

Behavioral Health and Alcohol and Drug Dependence HEDIS® Measures



Follow-up After Hospitalization for Mental Illness (FUH)			
Eligible Population:	Members age 6 and older who were hospitalized for treatment of a selected mental health disorder		
Goal:	Outpatient visit with a Mental Health Practitioner within 7 days and within 30 days of inpatient discharge		
Mental Health Practitioners:	Psychiatrist, Psychologist, Licensed Social Worker, Masters Prepared Social Worker, Psychiatric Nurse (RN), Mental Health Clinical Nurse Specialist (RN), Marital and Family Therapist, Professional Counselor		
Coding to Identify Follow-Up Care Visits:	98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510		
Importance:	Timely care promotes continuity of care, helps reduce re-hospitalization, reinforce gains made during inpatient stay and helps member return to baseline functioning		
Initiation and Engagement of Alcohol and Other Drug Dependence Treatments (IET)			
Eligible Population:	Adolescent (13 years and older) and adult members with a new episode of alcohol or other drug dependence who received treatment		
Goal:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">1. Initiation of Treatment: Treatment initiated through inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis.</td> <td style="width: 50%; vertical-align: top;">2. Engagement of Treatment: Initial treatment plus two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. *Multiple engagement visits may occur on the same day but they must be with different providers.</td> </tr> </table>	1. Initiation of Treatment: Treatment initiated through inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis.	2. Engagement of Treatment: Initial treatment plus two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. *Multiple engagement visits may occur on the same day but they must be with different providers.
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Coding to Identify AOD Treatment:	90791, 90792, 90832-90840, 90845, 90847, 90849, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99223, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510		
Importance:	Treatment can improve outcomes for other medical and behavioral health conditions, decrease ED overuse, impact crime rates and improve overall socioeconomic position		
Identification of Alcohol and Other Drug Services (IAD)			
Eligible Population:	Any member with a diagnosis of alcohol or other drug dependence		
Goal:	Treatment for alcohol or other drug dependence, including inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department encounters Services may be provided by a physician or non-physician practitioner		
Coding to Identify AOD Treatment:	96101-96103, 96105, 96110, 96111, 96116, 96118-96120, 96125, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99408, 99409, 99411, 99412, 99420, 99510		
Importance:	Identifying members with AOD diagnoses can facilitate early treatment, decrease likelihood of development of co-morbid conditions, provide support and education to members and their families		
Follow-Up Care for Children Prescribed ADHD Medications (ADD)			
Eligible Population:	Children ages 6 through 12 with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication		
Goal:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">1. Initiation Phase: Member who was prescribed medication and had at least one face to face follow up visit with practitioner with prescribing authority during the 30 day initiation phase</td> <td style="width: 50%; vertical-align: top;">2. Continuation and Maintenance Phase: Member who remained on the medication for at least 210 days AND had at least two additional follow-up visits within 270 days after the initiation phase</td> </tr> </table>	1. Initiation Phase: Member who was prescribed medication and had at least one face to face follow up visit with practitioner with prescribing authority during the 30 day initiation phase	2. Continuation and Maintenance Phase: Member who remained on the medication for at least 210 days AND had at least two additional follow-up visits within 270 days after the initiation phase
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Coding to Identify ADD Follow-Up Care Visits:	90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510		
Importance:	Follow-up care promotes continuity of care between doctor, school personnel, parents, etc.; enhance parent/guardian engagement with treatment; allow for detection of medication reactions or problems		
Antidepressant Medication Management (AMM)			
Eligible Population:	Adults age 18 years and older who were diagnosed with a new episode of major depression AND treated with antidepressant medication who remained on antidepressant medication		
Goal:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">1. Effective Acute Phase: Newly diagnosed and treated members who remained on antidepressant medication for at least 84 days (12 weeks)</td> <td style="width: 50%; vertical-align: top;">2. Effective Continuation Phase: Newly diagnosed and treated members who remained on antidepressant medication for at least 180 days (6 months)</td> </tr> </table>	1. Effective Acute Phase: Newly diagnosed and treated members who remained on antidepressant medication for at least 84 days (12 weeks)	2. Effective Continuation Phase: Newly diagnosed and treated members who remained on antidepressant medication for at least 180 days (6 months)
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Coding to Identify Major Depression:	296.20-296.25, 296.30-296.35, 298.0, 311		

Importance:	Medication adherence can reduce the risk of hospitalization, reduce length of disability caused by depression, reduce likelihood of recurrence of depression, and improve overall function
Mental Health Utilization (MPT)	
Eligible Population:	Any member with a diagnosis of mental illness
Goal:	Treatment for mental illness, including inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department encounters Services may be provided by a mental health or non-mental health practitioner
Coding to Identify Mental Health Diagnoses:	295-299, 300.3, 300.4, 301, 308, 309, 311-314
Importance:	Identification of members with mental health diagnoses can facilitate early treatment, increase likelihood of recovery, decrease likelihood of developing co-morbid conditions, and provide support and education to members and families
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	
Eligible Population:	Adults age 18 years and older with a diagnosis of schizophrenia or bipolar who were dispensed an antipsychotic medication
Goal:	A glucose test or HbA1c test every year for members who were dispensed an antipsychotic medication
Coding to identify HbA1C and Glucose Testing:	HbA1C: 83036, 83037 Glucose: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
Importance:	People with schizophrenia and bipolar disorder are at greater risk of metabolic syndrome and the use of antipsychotic medication increases that risk; diabetes screening may lead to earlier identification and treatment of diabetes
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	
Eligible Population:	Adults age 18 years and older with a diagnosis of schizophrenia and diabetes
Goal:	An LDL-C and HbA1c test every year for members who have a diagnosis of schizophrenia and diabetes
Coding to identify LDL-C and HbA1C Testing:	HbA1c: 83036, 83037 LDL-C: 80061, 83700, 83701, 83704, 83721
Importance:	Patients with diagnosed with schizophrenia and diabetes typically have a very low treatment rate for diabetes and the use of antipsychotics increase their diabetes risk; improving blood sugar may lead to lower use of health care services and improved quality of life
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	
Eligible Population:	Adults age 18 years and older with a diagnosis of schizophrenia and cardiovascular disease
Goal:	An LDL-C test every year for members who have a diagnosis of schizophrenia and cardiovascular disease
Coding to identify LDL-C and HbA1C Testing:	LDL-C: 80061, 83700, 83701, 83704, 83721
Importance:	Patients with schizophrenia are likely to have high cholesterol and the use of antipsychotics increase the risk of heart disease; cardiovascular monitoring may lead to early identification and treatment of heart disease
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	
Eligible Population:	Children and adolescents 1-17 years of age who were dispensed an antipsychotic
Goal:	No child or adolescent remain on two or more concurrent antipsychotic medications for 90 days or more
Importance:	Children and adolescents prescribed antipsychotics are more at risk for serious health concerns and there is no research on long-term effects of multiple concurrent antipsychotics on children's health
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	
Eligible Population:	Children and adolescents 1-17 years of age who were dispensed two or more antipsychotic medications

Goal:	Yearly glucose or HbA1c test for children and adolescents dispensed two or more concurrent antipsychotic medications
Coding to identify HbA1C and Glucose Testing:	HbA1C: 83036, 83037 Glucose: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
Importance:	Children and adolescents prescribed antipsychotics are more at risk for metabolic complications; monitoring metabolic function ensures appropriate management of antipsychotics side effects
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	
Eligible Population:	Children and adolescents 1-17 years of age who were dispensed an antipsychotic medication
Goal:	Documentation of psychosocial care as first-line treatment for children who had a new prescription of antipsychotic medication; documentation must be between 90 days prior to the dispensing event through 30 days after the dispensing event
Coding to identify Psychosocial Care:	90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880
Importance:	Children are often prescribed antipsychotic medication for nonpsychotic conditions; use of psychosocial care for first-line treatment will help deter the overuse of antipsychotics
Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA)	
Eligible Population:	Adults 19-64 years of age who were dispensed an antipsychotic medication
Goal:	Adults who were dispensed an antipsychotic medication and remain on the medication for at least 80 percent of the treatment period
Importance:	Patients with schizophrenia are less likely to consistently take their medication and medication nonadherence is a significant cause of relapse; measuring adherence may lead to less relapse and fewer hospitalizations