

2019 HEDIS® CODING GUIDE – BEHAVIORAL HEALTH

Use this coding guide to help you correctly document behavioral health services to meet HEDIS® measures.

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
Follow-Up After Hospitalization for Mental Illness Age 6 and older	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness primary diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner.	Follow-up within 7 days after date of inpatient discharge with a mental health practitioner.	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99496, 99495 HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 Revenue Code: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983 – OR – CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 With Place of Service: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 – OR – CPT: 90870 Revenue Code: 0901 Surgical Procedure ICD: GZBxZZZ With Place of Service: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72
	Two rates are reported: 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge.	Telehealth visits with appropriate codes and any of above mental health professionals is sufficient to qualify for this measure. This measure addresses need for coordination of care immediately after hospitalization, which is a substantially higher risk time for suicide completions.	
Follow-up After Emergency Department Visit for Mental Illness Age 6 and older	The percentage of Emergency Department visits for members 6 years of age and older for treatment of selected primary mental illness diagnoses or intentional self-harm and who had a follow-up visit for a primary mental illness diagnosis or intentional self-harm.	Follow-up within 7 days after date of Emergency Department visit with any practitioner. The follow-up visit must list a primary mental illness diagnosis or intentional self-harm. Telehealth visits with appropriate codes and primary mental illness diagnoses or intentional self-harm are sufficient to qualify for this measure.	Primary ICD-10: F03.xx, F20-F53, F59-F69, F80-F99, Diagnosis of intentional self-harm (multiple possible codes) With any of the following: CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510 HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 Revenue Code: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983 – OR – CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

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	<p>Two rates are reported:</p> <p>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.</p> <p>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.</p>	<p>This measure addresses the need for a member to have access to outpatient services for coordination of care in the community-based treatment setting and not use the ED for ongoing mental health services when not medically necessary.</p>	<p>With Place of Service: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 – OR – CPT: 90870 Revenue Code: 0901 Surgical Procedure ICD: GZBxZZZ With Place of Service: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
<p>Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Age 13 and older</p>	<p>The percentage of emergency department visits for members 13 years of age and older for treatment of selected primary alcohol or other drug (AOD) abuse or dependence diagnoses and who had a follow-up AOD visit.</p> <p>Two rates are reported:</p> <p>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.</p> <p>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.</p>	<p>Follow-up within 7 days after date of emergency department visit with any practitioner. The follow-up visit must list a primary alcohol or other drug (AOD) abuse or dependence diagnosis.</p> <p>Telehealth visits with appropriate codes and primary alcohol or other drug (AOD) abuse or dependence diagnoses are sufficient to qualify for this measure.</p> <p>This measure addresses the need for a member to have access to outpatient services for coordination of care in the community-based treatment setting and not use the ED for ongoing substance use disorder services when not medically necessary. In addition, member is at less risk to be lost to follow up, and have addiction problems treated. First visit shows member engaged, second implies at least short-term retention.</p>	<p>Primary ICD-10: F10.10-F10.29, F11.10-F11.29, F12.10-F12.29, F13.10-F13.29, F14.10-F14.29, F15.10-F15.29, F16.10-F16.29, F18.10-F18.29, F19.10-F19.29 With any of the following: 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 HCPCS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015 Revenue Code: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983 – OR – CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 With Place of Service: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72 – OR – CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 With Place of Service: 02, 52, 53 – OR – Telephone Visit CPT: 98966-98968, 99441-99443 – OR – Online Assessment CPT: 98969, 99444</p>
<p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Ages 13 and older</p>	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"> • Initiation of AOD 	<p>Adolescents and adults with new episodes of alcohol or other drug abuse or dependence that have initiated treatment or remained engaged in AOD treatment.</p> <p>Timely access to AOD</p>	<p>ICD-10: F10.10-F10.29, F11.10-F11.29, F12.10-F12.29, F13.10-F13.29, F14.10-F14.29, F15.10-F15.29, F16.10-F16.29, F18.10-F18.29, F19.10-F19.29 With any of the following: 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>

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	<p>treatment: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis.</p> <ul style="list-style-type: none"> • Engagement of AOD treatment: The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit. 	<p>services increases chance that member will agree to services when they demonstrate readiness.</p>	<p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p>Revenue Code: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p> <p>– OR –</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p>With Place of Service: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72</p> <p>– OR –</p> <p>CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>With Place of Service: 02, 52, 53</p> <p>– OR –</p> <p>Telephone Visit CPT: 98966-98968, 99441-99443</p> <p>– OR –</p> <p>Online Assessment CPT: 98969, 99444</p> <p>– OR –</p> <p>HCPCS: H0020, H0033, J0571-J0575, J2315, S0109</p>

<p>Antidepressant Medication Management Age 18 and older</p>	<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>Two rates are reported.</p> <ul style="list-style-type: none"> • Effective acute phase treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). • Effective continuation phase treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). • Member is more likely to not relapse if antidepressant treatment is maintained for a minimum length of time. 	<p>Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.</p> <p>Acute phase: 84 consecutive days of antidepressant medication treatment after major depression diagnosis.</p> <p>Continuation phase: 180 consecutive days of antidepressant medication treatment after major depression diagnosis.</p>
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<p>Follow-Up for Children Prescribed ADHD Medications Age 6 to 12</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, one</p>	<p>Two rates are reported.</p> <ul style="list-style-type: none"> • Initiation phase: The percentage of members who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase • Continuation and 	<p>Need Evidence of three visits within 10 months, one of the three within the first 30 days.</p> <p>The visit within the first 30 days must be a face-to-face visit with one of the following scenarios:</p> <p>CPT: 96150- 96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510</p>
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	<p>of which was within 30 days of when the first ADHD medication was dispensed.</p>	<p>maintenance phase: The percentage of members 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.</p> <p>Members need to be monitored that prescription was filled during first 30 days and adjusted to optional therapeutic effect. Monitoring during an episode is important for adherence, response to treatment and monitoring for adverse effects so that medication adjustments can be made as needed.</p>	<p>HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p>Revenue Code: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983</p> <p>– OR –</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>With</p> <p>Place of Service: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72</p> <p>One of the visits after the first 30 days must be a face-to-face visit with one of the above scenarios. The second visit may also include a telephone visit or one the above scenarios with a telehealth modifier.</p> <p>Telephone Visit CPT: 98966-98968, 99441-99443</p> <p>– OR –</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>With</p> <p>Telehealth Place of Service: 02</p> <p>– OR –</p> <p>Telehealth CPT Modifier: 95, GT</p>
<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics Age 1 to 17</p>	<p>The percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescription dispensing events and had metabolic testing.</p>	<p>Children and adolescents who had two or more antipsychotic prescription dispensing events and had metabolic testing.</p> <p>Children and adolescents on antipsychotic medication have greater risk for diabetes and lipid problems, monitoring increases chance to catch it early and intervene.</p>	<p>Glucose/HbA1c</p> <p>CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037</p> <p>CPT II: 3044F, 3045F, 3046F</p> <p>LDL/Other Cholesterol</p> <p>CPT: 80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478</p> <p>CPT II: 3048F, 3049F, 3050F</p>
<p>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</p>	<p>The percentage of members 19 to 64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.</p>	<p>Adults who are started on an antipsychotic medication to treat schizophrenia remain on medication for at least 80 percent of their treatment period.</p> <p>Treatment period is the date of the initial antipsychotic dispensing event during the calendar year through the last day of the calendar year.</p> <p>Adherence to medication increases likelihood of recovery.</p>	<p>Compliance occurs only if patient has prescriptions filled 80 percent 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
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	The percentage of members 18 to 64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year (current calendar year).	Adults who are diagnosed with both schizophrenia AND cardiovascular disease have an LDL-C test during the measurement year. Antipsychotic medication can cause dyslipidemias, which can worsen cardiovascular disease. Monitoring increases chance to intervene early for dyslipidemias which could worsen cardiac outcomes.	CPT: 80061, 83700, 83701, 83704, 83721 CPT II: 3048F, 3049F, 3050F
Diabetes Monitoring for People With Diabetes and Schizophrenia	The percentage of members 18 to 64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year (current calendar year).	Adults who are diagnosed with both Schizophrenia AND Diabetes have 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. Monitoring increases chance to intervene earlier for best outcomes.	HbA1c: CPT: 83036, 83037 CPT II: 3044F, 3045F, 3046F LDL: CPT: 80061, 83700, 83701, 83704, 83721 CPT II: 3048F, 3049F, 3050F
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	The percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year (current calendar year).	Adults diagnosed with schizophrenia OR bipolar disorder have EITHER a glucose test or an HbA1c test. Antipsychotic medication can cause metabolic problems which could lead to diabetes if not discovered. Monitoring increases chance to intervene earlier for best outcomes.	Glucose/HbA1c CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037 CPT II: 3044F, 3045F, 3046F
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	The percentage of children and adolescents 1 to 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 to be used concurrently with children and adolescents on antipsychotic medication. Exclusions include any of the following visits with a diagnosis of schizophrenia, bipolar disorder or other psychotic disorders: • At least one acute inpatient encounter OR • At least two visits in an outpatient, intensive outpatient, or partial hospitalization setting	CPT: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409-G0411, G0463, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	The percentage of children and adolescents 1 to 17 years of age who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.	Reduce the number of children prescribed more than one concurrent antipsychotic medication for > 90 days. There is insufficient evidence to use two or more antipsychotics in children. Overlap may occur during cross tapering. Providers should document the medical necessity for two or more concurrent antipsychotics.	Patients are considered out of compliance if they have taken two or more concurrent antipsychotic medications for at least 90 consecutive days.

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Use of Opioids at High Dosage	For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average morphine equivalent dose [MED] >120 mg).	<p>Reduce the number of adults prescribed high dose opioids for ≥15 days. A lower rate indicates a better performance.</p> <p>Increasing total MED dose of opioids increases risk of overdose and adverse events. Medical necessity for ongoing high MED dose should be clear.</p>	<p>Patients are considered out of compliance if their prescription Average MED was >120 mg MED during the treatment period.</p> <p>Patients with cancer, sickle cell disease or patients in hospice care may be excluded from this measure.</p>
Use of Opioids from Multiple Providers	<p>For members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.</p> <p>Multiple prescribers: The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers during the measurement year (current calendar year).</p> <p>Multiple pharmacies: The rate per 1,000 of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year (current calendar year).</p> <p>Multiple prescribers and multiple pharmacies: The rate per 1,000 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 rate per 1,000 of members who are numerator compliant for both the multiple prescribers and multiple pharmacies rates).</p>	<p>Reduce the number of adults prescribed opioids for ≥15 days by multiple providers. A lower rate indicates a better performance.</p> <p>Member use of increasing number of prescribers or pharmacies may signal risk for uncoordinated care. Clinical coordination of care between multiple providers is encouraged, preferably with one provider doing the opioid prescribing to risk of adverse events, diversion, misuse or a substance use disorder. Providers should document plan regarding prescription management when there are multiple prescribers. Checking state prescription monitoring programs is also helpful to identify these situations.</p>	<p>Multiple prescribers: Patients are considered out of compliance if they received prescription opioids from four or more different prescribers.</p> <p>Multiple pharmacies: Patients are considered out of compliance if they received prescription opioids from four or more different pharmacies.</p> <p>Multiple prescribers and multiple pharmacies: Patients are considered out of compliance if they received prescription opioids from four or more different prescribers and four or more different pharmacies.</p>