

## 2019 HEDIS® AT-A-GLANCE:

# KEY BEHAVIORAL MEASURES

(18 Years and Older)

At WellCare, we value everything you do to deliver quality care for our members – your patients – to make sure they have a positive healthcare experience. That’s why we’ve created this easy-to-use, informative HEDIS® At-A-Glance Guide. It gives you the tools you need to meet, document and code HEDIS measures. Together, we can provide the care and services our members need to stay healthy and improve quality scores and Star Ratings. This benefits our providers, WellCare and ultimately our members. Please contact your WellCare representative if you need more information or have any questions.

**Quality care is a team effort. Thank you for playing a starring role!**

\*Measurement year 2018

HEDIS Measure	Documentation Tips	Sample Codes Used
<p><b>Antidepressant Medication Management (AMM)</b></p> <p>Members with a diagnosis of major depression and were treated with antidepressant medication, and who remained on an antidepressant medication treatment.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"><li>• <b>Effective Acute Phase Treatment</b> – Members who remained on an antidepressant medication for at least 84 days (12 weeks).</li><li>• <b>Effective Continuation Phase Treatment</b> – Members who remained on an antidepressant medication for at least 180 days (6 months).</li></ul> <p><b>Ages:</b> 18 years and older</p> <p><i>Performed: May 1 of prior measurement year to April 30 of measurement year*</i></p>	<ul style="list-style-type: none"><li>• Be sure to accurately assess and diagnose members through the PHQ-9 screening tool.</li><li>• Rule out other medical or mental health disorders that can produce similar symptoms to that of major depression.</li><li>• Educate your patients on how to take their antidepressant medications. Include the importance of continuing to take the medication even if they begin feeling better and to not stop taking the medication without consulting you first.</li></ul>	<p>For a complete list of medications and NDC codes, please visit <a href="http://www.ncqa.org">www.ncqa.org</a>. For Medicaid, refer to the Preferred Drug List (PDL) on the state-specific WellCare website. For Medicare, refer to the WellCare Formulary.</p>

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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HEDIS Measure	Documentation Tips	Sample Codes Used
<p><b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD)</b></p> <p>Members with schizophrenia, schizoaffective disorder or bipolar disorder who received an antipsychotic medication and had a diabetes screening test.</p> <p><b>Ages:</b> 18–64 years</p> <p><i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>Encourage members with schizophrenia, schizoaffective disorder or bipolar disorder who are also on antipsychotic medication to get a diabetic screening.</li> <li>Schedule an HbA1c test (or glucose test) annually.</li> <li>To increase compliance, consider using standing orders to get these labs done.</li> </ul> <p>For a complete list of medications and NDC codes, visit <a href="http://www.ncqa.org">www.ncqa.org</a> (posted by Nov. 1, 2017). For Medicaid, please refer to the Preferred Drug List (PDL) on the state-specific WellCare website.</p>	<p><b>Glucose Tests:</b></p> <p>CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1c Tests:</b></p> <p>CPT: 83036, 83037</p> <p>CPT II: 3044F, 3045F, 3046F</p>
<p><b>Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</b></p> <p>Members with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C and an HbA1c test during the measurement year.</p> <p><b>Ages:</b> 18–64 years</p> <p><i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>Schedule an HbA1c test <i>and</i> an LDL-C test for members with schizophrenia or schizoaffective disorder and diabetes.</li> <li>To increase compliance, consider using standing orders to get labs done.</li> </ul>	<p><b>HbA1c Tests:</b></p> <p>CPT: 83036, 83037</p> <p>CPT II: 3044F, 3045F, 3046F</p> <p><b>LDL-C Tests:</b></p> <p>CPT: 80061, 83700, 83701, 83704, 83721</p> <p>CPT II: 3048F, 3049F, 3050F</p>
<p><b>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</b></p> <p>Members with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year.</p> <p><b>Ages:</b> 18–64 years</p> <p><i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>Encourage members with schizophrenia or schizoaffective disorder and cardiovascular disease to contact their PCP to schedule a LDL-C test.</li> <li>To increase compliance, consider using standing orders to get labs done.</li> </ul>	<p><b>LDL-C Tests:</b></p> <p><b>CPT Codes:</b> 80061, 83700, 83701, 83704, 83721</p> <p><b>CPT II Codes:</b> 3048F, 3049F, 3050F</p>

HEDIS Measure	Documentation Tips	Sample Codes Used
<p><b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</b></p> <p>Members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p> <p><b>Ages:</b> 19–64 years</p> <p><i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>Consider the use of long-acting injectable antipsychotic medications to increase adherence.</li> <li>Educate your patients on how to take their medications. Include the importance of continuing to take the medication even if they begin feeling better and to not stop taking the medication without consulting you first.</li> </ul> <p>For a complete list of medications and NDC codes, please visit <a href="http://www.ncqa.org">www.ncqa.org</a>. For Medicaid, please refer to the Preferred Drug List (PDL) on the state-specific WellCare website.</p>	<p><b>Long-Acting Injections</b></p> <p><b>HCPCS:</b></p> <p><b>14-day supply:</b> J2794</p> <p><b>28-day supply:</b> J0401, J1631, J2358, J2426, J2680</p>
<p><b>Follow-Up After Hospitalization For Mental Illness (FUH)</b></p> <p>Members who were discharged following hospitalization for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>The percentages of discharges for which the member received follow-up within 7 days of discharge.</li> <li>The percentage of discharges for which the member received follow-up within 30 days of discharge.</li> </ul> <p><b>Ages:</b> 6 years and older</p> <p><i>Performed: Jan. 1–Dec. 1 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>Schedule the 7-day follow-up visit within 5 days of discharge to allow flexibility in rescheduling.</li> <li>If the member's appointment does not occur within the first 7 days post-discharge, please schedule the appointment to occur within 30 days.</li> </ul>	<p><b>ICD-10-Dx:</b> Use the appropriate code family: F, T</p> <p><b>CPT Codes:</b> 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99495, 99496, 99510</p> <p><b>CPT Telehealth Modifiers:</b> 95, GT</p> <p><b>Telehealth POS:</b> 02</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409–G0411, G0463, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p><b>CPT Codes:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>WITH POS:</b> 03, 05, 07, 09, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>

HEDIS Measure	Documentation Tips	Sample Codes Used
<p><b>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</b></p> <p>Those adolescent and adult members with a new episode of alcohol or other drug (AOD) use, or dependence, who received the following:</p> <ul style="list-style-type: none"> <li>• <b>Initiation of AOD Treatment –</b> Members who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.</li> <li>• <b>Engagement of AOD Treatment –</b> Members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.</li> </ul> <p><b>Ages:</b> 13 years and older  <b>Performed:</b> Jan. 1–Nov. 14 of measurement year*</p>	<ul style="list-style-type: none"> <li>• Schedule the initial 14-day follow-up visit within 10 days of new AOD diagnosis to allow flexibility in rescheduling.</li> <li>• At the end of the initial follow-up appointment, schedule two more follow-up appointments to occur within 34 days of the initial follow-up appointment.</li> <li>• When treating a member for issues related to an alcohol or other drug dependence diagnosis, code that diagnosis on every claim.</li> </ul>	<p><b>ICD-10-Dx:</b> Use the appropriate code family: F</p> <p><b>CPT Codes:</b> 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408, 99409, 99411, 99412, 99510</p> <p><b>Telephone Visits:</b> 98966–98968, 99441–99443</p> <p><b>Telehealth Modifiers:</b> 95, GT  <b>Telehealth POS:</b> 02  <b>Online Assessment:</b> 98969, 99444</p> <p><b>AOD Medication Treatment:</b> H0020, H0033, J0571–J0575, J2315, S0109</p> <p><b>HCPCS:</b> 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</p> <p><b>Initiation Phase</b></p> <p><b>CPT Codes:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p><b>WITH POS:</b> 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 52, 53, 57, 71, 72</p> <p><b>Engagement Phase</b></p> <p><b>CPT Codes:</b> 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>WITH POS:</b> 52, 53</p>

HEDIS Measure	Documentation Tips	Sample Codes Used
<p><b>Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)</b></p> <p>Members who had an ED visit with a principal diagnosis of mental illness or intentional self-harm who had an outpatient follow-up visit, an intensive outpatient follow-up encounter or partial hospitalization with any practitioner within 30 days and 7 days after the ED visit.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>• The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>• The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> <p><b>Ages:</b> 6 years and older  <b>Performed:</b> Jan. 1–Dec. 1 of measurement year*</p>	<p>Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling.</p> <p>If the member's appointment does not occur within the first 7 days post-ED visit, please schedule the appointment to occur within 30 days post-ED visit.</p>	<p>ICD-10-Dx: Use the appropriate code family: F, T</p> <p><b>STAND-ALONE VISITS</b></p> <p><b>CPT Codes:</b> 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510</p> <p><b>Telehealth POS:</b> 02</p> <p><b>CPT Telehealth Modifiers:</b> 95, GT</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409–G0411, G0463, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p><b>FOLLOW-UP GROUP 1 WITH POS</b></p> <p><b>CPT Codes:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876</p> <p><b>POS:</b> 03, 05, 07, 09, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p><b>FOLLOW-UP GROUP 2 WITH POS</b></p> <p><b>CPT Codes:</b> 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>POS:</b> 52, 53</p>
<p><b>Depression Remission or Response for Adolescents and Adults (DRR)</b></p> <p>Members with a diagnosis of depression and an elevated PHQ-9 score who had a response or remission within 4-8 months of the elevated score.</p> <p><b>Ages:</b> 12 years and older  <b>Performed:</b> Jan. 1–Dec. 31 of measurement year*</p>	<p>When the PHQ-9 indicates an elevated score, it is important to document follow-up in which the rates reported include:</p> <ul style="list-style-type: none"> <li>• Follow-up PHQ-9 – follow-up PHQ-9 score documented within 5-7 months after the initial elevated PHQ-9 score.</li> <li>• Depression Remission – those who achieved remission within 5-7 months after the initial elevated PHQ-9 score.</li> <li>• Depression Response – those who showed response within 5-7 months after initial elevated PHQ-9 score.</li> <li>• The PHQ-9 assessment does not need to occur during a face-to-face encounter it can be completed over the telephone or through a Web-based portal.</li> </ul>	<p><b>ICD-10-CM Diagnosis</b></p> <p><b>Major Depression and Dysthymia:</b> F32.0–F32.5, F32.9, F33.0–F33.3, F33.40–F33.42, F33.9, F34.1</p> <p><b>CPT Code PHQ-9:</b> 96127</p>

HEDIS Measure	Documentation Tips	Sample Codes Used
<p><b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)</b></p> <p>Members who had an ED visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit for AOD to include: an outpatient follow-up visit, intensive outpatient or partial hospitalization encounter with any practitioner.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>• The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>• The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> <p><b>Ages:</b> 13 years and older  <b>Performed:</b> Jan. 1–Dec. 1 of measurement year*</p>	<p>Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling.</p> <p>If the member's appointment does not occur within the first 7 days post-ED visit, please schedule the appointment to occur within 30 days post-ED visit.</p>	<p><b>ICD-10-Dx:</b> Use the appropriate code family: F</p> <p><b>CPT Codes:</b> 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408, 99409, 99411, 99412, 99510</p> <p><b>Online Assessment:</b> 98969, 99444</p> <p><b>Telephone Visits:</b> 98966–98968, 99441–99443</p> <p><b>CPT Telehealth Modifiers:</b> 95, GT</p> <p><b>TeleHealth POS:</b> 02</p> <p><b>HCPCS:</b> 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</p> <p><b>FOLLOW-UP GROUP 1 WITH POS</b></p> <p><b>CPT Codes:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p><b>POS:</b> 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 52, 53, 57, 71, 72</p> <p><b>FOLLOW-UP GROUP 2 WITH POS</b></p> <p><b>CPT Codes:</b> 99221–99223, 99231–99233, 99238, 99239, 99251–99255</p> <p><b>POS:</b> 52, 53</p>
<p><b>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)</b></p> <p>Those with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.</p> <p><b>Ages:</b> 12 and older  <b>Performed:</b> Jan. 1–Dec. 31 of measurement year*</p>	<p>The use of standardized instruments are useful for identifying meaningful change in clinical outcomes over time. It is recommended to use the PHQ-9, which is a nationally recognized standardized assessment tool.</p>	<p><b>Major Depression and Dysthymia</b></p> <p><b>ICD-10-Dx:</b> F32.0–F32.5, F32.9, F33.0–F33.3, F33.40–F33.42, F33.9, F34.1</p> <p><b>Interactive Outpatient Encounter</b></p> <p><b>CPT Codes:</b> 90791, 90792, 90832, 90834, 90837, 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409–G0411, G0463, G0502, G0503, G0507, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, M0064, S0201, S9480, S9484, S9485, T1015</p>