b>Two rates are reported.</b></p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.</li> <li>2. The percentage of ED visits for which the member received follow-up within seven days of the ED visit.</li> </ol> <p>Pharmacotherapy dispensing events count toward follow-up:</p> <ul style="list-style-type: none"> <li>• Alcohol use disorder (AUD) treatment medications</li> <li>• Opioid use disorder (OUD) treatment medications</li> <li>• Alcohol or other drug (AOD) medication treatment</li> <li>• OUD weekly drug treatment service</li> <li>•</li> </ul>		

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<b>Follow-Up After Emergency Department Visit for Substance Use (FUA)</b> 13 years and over			<b>BH Assessment</b> CPT: 99408-09 HCPCS: H0031  <b>Pharmacotherapy Dispensing Event AOD Medication Treatment</b> HCPCS: H0020, H0033, J0570-75, J2315, Q9991-92
<b>Initiation and Engagement of Substance Use Disorder Treatment (IET)</b> 13 years and over	<p>The percentage of new SUD episodes that result in treatment initiation and engagement.</p> <p><b>Two rates are reported.</b></p> <p>1. Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth visit or medication assisted treatment (MAT) within 14 days.</p> <p>2. Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.</p>	<p>Adolescents and adults with new episodes of SUD abuse or dependence are receiving initiation and engagement into SUD treatment.</p> <p>For all initiation events except medication treatment, initiation on the as the earliest diagnosis of SUD abuse or dependence to count.</p> <p>Timely access to SUD services increases the chance that the member will engage into services when they demonstrate readiness.</p> <p><b>SUD episodes in the opioid use disorder cohort</b> (criteria does not require a diagnosis in the lists to the right).</p> <p><b>Naltrexone Injection</b>            HCPCS: G2073, J2315</p> <p><b>Buprenorphine Oral</b>            HCPCS: H0033, J0571</p> <p><b>Buprenorphine Oral, Weekly</b>            HCPCS: G2068, G2079</p> <p><b>Buprenorphine Injection</b>            HCPCS: G2069, Q9991-92</p> <p><b>Buprenorphine Implant</b>            HCPCS: G2070, G2072, J0570</p> <p><b>Buprenorphine Naloxone</b>            HCPCS: J0572-75</p> <p><b>Methadone Oral</b>            HCPCS: H0020, S0109</p> <p><b>Methadone Oral, Weekly</b>            HCPCS: G2067, G2078</p>	<p><b>Alcohol Abuse and Dependence</b>            ICD-10: F10.10-.29</p> <p><b>Opioid Abuse and Dependence</b>            ICD-10: F11.10-.29</p> <p><b>Other Drug Abuse and Dependence</b>            ICD-10: F12.10-F19.29</p> <p><b>Outpatient Visit, Visit Setting Unspecified</b>            CPT: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-23, 99238-39</p> <p><b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p><b>BH Outpatient Visit</b>            CPT: 98960-62, 99202-05, 99211-15, 99341-45, 99347-50, 99381-87, 99391-97, 99401</p> <p><b>HCPCS:</b> G0463, H0004, H0031, H0034, H2000, H2011, H2013-15, H2017, H2019-20, T1015</p> <p><b>Intensive Outpatient/Partial Hospitalization</b>            Option 1:            HCPCS: H0035, H2012, S9480            Option 2:  <b>Visit Setting Unspecified CPT</b></p> <p><b>POS:</b> 52</p> <p><b>Non-Residential Substance Abuse Treatment Facility Visit, Visit Setting Unspecified CPT</b></p> <p><b>POS:</b> 57, 58</p> <p><b>CMHC Visit, Visit Setting Unspecified CPT</b></p> <p><b>CMHC POS:</b> 53</p> <p><b>Telehealth Visit, Visit Outpatient Setting Unspecified CPT</b></p>

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<b>Initiation and Engagement of Substance Use Disorder Treatment (IET)</b> 13 years and over			<p>Telehealth POS: 02, 10</p> <p><b>SUD Service</b>            CPT: 99408-09            HCPCS: G0443, H0005, H0015, H2035</p> <p><b>Observation</b>            CPT: 99217-20</p> <p><b>Online Assessments</b>            CPT: 99457-58</p> <p><b>Weekly or Monthly Opioid Treatment Service</b> (Criteria does not require a diagnosis in the lists above)</p> <p><b>SUD Episodes in the AUD Cohort</b> (criteria does not require a diagnosis in the lists above)</p> <p><b>Naltrexone Injection</b>            HCPCS: J2315</p>
<b>Antidepressant Medication Management (AMM)</b> 18 years and over	<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><b>Two rates are reported.</b></p> <p>1. Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>2. Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</p>		<p>Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.</p> <p><b>Major Depression</b>  <b>ICD-10:</b> F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p><b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b> 6-12 years</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:</p>	<p>15 95.04 -639.146 re131.79 724.875 111.71 -639.10 -1.2 Td(visit I0 -1.3 Td(MEASURE TIPS)Tj0.438 0.0 1 (97t three f)w(q</p>	

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p><b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b> 1-17 years</p>	<p>The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.</p> <p><b>Three rates are reported.</b> The percentage of children and adolescents on antipsychotics who:</p> <ol style="list-style-type: none"> <li>1. Received blood glucose testing</li> <li>2. Received cholesterol testing</li> <li>3. Received blood glucose and cholesterol testing</li> </ol>	<p>Certain antipsychotic medications can increase risk for development of diabetes and hyperlipidemia. Metabolic monitoring increases recognition and allows for early intervention.</p>	<p><b>Glucose/HbA1c</b> CPT: 80047-48, 80050, 80053, 80069, 82947, 82950-51, 83036 CPT II: 3044F, 3046F, 3051F, 3052F</p> <p><b>LDL/Other Cholesterol</b> CPT: 80061, 82465, 83700-01, 83704, 83718, 83721, 84478 CPT II: 3048F, 3049F, 3050F</p> <p>Note: CPT II codes are for quality reporting purposes only, not for payment.</p>
<p><b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b> 18 years and over</p>	<p>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>	<p>This measure addresses the need for adults who begin an antipsychotic medication to treat schizophrenia to remain on medication for at least 80% of their treatment period.</p> <p>The treatment period is the period of time beginning on the earliest antipsychotic medication prescription date through the last day of the measurement 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>



MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b> 18-64 years	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.	Antipsychotic medication can cause dyslipidemia, which can worsen cardiovascular disease. Monitoring increases chance to intervene for best outcomes.	<b>LDL</b> <b>CPT:</b> 80061, 83700-01, 83704, 83721 <b>CPT II:</b> 3048F, 3049F, 3050F  Note: CPT II codes are for quality reporting purposes only, not for payment.
<b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b> 18-64 years	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.	Antipsychotic medication can cause metabolic problems and worsen the course of diabetes if not discovered. Monitoring increases chance to intervene for best outcomes.	<b>HbA1c</b> <b>CPT:</b> 83036-37 <b>CPT II:</b> 3044F, 3046F, 3051F, 3052F  <b>LDL</b> <b>CPT:</b> 80061, 83700-01, 83704, 83721 <b>CPT II:</b> 3048F, 3049F, 3050F  Note: CPT II codes are for quality reporting purposes only, not for payment.
<b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b> 18-64 years	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.	Measure addresses the need for adults diagnosed with schizophrenia OR bipolar disorder to 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 the chance to intervene for best outcomes.	<b>Glucose/HbA1c</b> <b>CPT:</b> 80047-48, 80050-53, 80069, 82947, 82950-51, 83036-37 <b>CPT II:</b> 3044F, 3046F, 3051F, 3052F  Note: CPT II codes are for quality reporting purposes only, not for payment.
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b> 1-17 years	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.  <b>Exclusions:</b> <ul style="list-style-type: none"> <li>• At least one acute inpatient encounter with diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder.</li> <li>• At least two visits in an outpatient, intensive outpatient, or partial hospitalization setting.</li> </ul>	<b>Psychosocial Care</b> <b>CPT:</b> 90832-34, 90836-40, 90845-47, 90849, 90853 <b>HCPCS:</b> G0176-77, G0409-11, H0004, H0035 H2000, H2011-14, H2017, H2019-20, S9480
<b>Use of Opioids at High Dosage (HDO)</b> 18 years and over	The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] 90 mg) for 15 days during the measurement year.	Reduce the number of adults prescribed high dose opioids for 15 days. A lower rate indicates better performance.  Increasing total MME dose of opioids is related to increased risk of overdose and adverse events. Necessity of use of high doses should be clear.	Members are considered out of compliance if their prescription average MME was 90mg MME during the treatment period.  <b>This measure does not include the following opioid medications:</b> <ul style="list-style-type: none"> <li>• Injectables</li> <li>• Opioid cough and cold products</li> <li>• lonsys®</li> </ul>





MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<b>Use of Opioids from Multiple Providers (UOP)</b> 18 years and over	The percentage of patients who receive opioids from multiple providers		

Please Note: The codes in this document are derived from the NCOA HEDIS Volume 2 Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment.

Although the CPT II codes above are applicable for HEDIS measures, coding should always be validated per federal and state requirements. CPT II codes are for quality reporting purposes only. Submitting claims using these codes helps improve reporting of quality measure performance.

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