HEDIS Quality Documentation Tool: Behavioral Health



Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

 $\textbf{Each HEDIS}^{\texttt{0}} \ \textbf{measure identified below has criteria that are required for our adult}$ members' chart review to be considered valid toward HEDIS measurement. To make the most of your office visits toward meeting HEDIS quality measures, please document the following criteria as applicable.

- Physical and mental development history
- Health history and physical exam

A92A-T50.A92S, T50.B12A-T50.B12S, T50.B92A-T50.B92S, T50.Z12A-T50. Z12S, T50.Z92A-T50.Z92S, T51.0X2A-T51.3X2S, T51.8X2A-T51.8X2S, T51.92XA-T51.92XS, T52.0X2A-T52.4X2S, T52.8X2A-T52.8X2S, T52.92XA-T52.92XS, T53.0X2A-T53.7X2S, T53.92XA-T53.92XS, T54.0X2A-T54.3X2S, T54.92XA-T54.92XS, T55.0X2A-T55.1X2S, T56.0X2A-T56.7X2S, T56.812A-

T56.812S, T56.892A-T56.892S, T56.92XA-T56.92XS,

• Health education/anticipatory guidance

exclusive list, but d	exclusive list, but designed to be used as a guide. www.anthem.com/inmedicaiddoc				
Measure	Screening and care documentation guidelines	Code(s)			
Antidepressant Medication Management (AMM) 18 years old 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 Two rates are reported: • 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 (six months)	Visit setting unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 Major depression: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9 BH outpatient: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510, G0155, G0176-G0177, G0409, G0463 H0002, H0004, H0031, H0034, H0036, H0037, H0039-H0040, H2000, H210-H2011, H2013-H2020, M0064, T1015, 0510, 0513, 0515-0517, 0519, 0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-0983 Partial hospitalization/IOP: G0410-G0411, H0035, H2001, H2012, S0203 S9480, S9484-S9485, 0905, 0907, 0912-0913 Observation: 99217-99220 Electroconvulsive therapy: 90870, GZB0ZZZ-GZB4ZZZ, 0901 ED: 99281-99285, 0450-0452, 0456, 0459, 0981 Transcranial magnetic stimulation: 90867-90869 Telephone visit: 98966-98968, 99441-99443 Telehealth modifier: 95, GT POS codes: 02, 03, 05, 07, 09, 11-20, 22-23, 33, 49-50, 52-53, 71-72			
Follow-Up After Hospitalization for Mental Illness (FUH) 6 years old and older	The percentage of discharges for members 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 practitioner Two rates are reported: The percentage of discharges for which the member received follow-up within seven days after discharge The percentage of discharges for which the member received follow-up within 30 days after discharge	Intentional self-harm: T14.91XA-T14.91XS, T36.0X2A-T36.8X2S, T36.92XA-T36.92XS, T37.0X2A-T37.5X2S, T37.8X2A-T37.8X2S, T37.92XA-T37.92XS, T38.0X2A-T38.7X2S, T38.802A-T38.802S, T38.812A-T38.812S, T38.892A-T38.892S, T38.902A-T38.902S, T38.992A-T38.992S, T39.012A-T39.012S, T39.092A-T39.092S, T39.1X2A-T39.2X2S, T39.312A-T39.312S, T39.392A-T39.392S, T39.4X2A-T39.4X2S, T39.8X2A-T39.8X2S, T39.92XA-T39.92XS, T40.0X2A-T40.5X2S, T40.602A-T40.602S, T40.692A-T40.692S, T40.7X2A-T40.8X2S, T40.902A-T40.902S, T40.992A-T40.992S, T41.0X2A-T41.1X2S, T41.202A-T41.202S, T41.292A-T41.292S, T41.3X2A-T41.3X2S, T41.42XA-T41.42XS, T41.5X2A-T41.5X2S, T42.0X2A-T42.6X2S, T42.72XA-T42.72XS, T42.8X2A-T42.8X2S, T43.012A-T43.012S, T43.022A-T43.022S, T43.1X2A-T43.1X2S, T43.202A-T43.202S, T43.1X2A-T43.1X2S, T43.202A-T43.202S, T43.3X2A-T43.612S, T43.502A-T43.502S, T43.592A-T43.592S, T43.632A-T43.602S, T43.692A-T43.612S, T43.622A-T43.622S, T43.632A-T43.632S, T43.692A-T43.692S, T44.902S, T44.992S, T44.992S, T45.602S, T46.992A-T45.612S, T45.622A-T45.622S, T45.692S, T46.902A-T45.8X2S, T46.992S, T47.0X2A-T47.8X2S, T47.92XA-T47.92XS, T48.0X2A-T48.8X2S, T48.902A-T48.902S, T48.992S, T48.992S, T49.0X2A-T49.8X2S, T48.902A-T48.902S, T48.992S, T49.0X2A-T49.8X2S, T49.92XS, T49.92XS, T49.92XS, T50.902A-T50.902S, T50.992A-T50.992S, T50.42A-T50.A12S, T50.A22A-T50.A22S, T50.			

Measure	Screening and care documentation guidelines	Code(s)
		157.0X2A-T57.3X2S, T57.8X2A-T57.8X2S, T57.92XA-T57.92XS, T58.0X2A-T58.0X2S, T58.12XA-T58.12XS, T58.2X2A-T58.2X2S, T58.8X2A-T58.8X2S, T58.92XA-T58.92XS, T59.0X2A-T59.7X2S, T59.812A-T59.812S, T59.892A-T59.892X, T59.92XA-T59.92XS, T60.0X2A-T60.4X2S, T60.8X2A-T60.8X2S, T60.92XA-T60.92XS, T61.0X2A-T61.0X2S, T61.12XA-T61.12XS, T61.772A-T61.772S, T61.782A-T61.782S, T61.8X2A-T61.8X2S, T61.92XA-T61.92XS, T62.0X2A-T62.2X2S, T63.82X2A-T62.8X2S, T62.92XA-T62.92XS, T63.002A-T63.042S, T63.062A-T63.092S, T63.112A-T63.112S, T63.122A-T63.122S, T63.192A-T63.192S, T63.2X2A-T63.2X2S, T63.302A-T63.392S, T63.392A-T63.592S, T63.612A-T63.632S, T63.692A-T63.392S, T63.612A-T63.632S, T63.692A-T63.692S, T63.712A-T63.712S, T63.792A-T63.792S, T63.812A-T63.832S, T63.892A-T63.992X, T64.02XA-T64.02XS, T64.82XA-T64.82XS, T65.02XA-T65.1X2S, T63.212A-T65.22S, T65.222A-T65.222S, T65.22A-T65.222S, T65.3X2A-T65.82S, T63.592A-T65.892S, T63.592A-T65.892S, T63.592X-T65.3X2S, T63.812A-T65.82S, T65.92XA-T65.3X2S, T63.812A-T65.82S, T65.92XA-T65.3X2S, T63.592X-T65.892S, T63.92XA-T65.82S, T65.892A-T65.892S, T65.92XA-T65.3X2S, T65.892A-T65.892S, T65.92XA-T65.3X2S, T65.892A-T65.892S, T65.92XA-T65.3X2S, T65.892A-T65.892S, T65.92XA-T65.3X2S, T63.812A-T65.892S, T65.92XA-T65.3X2S, T65.892A-T65.892S, T65.92XA-T65.892S, T65.892A-T65.892S, T65.92XA-T65.892S, T65.892A-T65.892S, T65.92XA-T65.892S, T65.892A-T65.892S, T65.92XA-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S, T65.92XA-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S, T65.92XA-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S, T65.892A-T65.892S,
Follow-Up Care for Children Prescribed ADHD Medication (ADD) 6 to 12 years old	The percentage of children newly prescribed 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 Two rates are reported: Initiation Phase — The percentage of members 6 to 12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase Continuation and Maintenance (C&M) phase — The percentage of members 6 to 12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, 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 (nine months) after the Initiation Phase ended Only one of the two visits in the C&M phase may be a telephone or a telehealth visit. Telephone or telehealth only counts for the C&M phase.	Visit setting unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 BH outpatient: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510, G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039-H0040, H2000, H210-H2011, H2013-H2020, M0064, T1015, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-0983 Partial hospitalization/IOP: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485, 0905, 0907, 0912-0913 Health and behavior assessment/intervention: 96150-96154 Observation: 99217-99220 POS codes: 02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 71-72 Telephone visit: 98966-98968, 99441-99443 Telehealth modifier: 95, GT

Measure	Screening and care documentation guidelines	Code(s)
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Adolescent and adult members	The percentage of members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: • 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 treatment 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 medication treatment within 34 days of the initiation visit	AOD abuse and dependence: All F10-F16 and F18-F19 codes with specification. Except remission and F9 codes IET stand alone: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, G0155, G0176-G0177, G0396-G0397, G0409-G0411, G0443, G0463, H0001-H0002, H0004-H0005, H0007, H0015-H0016, H0022, H0031, H0034-H0037, H0039-H0040, H0047, H2000-H2001, H2010-H2020, H2035-H2036, M0064, S0201, S9480, S9484-S9485, T1006, T1012, T1015, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944-0945, 0982-0983 IET visits group 1 and 2: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 IET POS group 1 and 2: 02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 71-72 Observation: 99217-99220 Online Assessment: 98969, 99444 AOD medication treatment: H0020, H0033, J0571-J0575, J2315, S0109 Detox: H0008-H0014, HZ2ZZZZ, 0116, 0126, 0136, 0146, 0156 ED: 99281-99285, 0450-0452, 0456, 0459, 0981 Telephone visits: 98966-98968, 99441-99443 Telehealth modifier: 95, GT
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) 1 to 17 years old	The percentage of children and adolescents who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment	BH outpatient: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510, G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039-H0040, H2000, H210-H2011, H2013-H2020, M0064, T1015, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-0983 Visit setting unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99225 Observation: 99217-99220 Bipolar disorder: 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 Other psychotic and developmental disorders: F22-F24, F28-F29, F32.3, F33.3, F84.0, F84.2-F84.3, F84.5, F84.8-F84.9, F95.0-F95.2, F95.8-F95.9 Psychosocial care: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875-90876, 90880, G0176-G0177, G0409-G0411, H0004, H0035-H0040, H2000-H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484-S9485 Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9 Electroconvulsive therapy: 90870, GZB0ZZZ-GZB4ZZZ, 0901 BH stand-alone acute inpatient: 0100-0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159-0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720-0724, 0729, 0987 Partial hospitalization/IOP: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485, 0905, 0907, 0912-0913 POS codes: 02, 03, 05, 07, 09, 11-22, 33, 49-53, 71-72 Telehealth modifier: 95, GT
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) 1 to 17 years old	The percentage of children and adolescents who had two or more antipsychotic prescriptions (same or different medications) and metabolic testing (Member needs both blood glucose/HbA1c and LDL-C/cholesterol other than LDL testing)	Glucose tests: 80047-80048, 80050, 80053, 80069, 82947, 82950-82951, 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7 HbA1c tests: 83036-83037, 3044F-3046F, 17856-6, 4548-4, 4549-2 LDL-C tests: 80061, 83700-83701, 83704, 83721, 3048F-3050F, 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2 Cholesterol tests other than LDL: 82465, 83718, 84478, 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

Measure	Screening and care documentation guidelines	Code(s)
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) 18 to 64 years old	The percentage of members with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year (glucose test or HbA1c test)	Glucose tests: 80047-80048, 80050, 80053, 80069, 82947, 82950-82951, 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7 HbA1c tests: 83036-83037, 3044F-3046F, 17856-6, 4548-4, 4549-2
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) 19 to 64 years old during the measurement period	The percentage of members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period	Long-acting injections 14-day supply: J2794 Long-acting injections 28-day supply: J0401, J1631, J2358, J2426, J2680

 $\begin{array}{l} \textbf{Inpatient stay codes:} \ 0100-0101, \ 0110-0114, \ 0116-0124, \ 0126-0134, \ 0136-0144, \ 0146-0154, \ 0156-0160, \ 0164, \ 0167, \ 0169-0174, \ 0179, \ 0190-0194, \ 0199-0204, \ 0206-0214, \ 0219, \ 1000-1002 \end{array}$

Your role in quality reporting

To report accurately on the hard work you're doing and to show we meet these measures, we depend on you to:

- Get members needed care when they're in your office.
- Reach out to members you haven't seen in a while using the tools and reminders we send you.
- Code your claims correctly.

In working together to meet these national benchmarks, we improve overall quality of care, which leads to better health outcomes for our members — your members.



Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

www.anthem.com/inmedicaiddoc

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.