



# BEHAVIORAL HEALTH HEDIS® CODING GUIDE

2022 – 2023 Indiana Medicaid



This guide provides HEDIS coding information only, not necessarily payment guidance.  
Refer to state guidance for payment details and telehealth regulations.

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b> 6 years and over	<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></p> <ol style="list-style-type: none"> <li>1. The percentage of discharges for which the member received follow-up within 30 days after discharge.</li> <li>2. The percentage of discharges for which the member received follow-up within seven days after discharge.</li> </ol>	<p>This measure addresses the need for coordination of care immediately after hospitalization, which is a higher risk time for readmissions and suicide completions.</p> <p>Follow-up within seven days after date of inpatient discharge with a qualified mental health provider*. Do not include visits that occur on the date of discharge.</p> <p><b>Mental Health providers include:</b> Psychiatrist, Psychologist, Psychiatric Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Masters-prepared Social Worker (MSW), Certified or Licensed Marital and Family Therapist (MFT) or Licensed Professional Counselor (PC, PCC, PCC-S), Physician Assistant certified to practice psychiatry, an authorized Certified Community Mental Health Center (CMHC) or the comparable term used within the state in which it is located), or an authorized Certified Community Behavioral Health Clinic (CCBHC). <i>Note: Only authorized CMHCs and CCBHCs are considered mental health providers.</i></p> <p>*Follow-up with a PMP does NOT fulfill the follow-up requirement for this measure unless they meet criteria listed above.</p>	<p><b>Outpatient Visit, Visit Setting Unspecified CPT®:</b> 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39</p> <p>– WITH –</p> <p><b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p>– OR –</p> <p><b>Telehealth Visit, Visit Setting Unspecified CPT</b></p> <p>– WITH –</p> <p><b>POS:</b> 02, 10</p> <p>– OR –</p> <p><b>Behavioral Health (BH) Outpatient Visit CPT:</b> 98960-62, 99202-05, 99211-15, 99341-45, 99347-50, 99381-87, 99391-97, 99401</p> <p>– OR –</p> <p><b>HCPCS:</b> G0463, H0004, H0031, H0034, H2000, H2011, H2013-15, H2017, H2019-20, T1015</p> <p>– OR –</p> <p><b>Intensive Outpatient/Partial Hospitalization</b></p> <p>Option 1:</p> <p><b>HCPCS:</b> H0035, H2012, S9480</p> <p>Option 2:</p> <p><b>Visit Setting Unspecified CPT</b></p> <p>– WITH –</p> <p><b>POS:</b> 52</p> <p>– OR –</p> <p><b>CMHC Visit POS:</b> 53</p> <p>– WITH –</p> <p><b>Visit Setting Unspecified CPT</b></p> <p>– OR –</p> <p><b>BH Outpatient Codes</b></p> <p>– OR –</p> <p><b>Observation Visit CPT:</b> 99217-20</p>

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b> 6 years and over		Telehealth visits with appropriate codes and any listed mental health provider-type is sufficient to qualify for this measure.	<p>– OR –</p> <p><b>Electroconvulsive Therapy</b>  <b>CPT:</b> 90870  <b>ICD-10-PCS:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p>– WITH –</p> <p><b>POS:</b> 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b> 6 years and over	<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></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>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>  <b>CPT:</b> 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39</p> <p>– WITH –</p> <p><b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p><b>Telehealth Visit, Visit Setting Unspecified CPT</b></p> <p>– WITH –</p> <p><b>POS:</b> 02, 10</p> <p>– OR –</p> <p><b>BH Outpatient Visit</b>  <b>CPT:</b> 98960-62, 99202-05, 99211-15, 99341-45, 99347-50, 99381-87, 99391-97, 99401  <b>HCPCS:</b> G0463, H0004, H0031, H0034, H2000, H20101, H2013-15, H2017, H2019-20, T1015</p> <p>– OR –</p> <p><b>Intensive Outpatient/Partial Hospitalization</b>  Option 1:  <b>HCPCS:</b> H0035, H2012, S9480  Option 2:  <b>Visit Setting Unspecified CPT</b></p> <p>– WITH –</p> <p><b>POS:</b> 52</p> <p>– OR –</p> <p><b>CMHC Visit, Visit Setting Unspecified CPT</b></p> <p>– AND –</p> <p><b>POS:</b> 53</p> <p>– OR –</p> <p><b>Electroconvulsive Therapy</b>  <b>CPT:</b> 90870  <b>ICD-10-PCS:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p>– WITH –</p> <p><b>POS:</b> 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p>– OR –</p> <p><b>Observation Visit</b>  <b>CPT:</b> 99217-20</p> <p>– OR –</p> <p><b>Online Assessments</b>  <b>CPT:</b> 99457-58</p>

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
<b>Follow-Up After Emergency Department Visit for Substance Use (FUA)</b> 13 years and over	The percentage of ED visits for members 13 years of age and older with a <i>principal</i> diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose.	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 SUD services when not medically necessary.	<b>Outpatient Visit, Visit Setting Unspecified</b> <b>CPT:</b> 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39 <b>– WITH –</b> <b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 <b>– OR –</b>
	<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.  Pharmacotherapy dispensing events count toward follow-up: <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>• Substance use service</li> </ul>	Follow-up within seven days after date of emergency department visit with any practitioner. The follow-up visit must list a principal diagnosis of SUD (alcohol or other drug [AOD] abuse or dependence) or any diagnosis of drug overdose.  Telehealth visits with any diagnosis of SUD or drug overdose are sufficient to qualify for this measure.  AUD treatment medications: <ul style="list-style-type: none"> <li>• Disulfiram (oral)</li> <li>• Naltrexone (oral and injectable)</li> <li>• Acamprosate (oral; delayed-release tablet)</li> </ul> OUD treatment medications: <ul style="list-style-type: none"> <li>• Naltrexone (oral and injectable)</li> <li>• Buprenorphine (sublingual tablet)</li> <li>• Buprenorphine (injection)</li> <li>• Buprenorphine (implant)</li> <li>• Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</li> </ul>	<b>BH Outpatient Visit</b> <b>CPT:</b> 98960-62, 99202-05, 99211-15, 99341-45, 99347-50, 99381-87, 99391-97, 99401-02, 99411-12, 99483, 99492-94, 99510 <b>HCPCS:</b> G0463, H0004, H0031, H0034, H2000, H2011, H2013-15, H2017, H2019-20, T1015 <b>– OR –</b> <b>Intensive Outpatient Encounter or Partial Hospitalization</b> Option 1: <b>Visit Setting Unspecified CPT</b> <b>– WITH –</b> <b>POS:</b> 52  Option 2: <b>Intensive Outpatient or Partial Hospitalization</b> <b>HCPCS:</b> H0035, H2012, S9480 <b>– OR –</b> <b>Non-Residential Substance Abuse Treatment Facility Visit, Visit Setting Unspecified CPT</b> <b>– WITH –</b> <b>POS:</b> 57, 58 <b>– OR –</b> <b>CMHC Visit, Visit Setting Unspecified</b> <b>– WITH –</b> <b>POS:</b> 53 <b>– OR –</b> <b>Observation Visit</b> <b>CPT:</b> 99217-20  <b>Telehealth Visit, Visit Outpatient Setting Unspecified CPT</b> <b>– WITH –</b> <b>Telehealth POS:</b> 02, 10 <b>– OR –</b> <b>Online Assessments</b> <b>CPT:</b> 99421-23, 99457-58 <b>HCPCS:</b> G2012 <b>– OR –</b> <b>Peer Support Services</b> (requires a diagnosis in one of the lists above) <b>HCPCS:</b> H0038, H2014, H2023, T1016  <b>SUD Services</b> <b>CPT:</b> 99408-09 <b>HCPCS:</b> H0005, H0015, H2035

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<b>Follow-Up After Emergency Department Visit for Substance Use (FUA)</b> 13 years and over			<p>– OR –</p> <p><b>BH Assessment</b>  <b>CPT:</b> 99408-09  <b>HCPCS:</b> H0031</p> <p><b>Pharmacotherapy Dispensing Event AOD Medication Treatment</b>  <b>HCPCS:</b> H0020, H0033, J0570-75, J2315, Q9991-92</p>
<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 <i>same day</i> as the earliest diagnosis of SUD abuse or dependence <i>must be with different providers</i> 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>  <b>HCPCS:</b> G2073, J2315</p> <p><b>Buprenorphine Oral</b>  <b>HCPCS:</b> H0033, J0571</p> <p><b>Buprenorphine Oral, Weekly</b>  <b>HCPCS:</b> G2068, G2079</p> <p><b>Buprenorphine Injection</b>  <b>HCPCS:</b> G2069, Q9991-92</p> <p><b>Buprenorphine Implant</b>  <b>HCPCS:</b> G2070, G2072, J0570</p> <p><b>Buprenorphine Naloxone</b>  <b>HCPCS:</b> J0572-75</p> <p><b>Methadone Oral</b>  <b>HCPCS:</b> H0020, S0109</p> <p><b>Methadone Oral, Weekly</b>  <b>HCPCS:</b> G2067, G2078</p>	<p><b>Alcohol Abuse and Dependence</b>  <b>ICD-10:</b> F10.10-.29</p> <p><b>Opioid Abuse and Dependence</b>  <b>ICD-10:</b> F11.10-.29</p> <p><b>Other Drug Abuse and Dependence</b>  <b>ICD-10:</b> F12.10-F19.29</p> <p><i>With any of the following:</i></p> <p><b>Outpatient Visit, Visit Setting Unspecified</b>  <b>CPT:</b> 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-23, 99238-39</p> <p>– WITH –</p> <p><b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p>– OR –</p> <p><b>BH Outpatient Visit</b>  <b>CPT:</b> 98960-62, 99202-05, 99211-15, 99341-45, 99347-50, 99381-87, 99391-97, 99401</p> <p>– OR –</p> <p><b>HCPCS:</b> G0463, H0004, H0031, H0034, H2000, H2011, H2013-15, H2017, H2019-20, T1015</p> <p>– OR –</p> <p><b>Intensive Outpatient/Partial Hospitalization</b>            Option 1:  <b>HCPCS:</b> H0035, H2012, S9480            Option 2:  <b>Visit Setting Unspecified CPT</b>            – WITH –  <b>POS:</b> 52</p> <p>– OR –</p> <p><b>Non-Residential Substance Abuse Treatment Facility Visit, Visit Setting Unspecified CPT</b>            – WITH –  <b>POS:</b> 57, 58</p> <p>– OR –</p> <p><b>CMHC Visit, Visit Setting Unspecified CPT</b>            – WITH –  <b>CMHC POS:</b> 53</p> <p>– OR –</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>– WITH –</p> <p><b>Telehealth POS:</b> 02, 10</p> <p>– OR –</p> <p><b>SUD Service</b>  <b>CPT:</b> 99408-09  <b>HCPGS:</b> G0443, H0005, H0015, H2035</p> <p>– OR –</p> <p><b>Observation</b>  <b>CPT:</b> 99217-20</p> <p>– OR –</p> <p><b>Online Assessments</b>  <b>CPT:</b> 99457-58</p> <p>– OR –</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>  <b>HCPGS:</b> 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> <ol style="list-style-type: none"> <li>1. Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>2. Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ol>		<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
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b> 6-12 years	<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 of which was within 30 days of when the first ADHD medication was dispensed.</p> <p><b>Two rates are reported.</b></p> <ol style="list-style-type: none"> <li>1. Initiation Phase: The percentage of members 6-12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>2. Continuation and Maintenance (C&amp;M) Phase: The percentage of members 6-12 years of age 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.</li> </ol>	<p>Do not count a visit on the earliest prescription dispensing date for ADHD medication as the Initiation Phase visit.</p> <p>One of the C&amp;M visits must be face-to-face with the patient.</p> <p>Members need to be monitored to ensure that prescription was filled during first 30 days and adjusted to optimal therapeutic effect. Monitoring during an episode is important for adherence, response to treatment, and monitoring for adverse effects so that adjustments can be made as needed.</p>	<p>Evidence of three visits within 10 months, one of the three within the first 30 days.</p> <p><b>Initiation Phase: Any of the following Outpatient with POS</b>  <b>CPT:</b> 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39  <b>With POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72  <b>– OR –</b></p> <p><b>BH Outpatient</b>  <b>CPT:</b> 98960-62, 99201-05, 99211-15, 99341-45, 99347-50, 99381-87, 99391-97, 99401  <b>HCPCS:</b> G0463, H0004, H0031, H0034, H2000, H2011, H2013-15, H2017, H2019-20, T1015  <b>– OR –</b></p> <p><b>Observation CPT:</b> 99217-20  <b>– OR –</b></p> <p><b>Health and Behavior Assessment or Intervention</b>  <b>CPT:</b> 96156, 96158-59, 96164-65, 96167-68, 96170-71  <b>– OR –</b></p> <p><b>Intensive Outpatient/Partial Hospitalization</b>  <b>CPT:</b> 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39  <b>With Partial Hospitalization</b>  <b>POS:</b> 52  <b>– OR –</b></p> <p><b>Partial Hospitalization/Intensive Outpatient</b>  <b>HCPCS:</b> H0035, H2012, S9480  <b>– OR –</b></p> <p><b>Community Mental Health and POS</b>  <b>CPT:</b> 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39  <b>With POS:</b> 53  <b>– OR –</b></p> <p><b>Telehealth and POS</b>  <b>CPT:</b> 90791-92, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39  <b>With POS:</b> 02</p> <p><b>Continuation and Maintenance (C&amp;M) Phase</b>  <b>Any of the above codes, or one visit can be e-visit or virtual check-in</b>  <b>CPT:</b> 99457</p>



MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b> 1-17 years	<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>  <b>CPT:</b> 80047-48, 80050, 80053, 80069, 82947, 82950-51, 83036  <b>CPT II:</b> 3044F, 3046F, 3051F, 3052F</p> <p><b>LDL/Other Cholesterol</b>  <b>CPT:</b> 80061, 82465, 83700-01, 83704, 83718, 83721, 84478  <b>CPT II:</b> 3048F, 3049F, 3050F</p> <p>Note: CPT II codes are for quality reporting purposes only, not for payment.</p>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b> 18 years and over	<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]) $\geq$ 90 mg) for $\geq$ 15 days during the measurement year.  <i>Note: A lower rate indicates better performance.</i>	Reduce the number of adults prescribed high dose opioids for $\geq$ 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 $\geq$ 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<sup>®</sup> (fentanyl transdermal patch)</li> <li>Methadone for the treatment of OUD</li> </ul> <b>Exclusions:</b> <ul style="list-style-type: none"> <li>Members with cancer, sickle cell disease</li> <li>Members receiving palliative care</li> </ul>



MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b> 13 years and over	<p>The percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of SUD among members 13 years of age and older that result in a follow-up visit or service for SUD.</p> <p><b>Two rates are reported.</b></p> <ol style="list-style-type: none"> <li>1. The percentage of visits or discharges for which the member received follow-up for SUD within the 30 days after the visit or discharge.</li> <li>2. The percentage of visits or discharges for which the member received follow-up for SUD within seven days after the visit or discharge.</li> </ol>	<p>For both indicators, any of the following meet criteria for a follow-up visit:</p> <ul style="list-style-type: none"> <li>• An inpatient admission or residential BH stay with a principal diagnosis of SUD</li> <li>• Outpatient, intensive outpatient encounter, observation visit, partial hospitalization, non-residential substance abuse treatment facility, or CMHC visit with a principal diagnosis of SUD</li> <li>• Telehealth visit or SUD service with a principal diagnosis of SUD</li> <li>• Opioid treatment service that bills monthly or weekly or residential BH treatment with a principal diagnosis of SUD</li> <li>• Telephone, e-visit, or virtual check-in with a principal diagnosis of SUD</li> <li>• Pharmacotherapy dispensing event or medication treatment event</li> </ul> <p>Note: Follow-up does not include detoxification.</p> <p><b>Documentation Tips:</b></p> <ul style="list-style-type: none"> <li>• Discuss importance of timely recommended follow-up visits.</li> <li>• Outreach to members who cancel appointments and assist with rescheduling as soon as possible.</li> <li>• Schedule follow-up appointments as soon as possible, particularly for recent discharges.</li> <li>• Coordinate care and share progress notes/updates between BH and PMP.</li> <li>• Document substance abuse diagnosis and consistently document at each follow-up.</li> </ul>	<p><b>Alcohol Abuse and Dependence</b>  <b>ICD-10-CM:</b> F10.10, F10.120-21, F10.129-32, F10.139, F10.14, F10.150-51, F10.159, F10.180-82, F10.188, F10.19, F10.20, F10.230-32, F10.239, F10.24, F10.250-51, F10.259, F10.26, F10.27, F10.280-82, F10.288, F10.29</p> <p><b>Opioid Abuse and Dependence</b>  <b>ICD-10-CM:</b> F11.10, F11.120-22, F11.129, F11.13-14, F11.150-51, F11.159, F11.181-82, F11.188, F11.19, F11.20, F11.220-22, F11.229, F11.23-24, F11.250-51, F11.259, F11.281-82, F11.288, F11.29</p> <p><b>SUD Medication Treatment</b>  <b>HCPCS:</b> G2069-70, G2072-73, H0020, H0033, J0570-75, J2315, Q9991-92</p> <p><b>SUD Services</b>  <b>CPT:</b> 99408-09  <b>HCPCS:</b> H0005, H0015, H2035</p> <p><b>ODU Monthly Office-Based Treatment</b>  <b>HCPCS:</b> G2086-87</p> <p><b>BH Outpatient</b>  <b>CPT:</b> 98960-62, 99202-05, 99211-15, 99341-45, 99347-50, 99381-87, 99391-97, 99401  <b>HCPCS:</b> G0463, H0004, H0031, H0034, H2000, H2011, H2013-15, H2017, H2019-20, T1015</p> <p><b>Residential BH Treatment</b>  <b>HCPCS:</b> H0017-19, T2048</p> <p><b>Partial Hospitalization/Intensive Outpatient</b>  <b>HCPCS:</b> H0035, H2012, S9480</p> <p><b>Observation</b>  <b>CPT:</b> 99217-20</p> <p><b>Visit Setting Unspecified</b>  <b>CPT:</b> 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 99221-23, 99231-33, 99238-39</p> <p><b>Online Assessments</b>  <b>CPT:</b> 99421-23, 99457-58  <b>HCPCS:</b> G2012</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services any time during the measurement year.</li> <li>• Members who died any time during the measurement year.</li> </ul>

MEASURE	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<b>Use of Opioids from Multiple Providers (UOP)</b> 18 years and over	<p>The percentage of members 18 years and older, receiving prescription opioids for <math>\geq 15</math> days during the measurement year, who received opioids from multiple providers.</p> <p><b>Three rates are reported.</b></p> <ol style="list-style-type: none"> <li>1. Multiple Prescribers: Members receiving prescriptions for opioids from four or more different prescribers during the current calendar year.</li> <li>2. Multiple Pharmacies: Members receiving prescriptions for opioids from four or more different pharmacies during current calendar year.</li> <li>3. Multiple Prescribers and Multiple Pharmacies: Members receiving prescriptions for opioids from four or more different pharmacies during the calendar year.</li> </ol> <p>Note: A lower rate indicates better performances for all three rates.</p>	<p>Reduce the number of adults prescribed opioids for <math>\geq 15</math> days by multiple providers. A lower rate indicates better performance for all three rates.</p> <p>Member use of an increasing number of prescribers or pharmacies may signal risk for uncoordinated care. Clinical coordination is encouraged so that providers can evaluate for risk of diversion, misuse, or SUD. Providers are encouraged to communicate with each other for ideal management of member.</p>	<p><b>Multiple Prescribers</b> Members are considered out of compliance if they received prescription opioids from four or more different prescribers.</p> <p><b>Multiple Pharmacies</b> Members are considered out of compliance if they received prescription opioids from four or more different pharmacies.</p> <p>Multiple Prescribers and Multiple Pharmacies Members are considered out of compliance if they received prescription opioids from four or more different prescribers and/or four or more different pharmacies.</p> <p><b>The following opioid medications are excluded from this measure:</b></p> <ul style="list-style-type: none"> <li>• Injectables</li> <li>• Opioid cough and cold products</li> <li>• Ionsys® (fentanyl transdermal patch)</li> <li>• Methadone for the treatment of opioid use disorder</li> <li>• Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder.</li> </ul>

Please Note: The codes in this document are derived from the NCQA 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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