

## Antidepressant Medication Management (AMM)

### Why is the HEDIS® AMM measure important?

Major depression is a serious mental illness with a significant burden of symptoms and the most common psychiatric disorder in individuals who die from suicide. Integrating the right antidepressant medication with appropriate behavioral therapy routinely leads to positive benefits and outcomes for members. Compliance with antidepressant medication is an essential component in treatment guidelines for major depression.

### AMM measure description

The AMM measure applies to members with major depression who are 18 years and older. HEDIS requires an adequate course of newly started medication.

Providers should document two phases of medication compliance. The start date for each phase is when the prescription was first filled.

- **Effective Acute Treatment Phase:** 84 days (12 weeks) minimum with gaps in treatment up to a total of 30 days
- **Effective Continuation Treatment Phase:** 180 days (six months) minimum with gaps in treatment up to a total of 51 days during the two phases combined

### Exclusions:

- Patients who did not have an encounter with a diagnosis of major depression during a 121-day period: from 60 days prior to the Index Prescription Start Date (IPSD), through the IPSD, and 60 days after the IPSD.
- Patients who filled a prescription for an antidepressant medication 105 days before the IPSD.

### Medical record documentation and best practices

- Include all the following in documentation:
  - Date of service
  - Diagnosis of major depression
  - Clear evidence that an antidepressant medication was prescribed

### What can providers do to improve AMM rates?

- **Schedule** a follow-up appointment no later than four weeks after starting a new prescription.
- **Remind** patients about their appointments.
- **Assist** clients in setting up a follow-up appointment with a prescriber when patients are transitioning to another level of care.
- **Implement targeted outreach** for clients at risk of non-adherence via phone calls, medication prompts, or case management.
- **Educate** staff about the importance of adherence to prescription medications, side effects, and benefits of antidepressant medication.
- **Involve** the client and family in a collaborative discussion of treatment options and promote client participation in decision-making.

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- **Connect** the client to health coaching programs, peer support, and case management.
- **Communicate** with other providers to ensure a whole health approach.

### Coding instructions

Use ICD-10-CM, CPT<sup>®</sup>, and HCPCS to close gaps.

### BH outpatient:

- **CPT:** 99078, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510
- **HCPCS:** G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039-H0040, H2000, H2001, H2010-H2011, T1015

### Major depression

**ICD-10-CM:** F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9

### Telephone visits

**CPT:** 98966-98968, 99441-99443

### Resources:

- CPT 2022, AMA
- ICD-10-CM 2022, Optum
- NCQA, HEDIS, and performance measurement: [www.ncqa.org](http://www.ncqa.org)



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