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HEDIS Provider Toolkit Version 4
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HEDIS Measure	Documentation Tips	Sample Codes Used
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD): Those members with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who received an antipsychotic medication and had a diabetes screening test. Ages: 18-64 years Exclusions: •Diabetes diagnosis •Hospice	Ordering test such as an HbA1c or fasting blood sugar (FBS) when starting patients on psychotropic medication and at the patient's three-month appointment. Encourage members with schizophrenia or bipolar disorder who are also on antipsychotic medication to get a diabetic screening. Weigh member at each appointment to monitor weight gain. If weight gain does occur, evaluate whether the patient would benefit from a change in medication or a change in lifestyle. Educate members on healthy diet and exercise. Provide information to member on MyStrength self-management tools. Ensure those members with a fasting blood sugar greater than 100 mg/DL or an HbA1c greater than 5.7% or assisted with being connected with a primary care physician. For a complete list of medications and NDC codes, visit www.ncqa.org. For Medicaid, please refer to the Preferred Drug List (PDL) on the State Specific website.	**ICD-11-Dx**: Schizophrenia: 6A20.0, 6A20.1, 6A20.2, 6A20.3, 6A20.5, 6A20.Y, 6A20.Z, 6A22, 6A23, 6A24, 6A25, 6A21.0, 6A21.1, 6A21.Y, 6A21.Z **Bipolar Disorder:** 6A60, 6A60.0, 6A60.1, 6A60.2, 6A60.3, 6A61, 6A61.0, 6A61.1, 6A61.2, 6A61.3, 6A61.4, 6A62, 6A62.0, 6A62.1, 6A62.2, 6A62.3, 6A62.4, 6A62.5, 6A62.6, 6A62.7, 6A62.8, 6A63, 6A63.0, 6A63.0, 6A63.1, 6A63.2, 6A64, 6A65 **Other Disorders:** 6A70., 6A70.0, 6A70.1, 6A70.2, 6A70.3 **Glucose CPT Codes:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HgbA1c CPT Codes:** 83036, 83037 **HgbA1c CPT II Codes:** 3044F, 3046F 3051F, 3052F

Monitoring for People with Diabetes and Schizophrenia (SMD): Ages 18-64	Schedule an HbA1c test and diabetes test. Talking to the patient: Assess patient's personal and family history of obesity, any medications that the patient takes that may cause fasting blood sugar (FBS) when starting patients on psychotropic medication and appointments. If weight gain does occur, evaluate whether the patient would benefit from a change in medication or a change in lifestyle. Routinely arrange the lab appointments when the patient is in the office. Express the importance of continuing medication even if the patient is feeling better. Let the patient know they should call the doctor's office for any questions or concerns. Provide written instructions to support educational messages. Review medical record Help patient take steps to control their blood sugar and decrease weight if weight is an issue. Encourage patients to make and keep preventive health appointments. Follow up to monitor patient's progress (may be telephone or via office visits).	**ICD-11-Dx:** 6A20.5, 6A20.Y, 6A20.Z, 6A22, 6A23, 6A24, 6A25, 6A21.0, 6A21.1, 6A21.Y, 6A21.Z **Diabetes**: Use the appropriate code family: E or O (pre-existing DM in pregnancy) **CPT Codes:** HbA1C tests: 83036, 83037 **Glucose test**: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LDL-C tests:** 80061, 83700, 83701, 83704, 83721 **CPT II Codes**: 3044F, 3046F, 3048F, 3049F, 3050F, 3051F, 3052F
Antidepressant Medication Management (AMM): Those members with a major depression diagnosis who were treated with antidepressant medication and remained on an antidepressant medication treatment. •Effective Acute Phase Treatment – Members	Educate your patients on how to take their antidepressant medications. Important messages include: •How antidepressants work, their benefits and how long they should be used. •Length of time patient should expect to be on the antidepressant before they start to feel better. •Importance of continuing to take the medication even if they begin feeling better.	**ICD-11-Dx**: 6A7Z, 6A60.Z, 6A70.Z, 6A73 **BH Outpatient Visit** **CPT Codes**: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 9920499205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99350, 99384, 99385, 99386, 99387,

who remained on antidepressant medication for at least 84 days (12 weeks) •Effective Continuation Phase Treatment- Members who remained on an antidepressant medication for at least 180 days (6 months). Ages: 18 years and older	•Common side effects, how long the side effects may last and how to manage them. •What to do if they have questions or concerns. For a complete list of medications and NDC codes, visit www.ncqa.org. For Medicaid, please refer to the Preferred Drug List (PDL) on the State Specific website.	99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020, T1015 **w/ POS**: 02, 10, 52, 53 **Telehealth Visit:** **CPT**: 98966, 98967, 98968, 99441, 99442, 99443 **w/ POS**: 10 **ED VISITS CPT:** 99281, 99282, 99283, 99284, 99285 **Online Assessments:** **CPT**: 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Antipsychotic Medications Adherence for Individuals with Schizophrenia (SAA): Members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. Ages: 18 and older Exclusions: •Dementia •Did not receive at least 2 antipsychotic medication dispensing events. •Hospice •Members ages 66 to 80 with frailty and advanced illness •Members ages 81 and older with at least two indications of frailty	Encourage schizophrenic patients to: •Discuss any side effects and how long they might last and how to manage. •To take their medications as prescribed and refill their medications on time. •Provide hand-out on tips for remembering to take medications. Encourage involvement of families and/or support systems For a complete list of medications and NDC codes, visit www.ncqa.org. For Medicaid, please refer to the preferred Drug List (PDL) on the State Specific website	**ICD-11-Dx:** **Schizophrenia**: 6A20.1, 6A20.0Z, 6A22, 6A20.3 6A20.Y, 6A20.2, 6A21.0, 6A21.1, 6A21.Y, 6A21.Z **14-day supply**: J2794, J2801 **28-day supply**: J0401, J1631, J1943, J1944, J2358, J2426, J2680 **30-day supply**: J2798

Follow-Up After Hospitalization for Mental Illness With-in 7 and 30 Days After Hospitalization for Mental Illness (FUH): Members who were hospitalized for treatment of selected mental health disorders or intentional self-harm diagnosis, and who had a follow up visit with a mental health provider. Ages: 6 years and older Exclusions: Hospice	•Make every attempt to schedule 7- and 30-Day Follow-up appointments through Access Center prior to Discharge. •If unable to schedule visits prior to discharge, schedule the seven Day Follow-up visit within five days of discharge to allow flexibility in rescheduling. If the appointment doesn't occur within the first seven days post-discharge, please schedule within 30 days. Involve the patient's caregiver regarding the follow-up plan after In Patient discharge. •Educate patient and family regarding the importance of keeping follow up appointments. •Encourage patients to sign up for text-messaging reminders. •Definition of mental health practitioners is available on the Michigan Department of Health and Human Services website www.michigan.gov.	**ICD-11-Dx:** **Schizophrenia:** 6A20.0, 6A20.1, 6A20.2, 6A20.3, 6A20.5, 6A20.81, 6A20.89, 6A20.9, 6A21, 6A22, 6A23, 6A24, 6A25.0, 6A25.1, 6A25.8, 6A25.9, 6A28, 6A29 **Mood Disorders**: 6A60.10, 6A60.11, 6A60.12, 6A60.13, 6A60.2, 6A60.3, 6A60.4, 6A60.8, 6A60.9, 6A61.0, 6A61.10, 6A61.11, 6A61.12, 6A61.13, 6A61.2, 6A61.30, 6A61.31, 6A61.32, 6A61.4, 6A61.5, 6A61.60, 6A61.61, 6A61.62, 6A61.63, 6A61.64, 6A61.70, 6A61.71, 6A61.72, 6A61.73, 6A61.74, 6A61.75, 6A61.76, 6A61.77, 6A61.78, 6A61.81, 6A61.89, 6A61.9, 6A64.0, 6A64.1, 6A64.81, 6A64.89, 6A64.9, 6A69, 6B00.0, 6A62.0, 6A62.1, 6A62.2, 6A62.3, 6A62.4, 6A62.5, 6A62.81, 6A62.89, 6A62.9, 6A62.A,6A63.0, 6A63.1, 6A63.2, 6A63.3, 6A63.40, 6A63.41, 6A63.42, 6A63.8, 6A63.9, **Visit Setting Unspecified:** **CPT:** 90791,90792, 90832, 90833,90834,90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **w/ POS**: 2, 22, 52, 53, 56 **BH Outpatient:** **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204,99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243,99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393,99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492,99493, 99494, 99510

		HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **w/ POS**: 53 **Partial Hospitalization or Intensive Outpatient:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **Transitional Care Management Services** **CPT**: 99495, 99496 **w/ POS:** 53 **Electroconvulsive Therapy:** **CPT**: 90870 **w/ POS**: 22, 24, 52, 53 **Residential Behavioral Health Treatment:** **HCPCS:** T2048, H0019, H0017, H0018 **Telephone Visit** **CPT:**98966, 98967, 98968, 99441, 99442, 99443 **Psychiatric Collaborative Care Management:** **CPT:** 99492, 99493, 99494 **HCPCS**: G0512
Initiation and Engagement of Substance Use Disorder (IET) Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient visit, partial hospitalization, telehealth visit, or medication treatment within 14 days.	Screen for substance use on intake using the Biopsychosocial assessment and annually after that. When substance use is identified follow-up with individual by scheduling 3 follow-up appointments in the next 30 days. Increased intensity of contact in early stages of treatment will help to address the concerns as timely as possible and help to keep the individual connected and motivated for treatment. If referring to substance abuse provider, ensure first appointment within 14 days of diagnosis. Address any barriers individual has to follow up.	**ICD-11 Dx:** **Use the appropriate code family**: 6C **Visit Setting Unspecified:** **CPT**: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **w/ POS**: 02, 03, 05, 07, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72

Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. Ages: 13 and older Exclusions: Hospice	If substance use is identified, be sure to document and code it on any claims submitted. Educate members on the effects of substance abuse. Work with individual's support system to support member in their after- care. Encourage member to sign consent to allow sharing of their information with others involved in their care.	**BH Outpatient Visit:** **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **Partial Hospitalization or Intensive Outpatient Visit:** **HCPCS**: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **Substance Use Disorder Services** **CPT**: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 **Telephone Visit:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments:** **CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS**: G0071, G2010, G2012, G2250, G2251, G2252 **OUD Monthly Office-Based Treatment:** **HCPCS**: G2086, G2087

		OUD Weekly Drug Treatment Service: **HCPCS**: G2067, G2068, G2069, G2070, G2072, G2073 **OUD Weekly Non-Drug Service:** **HCPCS**: G2071, G2074, G2075, G2076, G2077, G2080
Follow-Up Care for Children Prescribed ADHD Medication (ADD): The two rates of this measure assess follow-up care for children prescribed an ADHD medication: Initiation Phase: Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority, within 30 days of their first prescription of ADHD medication. Continuation and Maintenance Phase: Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months subsequent to the Initiation Phase. Exclusions: •Hospice •Acute inpatient encounter or discharge with principal diagnosis of mental, behavioral, or neurodevelopmental disorder. •Narcolepsy	Schedule no fewer than three follow-up visits in 10 months, as follows: Schedule a follow-up visit with a practitioner that has prescribing authority for your patients ages 6-12 years within 30 days of their initial prescription, and Schedule two additional visits within nine months following initiation. Discuss the importance of the follow-up visit with patients and parents. Schedule all follow-up visits during the initial visit and send reminder calls, postcards, and other reminders before the next visit. Allow enough time to meet with each of your patients, and be prepared to answer questions from parents about their child's newly prescribed medications.	**Visit Setting Unspecified** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **w/ POS**: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72 **BH Outpatient:** **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **Health and Behavior Assessment or Intervention:** **CPT:** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 **Partial Hospitalization or Intensive Outpatient:** **HCPCS**: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

		Telephone Visit: **CPT**: 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments: (Continuation Phase One of Two Visits):** **CPT**: 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): 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 in the 121day period from 90 days prior to the Rx dispensing date through 30 days after the Rx dispensing date. Exclusions: •Hospice •Beneficiaries with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder	Ensure psychological services, such as behavioral interventions, psychological therapies, and crisis intervention, are being documented and billed. Identify all beneficiaries in the specified age range who were dispensed an antipsychotic medication Test each antipsychotic prescription for a negative medication history. Confirm period of 120 days prior to the IPSD when the beneficiary had no antipsychotic medications dispensed for either new or refilled prescriptions. Beneficiaries must be continuously enrolled for 120 days prior to the IPSD through 30 days after the IPSD.	**Psychosocial Care:** **CPT**: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 **HCPCS**: G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Children and adolescents 1 – 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Both of the following during the MY. •At least one test for blood glucose or HbA1c	Provide members psychoeducation on importance of metabolic monitoring for individuals taking anti-psychotics including health risks associated. Confirm members are getting BOTH blood glucose/HbA1c and cholesterol/LDL-C screening completed after being ordered.	**Glucose Lab Test:** **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1C Lab Test:** **CPT:** 83036, 83037 **HbA1C Test Result or Finding:** **CPT-CAT-II**: 3044F, 3046F, 3051F, 3052F **Cholesterol Lab Test:** **CPT**: 82465, 83718, 83722,84478

•At least one test for LDL-C or cholesterol Exclusions: • Hospice		**LDL C Lab Test:** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL C Test Result or Finding:** **CPT-CAT-II:** 3048F, 3049F, 3050F
Follow-Up After Emergency Department Visit for Substance Use (FUA): Percentage of emergency department (ED) visits for beneficiaries age 13 or older a principal diagnosis of substance uses disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: •Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) •Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days Event Diagnosis: An ED visit with a principal diagnosis of SUD (AOD Abuse and Dependence) or any diagnosis of drug overdose (Unintentional Drug Overdose) on or between January 1 and December 1 of the measurement year where the beneficiary was 13 years of age or older on the date of the visit. The denominator for this measure is based on ED visits, not on beneficiaries. If a beneficiary has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period. ED visits followed by residential treatment: Exclude ED visits followed by residential treatment on the date of the ED visit or within 30 days after the ED	Guidance for Reporting: For HEDIS, this measure has three reportable age groups and a total rate: ages 13 to 17, ages 18 to 64, age 65 and older, and total (age 13 and older). The Child Core Set measure applies to beneficiaries ages 13 to 17 and the Adult Core Set measure applies to beneficiaries age 18 and older. The denominator should be the same for the 30-day rate and the 7-day rate within each age group. The 30-day follow-up rate should be greater than or equal to the 7-day follow-up rate. When a visit code or procedure code must be used in conjunction with a diagnosis code, the code must be on the same claim or from the same visit. Include all paid, suspended, pending and denied claims. ED visits followed by inpatient admission: Exclude ED visits that result in an inpatient stay. Exclude ED visits followed by admission to acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting: 1. Identify all acute and nonacute inpatient stays 2. Identify the admission date for the stay.	**AOD Medication Treatment:** **HCPCS:**G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109 **Behavioral Health Assessment** **CPT**: 99408, 99409 HCPCS: G0396, G0397,G0442, G2011, H0001, H0002, H0031, H0049 **AOD Medication Treatment:** **HCPCS**:G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109 **Behavioral Health Assessment** **CPT:** 99408, 99409 HCPCS: G0396, G0397,G0442, G2011, H0001, H0002, H0031, H0049 **BH Outpatient –** **CPT**: 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349,99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS**: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

visit. Any of the following criteria for residential treatment: • Residential Behavioral Health Treatment •Psychiatric Residential Treatment Center • Residential Substance Abuse Treatment Facility • Residential Program Detoxification Exclusions: Beneficiaries who use hospice services or elect to use a hospice benefit any time during the measurement year. Beneficiaries who die any time during the measurement year. ED visits that result in an inpatient stay. Visits followed by residential treatment on the date of or within 30 days of the ED visit.	Multiple visits in a 31-day period: If a beneficiary has more than one ED visit in a 31-day period, include only the first eligible ED visit. For example, if a beneficiary has an ED visit on January 1, include the January 1 visit and do not include ED visits that occur on or between January 2 and January 31; then, if applicable, include the next ED visit that occurs on or after February 1. Identify visits chronologically, including only one per 31-day period. Qualified Visit Types: •Outpatient, intensive outpatient, or partial hospitalization. •Telehealth, telephone, or virtual check-in visits. •Community mental health center visits. •Peer support services. •Opioid treatment services (weekly/monthly).	**ED:** **CPT:** 99281, 99282, 99283, 99284, 99285 **Hospice Encounter** **HCPCS:** G9473, G9474, G9475, G9476, G9477, G9478, G9479,Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046 **Hospice Intervention** **CPT**: 99377, 99378 **Non-residential Substance Abuse Treatment Facility POS:** 57, 58 **Online Assessments** **CPT**: 98970, 98971, 98972, 98980,98981, 99421, 99422, 99423, 99457, 99458 **HCPCS**: G0071, G2010, G2012,G2250, G2251, G2252 **OUD Monthly Office Based Treatment** **HCPCS:** G2086, G2087 **OUD Weekly Drug Treatment Service** **HCPCS:** G2067, G2068,G2069, G2070, G2072, G2073 **OUD Weekly Non Drug Service** **HCPCS**: G2071, G2074,G2075, G2076, G2077, G2080 **Outpatient POS**: 03,05,07,09,11, 12,13,14,15,16,17,18,19,20,22, 33,49,50,71,72 **Partial Hospitalization or Intensive Outpatient** **HCPCS**: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **Peer Support Services** **HCPCS:** G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016 **Residential Behavioral Health Treatment** **HCPCS:** H0017, H0018, H0019, T2048, H0010, H0011

		Residential Program Detoxification **HCPCS**: H0010, H0011 **Telehealth POS:** 02,10 **Telephone Visits** **CPT**: 98966, 98967, 98968, 99441,99442, 99443 **Visit Setting Unspecified** **CPT**: 90791, 90792, 90832, 90833,90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239,99252, 99253, 99254, 99255
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM): Ages 6 and older Percentage of emergency department (ED) visits for beneficiaries age 6 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported: o Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). o Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). Event Diagnosis: An ED visit with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period as described below. between January 1 and December 1 of the measurement year where the beneficiary was age 18 or older on the date of the visit. The denominator for this measure is based on ED visits, not on beneficiaries. If a beneficiary has more than one ED visit, identify all eligible ED visits.	Guidance for Reporting: For HEDIS, this measure has three reportable age groups and a total rate: ages 6 to 17, ages 18 to 64, age 65 and older, and total (age 6 and older). The Child Core Set measure applies to beneficiaries ages 6 to 17 and the Adult Core Set measure applies to beneficiaries age 18 and older. For the purpose of Adult Core Set reporting; states should calculate and report this measure for two age groups (as applicable): ages 18 to 64 and age 65 and older. The denominator should be the same for the 30-day rate and the 7-day rate within each age group. The 30-day follow-up rate should be greater than or equal to the 7-day follow-up rate within each age group. When a visit code or procedure code must be used in conjunction with a diagnosis code, the codes must be on the same claim or from the same visit. Include all paid, suspended, pending and denied claims. Qualified Visit Types: •An outpatient visit with a principal diagnosis of a mental health disorder •An outpatient visit with a principal diagnosis of a mental health disorder •An intensive outpatient encounter or partial hospitalization	**BH Outpatient:** **CPT**:98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS**: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **ED:** **CPT**: 99281, 99282, 99283, 99284, 99285 **Electroconvulsive Therapy:** **CPT**: 90870 **Hospice Encounter :** **HCPCS:** G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046 **Hospice Intervention:** **CPT:** 99377, 99378 **HCPCS**: G0182

ED visits followed by inpatient admission: Exclude ED visits that result in an inpatient stay. Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting: 1.Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2.Identify the admission date for the stay. These events are excluded from this measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place. Multiple visits in a 31-day period: If a beneficiary has more than one ED visit in a 31-day period, include only the first eligible ED visit. For example, if a beneficiary has an ED visit on January 1, include the January 1 visit and do not include ED visits that occur on or between January 2 and January 31; then, if applicable, include the next ED visit that occurs on or after February 1. Identify visits chronologically, including only one per 31-day period. Note: Removal of multiple visits in a 31-day period is based on eligible visits. Assess each ED visit for exclusions before removing multiple visits in a 31-day period.	•An intensive outpatient encounter or partial with a principal diagnosis of a mental health disorder •A community mental health center visit Exclusions: Exclude beneficiaries who meet either of the following criteria: Beneficiaries who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement year. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Adult Core Set. Beneficiaries who die any time during the measurement year. For additional information, refer to the deceased beneficiaries exclusion guidance in Section II. Data Collection and Reporting of the Adult Core Set.	**Online Assessments:** **CPT**: 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS**: G0071, G2010, G2012, G2250, G2251, G2252 **Outpatient POS**: 03,05,07,09,11,12,13, 14,15,16,17,18,19,20,22,33,49, 50,71,72 **Partial Hospitalization or Intensive Outpatient:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **Telehealth POS:** 02,10 **Telephone Visits:** **CPT**:98966, 98967, 98968, 99441, 99442, 99443 **Visit Setting Unspecified:** **CPT**: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Use of Pharmacotherapy For Opioid Use Disorder (OUD): Percentage of Medicaid beneficiaries age 18 and older with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year. Five rates are reported: •A total (overall) rate capturing any medications used in medication	Guidance for Reporting •Table OUD-B designates which medications are assigned to the separate rates. Filter on the "numerator" column to identify which HCPS codes and NDC's are assigned to each rate. •OUD includes diagnoses of opioid abuse, dependence, and/or remission. ICD-10 codes for OUD and related conditions may be the primary diagnosis or appear in other positions on the claim. The diagnosis may be recorded by any medical professional	**Diagnosis Codes for Opioid Use Disorder (OUD-A Table)** **ICD-10 Diagnosis Codes:** **F11.1** - Opioid abuse **F11.10** - Opioid abuse, uncomplicated **F11.11** - Opioid abuse, in remission **F11.12** - Opioid abuse with intoxication

assisted treatment of opioid dependence and addiction (Rate 1) •Four separate rates representing the following types of FDA-approved drug products: -Buprenorphine (Rate 2) -Oral naltrexone (Rate 3) -Long-acting, injectable naltrexone (Rate 4) -Methadone (Rate 5) Event/diagnosis: Beneficiaries who had at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year. ICD-10 codes for OUD are provided in Table OUD-A Rates The total rate is calculated by dividing the number of beneficiaries with evidence of at least one prescription (Numerator 1) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse, dependence, or remission (i.e. the Denominator) To calculate the separate rates for each of the four FDA-approved medications for OUD, divide the numerator for the medication by the Denominator. For example, to calculate the prescription for buprenorphine during the measurement year (Numerator 2) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse, dependence, or remission (i.e., the Denominator).	whom the beneficiary sees at any point during the measurement year. •The measure uses inpatient, outpatient, residential, long-term care, and pharmacy claims and encounters. •The numerator for the total rate is not a sum of the numerators for the four medication cohorts. Count beneficiaries in the numerator for the total rate if they had at least one of the four FDA-approved drug products for OUD during the measurement year. Report beneficiaries with multiple drug products only once for the numerator for the total rate. •Only formulations with an OUD indication (not pain management) are included in value sets for measure calculation.	**F11.120 -** Opioid abuse with intoxication, uncomplicated **F11.121** - Opioid abuse with intoxication delirium **F11.122** - Opioid abuse with intoxication with perpetual disturbance **F11.129** - Opioid abuse with intoxication, unspecified **F11.13** - Opioid abuse with withdrawal **F11.14** - Opioid abuse with opioid-induced mood disorder **F11.15** - Opioid abuse with opioid-induced psychotic disorder **F11.150** - Opioid abuse with opioid-induced psychotic disorder with delusions **F11.151** - Opioid abuse with opioid-induced psychotic disorder with hallucinations **F11.159** - Opioid abuse with opioid-induced psychotic disorder, unspecified **F11.18** - Opioid abuse with other opioid-induced disorder **F11.181** - Opioid abuse with opioid-induced sexual dysfunction **F11.182** - Opioid abuse with opioid-induced sleep disorder **F11.189** - Opioid abuse with other opioid-induced disorder **F11.19** - Opioid abuse with unspecified opioid-induced disorder **F11.2** - Opioid dependence **F11.20** - Opioid dependence, uncomplicated **F11.21** - Opioid dependence, in remission

		F11.22 - Opioid dependence with intoxication **F11.220** - Opioid dependence with intoxication, uncomplicated **F11.221** - Opioid dependence with intoxication delirium **F11.222** - Opioid dependence with intoxication with perpetual disturbance **F11.2229** - Opioid dependence with intoxication, unspecified **F11.23** - Opioid dependence with withdrawal **F11.24** - Opioid dependence with opioid-induced mood disorder **F11.25** - Opioid dependence with opioid-induced psychotic disorder **F11.250** - Opioid dependence with opioid-induced psychotic disorder with delusions **F11.251** - Opioid dependence with opioid-induced psychotic disorder with hallucinations **F11.259** - Opioid dependence with opioid-induced psychotic disorder, unspecified **F11.28** - Opioid dependence with other opioid-induced disorder **F11.281** - Opioid dependence with opioid-induced sexual dysfunction **F11.282** - Opioid dependence with opioid-induced sleep disorder **F11.288** - Opioid dependence with other opioid-induced disorder **F11.29** - Opioid dependence with unspecified opioid-induced disorder **National Drug Codes (NDC's) for OUD Treatment (OUD-B Table)**

		Medication assisted treatment, buprenorphine (oral) **HCPCS** – G2068 **Medication assisted treatment, buprenorphine (injectable)** **HCPCS** – G2069 **Medication assisted treatment, buprenorphine (implant insertion)** **HCPCS** – G2070 **Medication assisted treatment, buprenorphine (implant insertion and removal)** **HCPCS** – G2072 **Take-home supplies of oral buprenorphine** **HCPCS** – G2079 **Take-home supplies of nasal naloxone** **HCPCS** – G2215 **Take-home supplies of injectable naloxone** **HCPCS** – G2216 **Buprenorphine implant 74.2 mg** **HCPCS** – J0570 **Buprenorphine oral 1 mg** **HCPCS** – J0571 **Buprenorphine oral 1 mg** **HCPCS** – J0571 **Buprenorphine/Naloxone up to 3 mg buprenorphine** **HCPCS** – J0572 **Buprenorphine/Naloxone 3.1 to 6 mg buprenorphine** **HCPCS** – J0573 **Buprenorphine/Naloxone 6.1 to 10 mg buprenorphine** **HCPCS** – J0574 **Buprenorphine/Naloxone over 10 mg buprenorphine** **HCPCS** – J0575 **Buprenorphine Hydrochloride** **HCPCS** – J0592

		Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg **HCPCS** – Q9991 **Injection, buprenorphine extended-release (Sublocade), greater than 100 mg** **HCPCS** – Q9992 **Medication assisted treatment, naltrexone** **HCPCS** – G2073, J2315 **Medication assisted treatment, methadone** **HCPCS** – G2067 **Take-home supplies of methadone** **HCPCS** – G2078 **Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program)** **HCPCS** – H0020 **Methadone, oral, 5 mg** **HCPCS** – S0109