



BEHAVIORAL HEALTH HEDIS® CODING GUIDE



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

MEASURE (HEDIS abbreviation)	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
Follow-Up After Hospitalization for Mental Illness (FUH) Age 6 and older	<p>The percentage of discharges for members 6 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>Two rates are reported:</p> <ol style="list-style-type: none"> 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. 	<p>Follow-up within 7 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>Mental Health Providers Include: 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 a Certified Community Behavioral Health Clinic (CCBHC) - Only authorized CMHCs and CCBHCs are considered mental health providers.</p> <p>*Follow-up with primary PCP does NOT fulfill the follow up requirement for this measure unless he/she meets criteria listed above.</p> <p>Telehealth visits with appropriate codes and any of above Mental Health Providers is sufficient to qualify for this measure.</p> <p>This measure addresses need for coordination of care immediately after hospitalization, which is a higher risk time for readmissions and suicide completions.</p>	<p>Outpatient Setting Unspecified CPT®: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5</p> <p>With POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p>– OR –</p> <p>BH Outpatient CPT: 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99483, 99510</p> <p>BH Outpatient HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p> <p>BH Outpatient Revenue: 0510, 0513, 0515-17, 0519-23, 0526-9, 0900, 0902-4, 0911, 0914-7, 0919, 0982, 0983</p> <p>– OR –</p> <p>Intensive Outpatient/Partial Hospitalization CPT: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5</p> <p>With POS: 52</p> <p>– OR –</p> <p>Intensive Outpatient/Partial Hospitalization HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Revenue Code: 0905, 0907, 0912, 0913</p> <p>– OR –</p> <p>CMHC Visit: Any of Following Outpatient Setting Unspecified CPTs</p> <p>– OR –</p> <p>BH Outpatient Visits Codes</p>

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Follow-Up After Hospitalization for Mental Illness (FUH) Age 6 and older			<p align="center">– OR –</p> <p>Observation Visit CPTs: 99217-20</p> <p align="center">– OR –</p> <p>TCM Services CPT: 99495, 99496</p> <p align="center">–With –</p> <p>With CMHC POS: 53</p> <p align="center">– OR –</p> <p>Electroconvulsive Therapy CPT: 90870 ICD10PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ With POS: 24, 53, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 71, 72</p> <p align="center">– OR –</p> <p>Telehealth Visit: Outpatient Setting Unspecified CPTs With Telehealth POS: 02</p> <p align="center">– OR –</p> <p>Observation Visit CPTs: 99217-20</p> <p align="center">– OR –</p> <p>Transitional Management Care (TMC) Services: 99495, 99496</p> <p align="center">– OR –</p> <p>BH Setting Visit Revenue Codes: 0513, 0900-0905, 0907, 0911-0917, 0919</p> <p align="center">– OR –</p> <p>Telephone Visit CPT: 98966-68, 99441-3</p>
Follow-Up After Emergency Department Visit for Mental Illness (FUM) Age 6 and older	<p>The percentage of Emergency Department visits for members 6 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>Two rates are reported:</p> <ol style="list-style-type: none"> The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit. 	<p>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.</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>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>Primary ICD-10: Mental Illness or Diagnosis of intentional self-harm (multiple possible codes, not included) F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9</p>

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Follow-Up After Emergency Department Visit for Mental Illness (FUM) Age 6 and older			<p>With any of the following: Outpatient Setting Unspecified CPT: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5 With POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 Or with Telehealth POS: 02 – OR – BH Outpatient CPT: 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99483, 99510 BH Outpatient HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 BH Outpatient Revenue: 0510, 0513, 0515-7, 0519-23, 0526-9, 0900, 0902- 4, 0911, 0914-7, 0919, 0982, 0983 – OR – Intensive Outpatient/Partial Hospitalization CPT: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5 With POS: 52 – OR – Intensive Outpatient/Partial Hospitalization HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 Revenue Code: 0905, 0907, 0912, 0913 – OR – CMHC Visit with Outpatient Setting Unspecified CPT And CMHC POS: 53 – OR – Electroconvulsive Therapy CPT: 90870 ICD10PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ With POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72 – OR – Observation Visit CPTs: 99217-20 – OR – Telephone Visit CPT: 98966-8, 99441-3</p>

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Follow-Up After Emergency Department Visit for Mental Illness (FUM) Age 6 and older			<p align="center">– OR –</p> <p>Online Assessments CPT: 98969-72, 99421-3, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063 Electroconvulsive Therapy CPT: 90870 ICD10PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ With POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Age 13 and older	<p>The percentage of Emergency Department visits for members 13 years of age and older with a <i>principal</i> diagnosis of alcohol or other drug (AOD) abuse or dependence diagnoses and who had a follow-up AOD visit.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 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 7 days of the ED visit 	<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.</p>	<p align="center">–With –</p> <p>Principal Dx of intentional self-harm, with any mental health disorder</p> <p>Primary ICD-10: F10.10, F10.120, F10.121, F10.129- F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180-F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229-F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280-F10.282, F10.288, F10.29, F11.10, F11.120- F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120-F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220-F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129-F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180-F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229- F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280-F13.282, F13.288, F13.29, F14.10, F14.120-F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280-F14.282, F14.288, F14.29, F15.10, F15.120-F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180-F15.182, F15.188, F15.19, F15.20, F15.220-F15.222, F15.229, F15.23, F15.24, F15.250, F15.251,</p>

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Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)			<p>F15.259, F15.280-F15.282, F15.288, F15.29, F16.10, F16.120-F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120-F19.122, F19.129-F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180-F19.182, F19.188, F19.19, F19.20, F19.220-F19.222, F19.229-F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280-F19.282, F19.288, F19.29</p> <p>With any of the following:</p> <p>IET Standalone Visit:</p> <p>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-9, 99411-2, 99483, 99510</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, 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 style="text-align: center;">– OR –</p> <p>ODU Weekly Non Drug HCPCS: G2071, G2074-G2077, G2080</p> <p style="text-align: center;">– OR –</p> <p>ODU Monthly Office Based HCPCS: G2086, G2087</p> <p style="text-align: center;">– OR –</p> <p>ODU Weekly Drug HCPCS: G2067-G2069, G2070, G2072, G2073</p> <p style="text-align: center;">– OR –</p>

MEASURE (HEDIS abbreviation)	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
<p>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Age 13 and older</p>			<p>IET Visits Group 1 CPT: 90791-2, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 With POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72 – OR – IET Visits Group 2 CPT: 99221-99223, 99231-99233, 99238-9, 99251-99255 With POS: 02, 52, 53 – OR – Telephone Visits CPT: 98966-98968, 99441-99443 – OR – Online Assessments CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063</p>
<p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) 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 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. • 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>This measure addresses the need for members with a new episode of alcohol or other drug abuse or dependence to have access to outpatient services for initiation and engagement into AOD treatment.</p> <p>For all initiation events except medication treatment, initiation on the <i>same day</i> as the earliest diagnosis of AOD abuse or dependence <i>must be with different providers</i> in order to count.</p> <p>Timely access to AOD services increases chance that member will engage into services when they demonstrate readiness.</p>	<p>Alcohol Abuse and Dependence ICD-10: F10.10, F10.120, F10.121, F10.129-F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180-F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229-F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280-F10.282, F10.288, F10.29 Opioid Abuse and Dependence ICD-10: F11.10, F11.120-2, F11.129, F11.13-4, F11.150-1, F11.159, F11.181-2, F11.188, F11.19, F11.20, F11.220-2, F11.229, F11.23-4, F11.250-1, F11.259, F11.281-1, F11.288, F11.29 Other Drug Abuse and Dependence ICD-10s With any of the following: IET Standalone Visit: CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 9241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-9, 99411-2, 99483, 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, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p>

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Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Ages 13 and older			<p>Revenue Code: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p> <p align="center">– OR –</p> <p>Observation Visits CPT: 99217-99220</p> <p align="center">– OR –</p> <p>IET Visits Group 1 CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p>With POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</p> <p align="center">– OR –</p> <p>IET Visits Group 2 CPT: 99221-99223, 99231-99233, 99238-9, 99251-99255</p> <p>With POS: 02, 52, 53</p> <p align="center">– OR –</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p align="center">– OR –</p> <p>Online Assessments CPT: 98969-98972, 99421-99423, 99444, 99457</p> <p>HCPCS: G0071, G2010, G2012, G2061-G2063</p> <p align="center">– OR –</p> <p>ODD Weekly Non Drug HCPCS: G2071, G2074-G2077, G2080</p> <p align="center">– OR –</p> <p>ODD Monthly Office Based HCPCS: G2086, G2087</p> <p align="center">– OR –</p> <p>Alcohol Use Disorder Treatment Medications or Opioid Use Disorder Treatment Medications</p>
Antidepressant Medication Management (AMM) Age 18 and older	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.	Member is less likely to relapse if antidepressant treatment is maintained for a minimum length of time.	Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed. <p>Major Depression: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>

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Antidepressant Medication Management (AMM) Age 18 and older	<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). 		
Follow-Up Care for Children Prescribed ADHD Medication (ADD) Age 6-12	<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>Two rates are reported.</p> <ul style="list-style-type: none"> • Initiation Phase: The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase 	<p>Note: Do not count a visit on the earliest prescription dispensing date for ADHD medication as the Initiation Phase visit.</p> <p>Note: One of the C&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>Initiation Phase: Any of the following Outpatient with POS CPT: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5</p> <p>With POS: 03,05,07,09,11-20, 22, 33, 49, 50, 71, 72</p> <p>– OR –</p> <p>BH Outpatient: 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99483, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010-11, H2013-H2020, T1015</p> <p>Revenue Code: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983</p> <p>– OR –</p> <p>Observation CPT: 99217-20</p> <p>– OR –</p> <p>Health and Behavior Assessment or Intervention CPT: 96150-4, 96156, 96158-9, 96164-5, 96167-8, 96170-1</p> <p>– OR –</p> <p>Intensive Outpatient or Partial Hospitalization: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5</p>

MEASURE (HEDIS abbreviation)	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
Follow-Up Care for Children Prescribed ADHD Medication (ADD) Age 6-12	<ul style="list-style-type: none"> Continuation and Maintenance (C&M) 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 align="center">– OR –</p> <p>Intensive Outpatient or Partial Hospitalization: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5</p> <p>With Partial Hospitalization POS: 52</p> <p align="center">– OR –</p> <p>Partial Hospitalization/Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Revenue Code: 0905, 0907, 0912, 0913</p> <p align="center">– OR –</p> <p>Community Mental Health and POS: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5</p> <p>With POS: 53</p> <p align="center">– OR –</p> <p>Telehealth and POS: 90791-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5</p> <p>With POS: 02</p> <p align="center">– OR –</p> <p>Telephone Visit CPT: 98966-8, 99441-3</p> <p>Continuation and Maintenance (C&M) Phase: Any of the above codes, or one visit can be</p> <p>E-visit or virtual check-in CPT: 98969-72, 99421-4, 99457</p> <p>HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p>
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) Age 1-17	<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>3 Rates are reported Percentage of children on antipsychotics who:</p> <ul style="list-style-type: none"> Received blood glucose testing Received cholesterol testing Received blood glucose and cholesterol testing 	<p>Certain antipsychotic medications can increase risk for development of diabetes and hyperlipidemia. Metabolic monitoring increases recognition and allows for early intervention.</p>	<p>Glucose / HbA1c CPT: 80047-8, 80050, 80053, 80069, 82947, 82950-1, 83036-7</p> <p>CPT II*: 3044F, 3046F, 3051F, 3052F</p> <p>LDL / Other Cholesterol CPT: 80061, 82465, 83700, 83701, 83704, 83718, 83721-2, 84478</p> <p>CPT II*: 3048F, 3049F, 3050F</p>

**Note: CPTII codes are for quality reporting purposes only, not for payment*

MEASURE (HEDIS abbreviation)	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	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.	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. Treatment period is the period of time beginning on the earliest antipsychotic medication prescription date through the last day of the measurement year. Adherence to medication increases likelihood of recovery.	Compliance occurs only if patient has prescriptions filled 80% of days from their initial antipsychotic medication prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	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 (current calendar year).	Antipsychotic medication can cause dyslipidemia, which can worsen cardiovascular disease. Monitoring increases chance to intervene for best outcomes.	LDL CPT: 80061, 83700-1, 83704, 83721 CPT II*: 3048F, 3049F, 3050F <i>*Note: CPTII codes are for quality reporting purposes only, not for payment.</i>
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	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 (current calendar year).	Antipsychotic medication can cause metabolic problems and worsen the course of diabetes if not discovered. Monitoring increases chance to intervene for best outcomes.	HbA1c CPT: 83036, 83037 CPT II*: 3044F, 3046F, 3051F, 3052F LDL CPT: 80061, 83700-1, 83704, 83721 CPT II*: 3048F, 3049F, 3050F <i>*Note: CPTII codes are for quality reporting purposes only, not for payment</i>
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	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 (current calendar 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 chance to intervene for best outcomes.	Glucose / HbA1c CPT: 80047-8, 80050, 80053, 80069, 82947, 82950-1, 83036-7 CPT II*: 3044F, 3046F, 3051F, 3052F <i>*Note: CPTII codes are for quality reporting purposes only, not for payment</i>

MEASURE (HEDIS abbreviation)	DESCRIPTION OF MEASURE	GOALS	COMPLIANCE CODES & MEASURE TIPS
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	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	<p>Documentation of psychosocial care as a first-line treatment for children and adolescents.</p> <p>Exclusions include any of the following visits with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorders, autism, or other developmental disorder:</p> <ul style="list-style-type: none"> • At least one acute inpatient encounter OR • At least 2 visits in an outpatient, intensive outpatient, or partial hospitalization setting 	<p>Psychosocial Care CPT: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880</p> <p>HCPCS: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485</p>
Use of Opioids at High Dosage** (HDO)	For members 18 years and older, receiving prescription opioids at a high dosage (average morphine milligram equivalent dose [MME]) ≥ 90 mg for ≥ 15 days during the measurement year.	<p>Reduce the number of adults prescribed high dose opioids for ≥ 15 days. A lower rate indicates better performance.</p> <p>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.</p>	<p>Patients are considered out of compliance if their prescription average MME was ≥ 90mg MME during the treatment period.</p> <p>*Patients with cancer, sickle cell disease or members receiving palliative care are excluded from this measure.</p> <p>This measure does not include the following opioid medications:</p> <ul style="list-style-type: none"> • Injectables • Opioid cough and cold products • lonsys® (fentanyl transdermal patch) • Methadone for the treatment of opioid use disorder
Use of Opioids from Multiple Providers (UOP)	<p>The proportion of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported.</p> <p>Multiple Prescribers: Members receiving prescriptions for opioids from four or more different prescribers during the current calendar year.</p>	<p>Reduce the number of adults prescribed opioids for ≥ 15 days by multiple providers. A lower rate indicates better performance for all three rates.</p> <p>Member use of 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 a substance use disorder. Providers are encouraged to communicate with each other for ideal management of member.</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> <p>The following opioid medications are excluded from this measure:</p> <ul style="list-style-type: none"> • Injectables • Opioid cough and cold products

Use of Opioids from Multiple Providers (UOP)

Multiple Pharmacies:

Members receiving prescriptions for opioids from four or more different pharmacies during current calendar year.

Multiple Prescribers and Multiple Pharmacies:

Members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the calendar year.

- Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder.
- lonsys® (fentanyl transdermal patch)
- Methadone for the treatment of opioid use disorder.

***Palliative Care is a required exclusion for this measure*

****For HEDIS quality reporting only: any service provided in-person is equivalent in value to a telehealth visit*