2026 Buckeye Health Plan Behavioral Health

HEDIS Quick Reference Guide

For more information, visit **ncqa.org**

Medicaid

buckeye health plan®

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Internal/State Approved MMDDYYYY

For a complete list of codes and the most recent HEDIS measurements, standards, and information about changes the NCQA made to the technical specifications, such as changing the terminology from “member” to “person,” please visit the NCQA website at **ncqa.org**, or see the HEDIS value sets. Only subsets of the NCQA-approved codes are listed in this document. This list is not exhaustive. This information is based on technical specification released in August 2025. An addendum document will be available after the final technical specifications are released in spring 2026.

Buckeye Behavioral Health HEDIS® MY 2026

Quick Reference Guide

Updated to reflect NCQA Behavioral Health HEDIS MY 2026 Technical Specifications

Buckeye Health Plan strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the Behavioral Health HEDIS MY 2026 Quick Reference Guide to help you increase your practice's HEDIS rates and address care opportunities for your patients. Please always follow the state and/or Centers for Medicaid Services (CMS) billing guidance and ensure the HEDIS codes are covered prior to submission. Measurement period 2026 is defined as Jan. 1, 2026 through Dec. 31, 2026.

What is HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report and compare quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, healthcare providers and policy makers.

What are the scores used for?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for persons.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium — for example, Pay for Performance or Quality Bonus Funds.

How are rates calculated?

HEDIS rates are collected in various ways: administrative data, hybrid (medical record review data) and electronic clinical data systems (ECDS). *Administrative* data consists of claim or encounter data submitted to the health plan. *Hybrid* data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of a person's medical records to abstract data for services rendered but not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or billed inaccurately, they are not included in the calculation.

CONTENTS

BEHAVIORAL HEALTH

(ADD-E) Follow-up Care for Children Prescribed ADHD Medication

Line of Business: Medicaid

Time frame is measurement period.

Measure evaluates the percentage of children newly prescribed attention deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

1. **Initiation Phase:** percentage of persons 6 to 12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

2. **Continuation and Maintenance (C&M) Phase:** percentage of persons 6 to 12 years of age with a 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.

Tips

- Complete a comprehensive medical and psychiatric exam, including rating scales from parents and teachers, before diagnosing and prescribing.
- Limit the first prescription of ADHD medication to a 28- to 30-day supply and schedule follow-up before the family leaves the office.
- Re-evaluate medication effectiveness no more than 30 days after initiation via telehealth when available, and regularly monitor medication effects thereafter.
- Periodically review the ongoing need for continued medication therapy.
- Reschedule any canceled appointments right away.
- Schedule telehealth visits if office visits are not acceptable.
- Submit applicable codes.

(continued)

(ADD-E) Follow-up Care for Children Prescribed ADHD Medication *(continued)*

Line of Business: Medicaid

Description	Codes*
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72
BH Outpatient Visit	**CPT:** 98000–98006, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Health and Behavior Assessment/ Intervention	**CPT:** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Partial Hospitalization/ Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telehealth Visit	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876,99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 02, 10
Telephone Visits	**CPT:** 98966–98968, 99441–99443
E-visit/Virtual Check-in	**CPT:** 98970–98972, 98980, 98981, 99421–99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250–G2252
Visit Setting Unspecified Value Set with Community Mental Health Center POS	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 53

**Codes subject to change.*

(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics

Applicable Foster Care Measure

Line of Business: Medicaid

Measure evaluates the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement period.

Three rates reported:

1. Percentage of children and adolescents on antipsychotics who **received blood glucose testing**.
2. Percentage of children and adolescents on antipsychotics who **received cholesterol testing**.
3. Percentage of children and adolescents on antipsychotics who **received blood glucose and cholesterol testing**.

Tips

- Provide persons/caregivers with lab orders for HbA1c or glucose and cholesterol or LDL-C to be completed yearly.
- Coordinate care between behavioral and physical health providers.
- Educate the person and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow-up care.
- Submit applicable codes.

Description (Need either A1c or Glucose and LCL-C or Cholesterol)	Codes*
HbA1c Lab Tests	**CPT:** 83036, 83037 **CPT II:** 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	**CPT:** 80061, 83700, 83701, 83704, 83721 **CPT II:** 3048F, 3049F, 3050F
Cholesterol Lab Tests	**CPT:** 82465, 83718, 83722, 84478

**Codes subject to change.*

*Note: Do **not** include a modifier when using CPT II codes.*

(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Line of Business: Medicaid

Measure evaluates the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Identify persons eligible for antipsychotic medications and provide psychosocial care from 90 days prior to 30 days after beginning a medication.

Tips

- Before prescribing antipsychotic medication, complete or refer for a trial of first-line psychosocial care.
- Antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.

Description	Codes*
Psychosocial Care or Residential Behavioral Health Treatment	**CPT:** 90832–90834, 90836–90840, 90845–90849, 90853, 90875, 90876, 90880 **HCPCS:** G0176, G0177, G0409–G0411, H0004, H0035–H0039, H0040, H2000, H2001, H2011–H2014, H2017–H2020, S0201, S9480, S9484, S9485
Residential Behavioral Health Treatment	**HCPCS:** H0017–H0019, T2048

**Codes subject to change.*

(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of persons 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument between Jan. 1 and Nov. 1 of the measurement period and, if screened positive, received appropriate follow-up care.

Two rates are reported:

1. **Unhealthy Alcohol Use Screening.** The percentage of persons who had a systematic screening for unhealthy alcohol use.
2. **Follow-Up Care on Positive Screen.** The percentage of persons receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.

Note: A LOINC code submission via flat file is required to be adherent for the screening numerator.

(continued)

(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up *(continued)*

Lines of Business: Medicaid, Medicare

Tips

- Train staff on the importance of screenings and recognizing the risk factors for unhealthy alcohol use.
- Develop a workflow that includes utilizing a standardized instrument for unhealthy alcohol screenings at least annually.
- Ask your provider relations representative about ways to submit data to the health plan directly from your EHR/EMR.
- Document follow up on positive screen on or up to 60 days after the first positive screen.

Unhealthy Alcohol Screening instrument: A standard assessment instrument that has been normalized and validated for the adult patient population. Eligible screening instruments with thresholds for positive findings for numerator 1 include:

Screening Instruments	Total Score LOINC Codes	Positive Finding
Alcohol Use Disorders Identification Test (AUDIT) Screening Instrument	75624-7	Total score ≥8
Alcohol Use Disorders Identification Test Consumption (AUDIT-C) Screening Instrument	75626-2	Total score ≥4 for men Total score ≥3 for women
Single-Question Screen (for men): "How many times in the past year have you had 5 or more drinks in a day?"	88037-7	Response ≥1
Single-Question Screen (for women and all adults older than 65 years): "How many times in the past year have you had 4 or more drinks in a day?"	75889-6	Response ≥1

✔ If the unhealthy alcohol screening is positive, the person must receive alcohol counseling or other follow-up care within 60 days of the first positive screen.

Description	Codes*
Alcohol Counseling or Other Follow Up Care	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H00050, H2035, H2036, T1006, T1012
A Diagnosis of Encounter for Alcohol Counseling	**ICD-10:** Z71.41

**Codes subject to change.*

(COU) Risk of Continued Opioid Use

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of persons 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.

Two rates are reported:

1. The percentage of persons with **at least 15 days of prescription opioids in a 30-day period**.
2. The percentage of persons with **at least 31 days of prescription opioids in a 62-day period**.

Decreased numerator score indicates improvement.

Tips

- Educate on opioid safety and risk associated with long-term use and use of multiple opioids from different providers.
- Involve person in decisions to initiate or continue opioid use, only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.

Use all the medication lists below to identify opioid medication dispensing events

- Acetaminophen Benzhydrocodone Medications List
- Buprenorphine Medications List
- Butorphanol Medications List
- Acetaminophen Butalbital Caffeine Codeine Medications List
- Acetaminophen Codeine Medications List
- Aspirin Butalbital Caffeine Codeine Medications List
- Aspirin Carisoprodol Codeine Medications List
- Codeine Sulfate Medications List
- Acetaminophen Caffeine Dihydrocodeine Medications List
- Fentanyl Medications List
- Acetaminophen Hydrocodone Medications List
- Hydrocodone Medications List
- Hydrocodone Ibuprofen Medications List
- Hydromorphone Medications List
- Levorphanol Medications List
- Meperidine Medications List
- Methadone Medications List
- Morphine Medications List
- Belladonna Opium Medications List
- Opium Medications List
- Acetaminophen Oxycodone Medications List
- Aspirin Oxycodone Medications List
- Ibuprofen Oxycodone Medications List
- Oxycodone Medications List
- Oxymorphone Medications List
- Naloxone Pentazocine Medications List
- Tapentadol Medications List
- Acetaminophen Tramadol Medications List
- Tramadol Medications List

(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 12 years of age and older who were screened for clinical depression during the measurement period using a standardized instrument and, if screened positive, received follow-up care.

Two rates are reported:

1. **Depression Screening.** The percentage of persons who were screened for clinical depression using a standardized instrument.
2. **Follow-Up on Positive Screen.** The percentage of persons who received follow-up care within 30 days of a positive depression screen finding.

Depression screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate person population.

The following table includes eligible screening instruments with thresholds for positive findings.

Instruments for Adolescents (~17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score ≥60
Instruments for Adults (18+ years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety — Depression Scale (DUKE-AD)®	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score ≥60
PROMIS Emotional Distress — Depression — Short Form	77861-3	Total score ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

(continued)

(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

Tips

- Use age-appropriate screening instruments.
- Train staff on the importance of depression screenings and recognizing the risk factors for depression.
- Work with a care team to coordinate follow-up care for persons with a positive screening.
- Ensure all services conducted during the visit are coded appropriately, including the depression screening LOINC codes.
- Coordinate file submissions to the health plan that include EHR data.

Description	Codes*
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832–90839, 90845–90849, 90853, 90865–90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
Depression Case Management Encounter That Documents Assessment for Symptoms of Depression or a Diagnosis of Depression or Other Behavioral Health	**CPT:** 99366, 99492–99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Follow Up Visit With a Diagnosis of Depression or Other Behavioral Health Condition	**CPT:** 98000–98016, 98960–98962, 98966–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99342, 99344–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458,99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250–G2252, T1015 **ICD-10:** F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-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, F32.0-F32.5, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10. F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240--F40.243, F40.248, F40.290, F20.291, F40.298, F40.8-F41..1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F69.10-F68.13, F68.8, F68.A, F84.0, F8.2, 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, O90.6, O99.340-O99.345

(continued)

(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

Description	Codes*
Hospice Encounter With a Diagnosis of Depression or Other Behavioral Health Condition	**ICD-10:** F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-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, F32.0-F32.5, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10. F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240--F40.243, F40.248, F40.290, F20.291, F40.298, F40.8-F41..1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F69.10-F68.13, F68.8, F68.A, F84.0, F8.2, 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, O90.6, O99.340-O99.345
Exercise Counseling	**ICD-10:** Z71.82
Dispensed Antidepressant Medication	

**Codes subject to change.*

(FUA) Follow-Up After Emergency Department Visit for Substance Use Disorder (SUD)

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of ED visits among persons 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose for which there was a follow-

Measure is based on ED visits; persons may appear in a measure sample more than once. Each ED visit requires a separate follow-up.

Two rates are reported:

1. **Discharges for which the person received follow-up within 30 days of discharge.** A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

2. **Discharges for which the person received follow-up within seven days of discharge.** A follow-up visit or a pharmacotherapy dispensing event within seven days after the ED visit (eight total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

(continued)

(FUA) Follow-Up After Emergency Department Visit for Substance Use Disorder (SUD) *(continued)*

Lines of Business: Medicaid, Medicare

Tips

- Over virtual, telehealth and phone visits.
- Maintain appointment availability in your practice for persons, and schedule follow-up appointments before the person leaves the office.
- Discuss the benefits of seeing a primary or specialty provider.
- Over mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), or other community support groups.
- Reach out proactively within 24 hours if the person does not keep scheduled appointment to schedule another.

The visit can be with any practitioner if the claim includes a diagnosis of SUD (e.g., F10.xx–F19.xx) or drug overdose (e.g., T40–T43, T51). If the visit occurs with a mental health provider, the claim does not have to include the SUD or drug overdose diagnosis.

Description	Codes*
Outpatient Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013, H2015, H2013–H2020, T1015 **POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Non-residential Substance Abuse Treatment Facility with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 57, 58
Community Mental Health Center Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 53

(continued)

(FUA) Follow-Up After Emergency Department Visit for Substance Use Disorder (SUD) *(continued)*

Lines of Business: Medicaid, Medicare

Description	Codes*
Peer Support Service with any Diagnosis of SUD or Drug Overdose	**HCPCS:** G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016
Opioid Treatment Service That Bills Monthly or Weekly with any Diagnosis of SUD or Drug Overdose	**HCPCS:** G2086, G2087, G2071, G8074–G2077, G2080
Telehealth Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 02, 10
Telephone Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 98966–98968, 99441–99443
E-Visit or Virtual Check In with any Diagnosis of SUD or Drug Overdose	**CPT:** 98970–98972, 98980, 98981, 99422–99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250–G2252
Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, H0006, H0028, T1006, T1012
Behavioral Health Screening or Assessment for SUD or Mental Health Disorders	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Pharmacotherapy Dispensing Event or Medication Treatment Event	**Medications:** Disulfiram (oral), Naltrexone (oral and injectable), acamprosate (oral; delayed-release tablet), buprenorphine (implant, injection, or sublingual tablet), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J0577, J0578, J2315, Q9991, Q9992, S0109

**Codes subject to change.*

(FUH) Follow-Up After Hospitalization for Mental Illness

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of discharges for persons six years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.

Two rates are reported:

1. Discharges for which the person received **follow-up within 30 days after discharge**.
2. Discharges for which the person received **follow-up within seven days after discharge**.

Tips

- Schedule follow-up appointments prior to discharge and include the date and time on discharge instructions.
- Over telehealth and phone visits.
- Reach out proactively to assist in scheduling/rescheduling appointments within the required timeframes.
- Partner with the health plan to address social determinants, health equity and quality care.
- Address comorbidities and integrate care with peer support and psychiatric collaborative care models.
- Submit applicable codes.

Description	Codes*
Outpatient Visit with a Mental Health Provider or With Any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015
Visit Setting Unspecified for Intensive Outpatient Encounter or Partial Hospitalization	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 52
Partial Hospitalization/ Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

(continued)

(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

Description	Codes*
Community Mental Health Center Visit	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960–98962, 99078, 99202–99205, 99211–99215, 99221–99223, 99231–99233, 99238, 99239, 99242–99245, 99252–99255, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015 **POS:** 53
Electroconvulsive Therapy	**CPT:** 90870 **POS:** 24, 52, 53
Peer Support Services or With Any Diagnosis of a Mental Health Disorder	**HCPCS:** G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1013
Psychiatric Residential	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 56
Telehealth Visit With a Mental Health Provider or Any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 02, 10
Transitional Care Management	**CPT:** 99495, 99496
Telephone Visit With a Mental Health Provider or Any Diagnosis of a Mental Health Disorder	**CPT:** 98966–98968, 99441–99443
Psychiatric Collaborative Care Management With a Mental Health Provider or Any Diagnosis of a Mental Health Disorder	**CPT:** 99492–99494 **HCPCS:** G0512

**Codes subject to change.*

(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (SUD)

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among persons 13 years of age and older that result in a follow-up visit or service for substance use disorder during the measurement period.

- ✔ For an acute inpatient discharge or residential treatment discharge, or for withdrawal management that occurred during an acute inpatient stay or residential treatment stay, the episode date is the date of discharge.
- ✔ For direct transfers, the episode date is the discharge date from the transfer admission.
- ✔ For withdrawal management (other than withdrawal management that occurred during an acute inpatient stay or residential treatment stay), the episode date is the date of service.

Two rates are reported:

1. The percentage of visits or discharges for which the person received follow-up for substance use disorder **within the 30 days after the visit or discharge.**
2. The percentage of visits or discharges for which the person received follow-up for substance use disorder **within the seven days after the visit or discharge.**

Note: Follow up does not include withdrawal management.

Tips

- Offer virtual, telehealth and phone visits.
- Maintain appointment availability in your practice for persons and schedule follow-up appointments before the person leaves the office.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) or other community support groups.
- Reach out proactively within 24 hours if the person does not keep scheduled appointment to schedule another.

The claim should include a principal diagnosis of substance use disorder (e.g., applicable code F10.10–F19.29)

(continued)

(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (SUD) *(continued)*

Lines of Business: Medicaid, Medicare

Description	Codes*
Outpatient Visit with a Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98000–98007, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962,99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2011, H2013–H2020, H0039, H0040, T1015 **POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
Intensive Outpatient Encounter or Partial Hospitalization with a Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **POS:** 52
Non-residential Substance Abuse Treatment Facility with a Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 57, 58
Community Mental Health Center Visit with a Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 53
Telehealth Visit with a Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 02, 10
Substance Use Disorder Services with a Diagnosis of SUD	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Opioid Treatment Service that Bills Monthly or Weekly with a Diagnosis of SUD	**HCPCS:** G2071, G2074–G2077, G2080, G2086, G2087
Residential Behavioral Health Treatment with a Diagnosis of SUD	**HCPCS:** H0017, H0018, H0019, T2048
Substance Use Disorder Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51
Telephone Visit with a Diagnosis of SUD	**CPT:** 98966–98968, 99441–99443

(continued)

(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (SUD) *(continued)*

Lines of Business: Medicaid, Medicare

Description	Codes*
E-Visit or Virtual Check in with a Diagnosis of SUD	**CPT:** 98970–98972, 98980, 98981, 99421–99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250–G2252
Pharmacotherapy Dispensing Event or Medication Treatment Event	**Medications:** Disulfiram (oral), Naltrexone (oral and injectable), acamprosate (oral; delayed-release tablet), buprenorphine (implant, injection, or sublingual tablet), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J0577, J0578, J2315, Q9991, Q9992, S0109
Peer Support Services with a Diagnosis of SUD	**HCPCS:** G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017

**Codes subject to change.*

(FUM) Follow-Up After Emergency Department Visit for Mental Illness

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of ED visits for persons six years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service during the measurement period.

Two rates are reported:

1. The percentage of ED visits for which the person received follow-up **within 30 days of the ED visit (31 total days)**.
2. The percentage of ED visits for which the person received follow-up **within seven days of the ED visit (eight total days)**.

Tips

- Over virtual, telehealth and phone visits.
- Maintain appointment availability in your practice for persons and schedule follow-up appointments before the person leaves the office.
- Discuss the benefits of seeing a primary or specialty provider and appropriate ED utilization.
- Partner with the health plan to address social determinants, health equity and quality care.

The claim should include a diagnosis of mental health disorder.

(continued)

(FUM) Follow-Up After Emergency Department Visit for Mental Illness *(continued)*

Lines of Business: Medicaid, Medicare

Description	Codes*
Outpatient Visit with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98000–98007, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015 **POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **POS:** 52
Community Mental Health Center Visit	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 53
Electroconvulsive Therapy	**CPT:** 90780 **POS:** 24, 52, 53
Telehealth Visit with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 02, 10
Telephone Visit with any Diagnosis of a Mental Health Disorder	**CPT:** 98966–98968, 99441–99443
E-Visit or Virtual Check in with any Diagnosis of a Mental Health Disorder	**CPT:** 98970–98972, 98980, 98981, 99421–99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250–G2252
Peer Support Services with any Diagnosis of a Mental Health Disorder	**HCPCS:** G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Collaborative Care Management	**CPT:** 99492–99494 **HCPCS:** G0140, T1017
Psychiatric Residential Treatment	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 **POS:** 56

(HDO) Use of Opioids at High Dosage

Lines of Business: Medicaid, Medicare

Measures the percentage of persons 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥115 days during the measurement period.

Decreased score indicates improvement.

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Benzhydrocodone	• Acetaminophen Benzhydrocodone 4.08 mg Medications List • Acetaminophen Benzhydrocodone 6.12 mg Medications List • Acetaminophen Benzhydrocodone 8.16 mg Medications List	4.08 mg 6.12 mg 8.16 mg	1.2
Butorphanol	• Butorphanol 10 MGPML Medications List	10 mg	7
Codeine	• Codeine Sulfate 15 mg Medications List • Codeine Sulfate 30 mg Medications List • Codeine Sulfate 60 mg Medications List	15 mg 30 mg 60 mg	0.15
Codeine	• Acetaminophen Codeine 2.4 MGPML Medications List • Acetaminophen Codeine 15 mg Medications List • Acetaminophen Codeine 30 mg Medications List • Acetaminophen Codeine 60 mg Medications List	2.4 mg 15 mg 30 mg 60 mg	0.15
Codeine	• Acetaminophen Butalbital Caffeine Codeine 30 mg Medications List	30 mg	0.15
Codeine	• Aspirin Butalbital Caffeine Codeine 30 mg Medications List	30 mg	0.15
Codeine	• Aspirin Carisoprodol Codeine 16 mg Medications List	16 mg	0.15
Dihydrocodeine	• Acetaminophen Caffeine Dihydrocodeine 16 mg Medications List	16 mg	0.25
Fentanyl Buccal or Sublingual Tablet, Transmucosal Lozenge (mcg)[1]	• Fentanyl 100 mcg Medications List • Fentanyl 200 mcg Medications List • Fentanyl 300 mcg Medications List • Fentanyl 400 mcg Medications List • Fentanyl 600 mcg Medications List • Fentanyl 800 mcg Medications List • Fentanyl 1200 mcg Medications List • Fentanyl 1600 mcg Medications List	100 mcg 200 mcg 300 mcg 400 mcg 600 mcg 800 mcg 1200 mcg 1600 mcg	0.13
Fentanyl Oral Spray (mcg)[2]	• Fentanyl 100 MCGPS Oral Medications List • Fentanyl 200 MCGPS Oral Medications List • Fentanyl 400 MCGPS Oral Medications List • Fentanyl 600 MCGPS Oral Medications List • Fentanyl 800 MCGPS Oral Medications List	100 mcg 200 mcg 400 mcg 600 mcg 800 mcg	0.18

(continued)

(HDO) Use of Opioids at High Dosage *(continued)*

Lines of Business: Medicaid, Medicare

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Fentanyl Nasal Spray (mcg)[3]	• Fentanyl 100 MCGPS Nasal Medications List • Fentanyl 300 MCGPS Nasal Medications List • Fentanyl 400 MCGPS Nasal Medications List	100 mcg 300 mcg 400 mcg	0.16
Fentanyl Transdermal Film/Patch (mcg/hr)[4]	• Fentanyl 12 MCGPH Medications List • Fentanyl 25 MCGPH Medications List • Fentanyl 37.5 MCGPH Medications List • Fentanyl 50 MCGPH Medications List • Fentanyl 62.5 MCGPH Medications List • Fentanyl 75 MCGPH Medications List • Fentanyl 87.5 MCGPH Medications List • Fentanyl 100 MCGPH Medications List	12 mcg 25 mcg 37.5 mcg 50 mcg 62.5 mcg 75 mcg 87.5 mcg 100 mcg	7.2
Hydrocodone	• Hydrocodone 10 mg Medications List • Hydrocodone 15 mg Medications List • Hydrocodone 20 mg Medications List • Hydrocodone 30 mg Medications List • Hydrocodone 40 mg Medications List • Hydrocodone 50 mg Medications List • Hydrocodone 60 mg Medications List • Hydrocodone 80 mg Medications List • Hydrocodone 100 mg Medications List • Hydrocodone 120 mg Medications List	10 mg 15 mg 20 mg 30 mg 40 mg 50 mg 60 mg 80 mg 100 mg 120 mg	1
Hydrocodone	• Acetaminophen Hydrocodone .5 MGPML Medications List • Acetaminophen Hydrocodone .67 MGPML Medications List • Acetaminophen Hydrocodone 2.5 mg Medications List • Acetaminophen Hydrocodone 5 mg Medications List • Acetaminophen Hydrocodone 7.5 mg Medications List • Acetaminophen Hydrocodone 10 mg Medications List	.5 mg .67 mg 2.5 mg 5 mg 7.5 mg 10 mg	1
Hydrocodone	• Hydrocodone Ibuprofen 2.5 mg Medications List • Hydrocodone Ibuprofen 5 mg Medications List • Hydrocodone Ibuprofen 7.5 mg Medications List • Hydrocodone Ibuprofen 10 mg Medications List	2.5 mg 5 mg 7.5 mg 10 mg	1
Hydromorphone	• Hydromorphone 1 MGPML Medications List Hydromorphone 2 mg Medications List • Hydromorphone 3 mg Medications List • Hydromorphone 4 mg Medications List • Hydromorphone 8 mg Medications List • Hydromorphone 12 mg Medications List • Hydromorphone 16 mg Medications List • Hydromorphone 32 mg Medications List	1 mg 2 mg 3 mg 4 mg 8 mg 12 mg 16 mg 32 mg	4

(continued)

(HDO) Use of Opioids at High Dosage *(continued)*

Lines of Business: Medicaid, Medicare

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Levorphanol	• Levorphanol 2 mg Medications List • Levorphanol 3 mg Medications List	2 mg 3 mg	11
Meperidine	• Meperidine 10 MGPML Medications List • Meperidine 50 mg Medications List • Meperidine 100 mg Medications List	10 mg 50 mg 100 mg	0.1
Methadone[5]	• Methadone 1 MGPML Medications List • Methadone 2 MGPML Medications List • Methadone 5 mg Medications List • Methadone 10 mg Medications List • Methadone 10 MGPML Medications List • Methadone 40 mg Medications List	1 mg 2 mg 5 mg 10 mg 10 mg 40 mg	3
Morphine	• Morphine 2 MGPML Medications List • Morphine 4 MGPML Medications List • Morphine 5 mg Medications List • Morphine 10 mg Medications List • Morphine 15 mg Medications List • Morphine 20 MGPML Medications List • Morphine 20 mg Medications List • Morphine 30 mg Medications List • Morphine 40 mg Medications List • Morphine 45 mg Medications List • Morphine 50 mg Medications List • Morphine 60 mg Medications List • Morphine 75 mg Medications List • Morphine 80 mg Medications List • Morphine 90 mg Medications List • Morphine 100 mg Medications List • Morphine 120 mg Medications List • Morphine 200 mg Medications List	2 mg 4 mg 5 mg 10 mg 15 mg 20 mg 20 mg 30 mg 40 mg 45 mg 50 mg 60 mg 75 mg 80 mg 90 mg 100 mg 120 mg 200 mg	1
Opium	• Belladonna Opium 30 mg Medications List • Belladonna Opium 60 mg Medications List	30 mg 60 mg	1
Oxycodone	• Oxycodone 1 MGPML Medications List • Oxycodone 5 mg Medications List • Oxycodone 7.5 mg Medications List • Oxycodone 9 mg Medications List • Oxycodone 10 mg Medications List • Oxycodone 13.5 mg Medications List • Oxycodone 15 mg Medications List • Oxycodone 18 mg Medications List	1 mg 5 mg 7.5 mg 9 mg 10 mg 13.5 mg 15 mg 18 mg	1.5

(continued)

(HDO) Use of Opioids at High Dosage *(continued)*

Lines of Business: Medicaid, Medicare

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Oxycodone	• Oxycodone 20 mg Medications List	20 mg	1.5
	• Oxycodone 20 MGPML Medications List	20 mg	
	• Oxycodone 27 mg Medications List	27 mg	
	• Oxycodone 30 mg Medications List	30 mg	
	• Oxycodone 36 mg Medications List	36 mg	
	• Oxycodone 40 mg Medications List	40 mg	
	• Oxycodone 60 mg Medications List	60 mg	
	• Oxycodone 80 mg Medications List	80 mg	
Oxycodone	• Acetaminophen Oxycodone 1 MGPML Medications List	1 mg	1.5
	• Acetaminophen Oxycodone 2 MGPML Medications List	2 mg	
	• Acetaminophen Oxycodone 2.5 mg Medications List	2.5 mg	
	• Acetaminophen Oxycodone 5 mg Medications List	5 mg	
	• Acetaminophen Oxycodone 7.5 mg Medications List	7.5 mg	
	• Acetaminophen Oxycodone 10 mg Medications List	10 mg	
Oxycodone	• Aspirin Oxycodone 4.84 mg Medications List	4.84 mg	1.5
Oxycodone	• Ibuprofen Oxycodone 5 mg Medications List	5 mg	1.5
Oxymorphone	• Oxymorphone 5 mg Medications List	5 mg	3
	• Oxymorphone 7.5 mg Medications List	7.5 mg	
	• Oxymorphone 10 mg Medications List	10 mg	
	• Oxymorphone 15 mg Medications List	15 mg	
	• Oxymorphone 20 mg Medications List	20 mg	
	• Oxymorphone 30 mg Medications List	30 mg	
	• Oxymorphone 40 mg Medications List	40 mg	
Pentazocine	• Naloxone Pentazocine 50 mg Medications List	50 mg	0.37
Tapentadol	• Tapentadol 50 mg Medications List	50 mg	0.4
	• Tapentadol 75 mg Medications List	75 mg	
	• Tapentadol 100 mg Medications List	100 mg	
	• Tapentadol 150 mg Medications List	150 mg	
	• Tapentadol 200 mg Medications List	200 mg	
	• Tapentadol 250 mg Medications List	250 mg	
Tramadol	• Tramadol 5 MGPML Medications List	5 mg	0.1
	• Tramadol 50 mg Medications List	50 mg	
	• Tramadol 100 mg Medications List	100 mg	
	• Tramadol 150 mg Medications List	150 mg	
	• Tramadol 200 mg Medications List	200 mg	
	• Tramadol 300 mg Medications List	300 mg	
Tramadol	• Acetaminophen Tramadol 37.5 mg Medications List	37.5 mg	0.1

(IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare, Marketplace

Time frame for measure: (to capture episodes) Nov. 15 of the year prior to the measurement period through Nov. 14 of the measurement period.

Measure evaluates the percentage of adolescent and adult persons with a new episode of substance use disorder (SUD) during the measurement period that result in treatment initiation and engagement.

Two rates are reported:

1. **Initiation of SUD Treatment:** percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication treatment **within 14 days**.

2. **Engagement of SUD Treatment:** percentage of new SUD episodes that have evidence of treatment engagement **within 34 days of initiation**.

Tips

- Complete a comprehensive exam before diagnosing; co-existing disorders are not uncommon and can undermine effectiveness and adherence to treatment.
- Develop working alliances with specialists in substance use disorders for persons who would benefit from specialty care.
- Explain the importance of a follow-up to your persons.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule persons as soon as possible if they do not keep initial appointments.
- Use telehealth where appropriate.
- Over mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) or other community support groups.
- Maintain appointment availability in your practice for persons and schedule follow-up appointments before the person leaves the office.
- Submit applicable codes.

A diagnosis of Alcohol, Opioid, or Other Drug Abuse and Dependence with one of the following:

Description	Codes*
Acute or Nonacute Inpatient Admission	**UBREV:** 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
Outpatient Visit	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 with POS 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72

(continued)

(IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

Description	Codes*
Behavioral Health Outpatient Visit	**CPT:** 98000–98007, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347, 99348, 99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015
Intensive Outpatient Encounter or Partial Hospitalization	**CPT:** 90791–90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238–99239, 99251–99255 with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Non-residential Substance Abuse Treatment Facility	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238–99239, 99251–99255 with POS 57, 58
An Outpatient Visit at a Community Mental Health Center	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238–99239, 99251–99255 with POS 53
Telehealth Visit	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238–99239, 99251–99255 with POS 02, 10
A Substance Use Disorder Service	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
A Substance Use Disorder Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51
Telephone Visit	**CPT:** 98966–98968, 99441–99443
An E-Visit or Virtual Check-In Visit	**CPT:** 98969–98972, 98980, 98981, 99421–99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061–G2063, G2250–H2252
Opioid Treatment Service that Bills Monthly or Weekly	**HCPCS:** G2071, G2074–G2077, G2080, G2086, G2087
An Alcohol Use Disorder Medication Dispensing Event (For Alcohol Cohort)	Disulfiram (oral), naltrexone (oral and injectable), acamprosate (oral and delayed-release tablet)
An Opioid Use Disorder Medication Dispensing Event (For Opioid Use Cohort)	Naltrexone (oral and injectable), buprenorphine (sublingual tablet, injection, implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J2315, Q9991, Q9992, S0109, G2067–G2070, G2072, G2073

**Codes subject to change.*

(continued)

(IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

Medication Treatment Events:

- ✔ **Alcohol Use Disorder Treatment Medications:** Disulfiram (oral), naltrexone (oral and injectable), acamprosate (oral; delayed-release tablet).
- ✔ **Opioid Use Disorder Treatment Medications:** Naltrexone (oral and injectable), buprenorphine (sublingual tablet, injection, and implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film).
- ✔ Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

(PDS-E) Postpartum Depression Screening and Follow-Up

Line of Business: Medicaid

Measure evaluates the percentage of deliveries in which persons were screened for clinical depression **during the postpartum period**, and if screened positive, received follow-up care.

Two rates are reported:

1. **Depression Screening.** The percentage of deliveries in which persons were screened for clinical depression using a standardized instrument during the postpartum period (7-84 days following the date of delivery).
2. **Follow-Up on Positive Screen.** The percentage of deliveries in which persons received follow-up care on or up to 30 days after the date of the first positive depression screen finding (31 total days).

Note: A LOINC code submission via flat file is required to be adherent for the depression screening numerator.

Tips

- Use age-appropriate screening instruments.
- If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow up.
- Train staff on the importance of depression screenings and recognizing the risk factors for depression during and post pregnancy.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit.
- Ask your provider relations representative about ways to submit data to the health plan directly from your EHR/EMR.
- Document follow-up on positive screen on or up to 30 days after the first positive screen.

(continued)

(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

Line of Business: Medicaid

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate person population. Eligible screening instruments with thresholds for positive findings for numerator 1 include:

Instruments for Adolescents (~17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score ≥60
Instruments for Adults (18+ years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD)®	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score ≥60
PROMIS Emotional Distress-Depression-Short Form	77861-3	Total score ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

✓ If the depression screening is positive, the person must receive follow-up care on or up to 30 days after the date of the first positive screening.

(continued)

(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

Line of Business: Medicaid

Description	Codes*
An Outpatient, Telephone, E-visit, or Virtual Check-In Follow-Up Visit with a Diagnosis of Depression or Other Behavioral Health Condition	**UBREV:** 0510, 0513, 0516, 0517, 0519–0523, 0526–0529, 0982, 0983 **CPT:** 98960–98962, 98966–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250–G2252, T1015
Depression Case Management Encounter that Documents Assessment for Symptoms of Depression (i.e., SNOMED) or a Diagnosis of Depression or Other Behavioral Health Condition	**CPT:** 99366, 99492–99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Behavioral Health Encounter, Including Assessment, Therapy, Collaborative Care, or Medication Management	**CPT:** 90791, 90792, 90832–90834, 90836–90839, 90845–90847, 90849, 90853, 90865, 90867–90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409–G0411, G0511, G0512, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, S0201, S9480, S9484, S9485 **UBREV:** 0900–0905, 0907, 0911–0917, 0919
Exercise Counseling	**ICD-10:** Z71.82
Dispensed Antidepressant Medication	

Documentation of an additional depression screening on a full-length instrument (i.e., PHQ-9®) indicating either no depression or no symptoms that require follow-up (i.e., negative screen) on the same day as a positive screen on a brief screening instrument (i.e., PHQ-2®).

**Codes subject to change*

(PND-E) Prenatal Depression Screening

Line of Business: Medicaid

Measure evaluates the percentage of deliveries with at least 37 weeks of gestation in which persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care during the measurement period.

Two rates are reported:

1. **Depression Screening.** The percentage of deliveries in which persons were screened for clinical depression during pregnancy using a standardized instrument.
2. **Follow-Up on Positive Screen.** The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Note: Applicable LOINC codes are required for numerator 1 (Depression Screening).

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate person population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (~17 years)	Positive Finding	LOINC Code (Required for numerator 1)
Patient Health Questionnaire (PHQ-9)®	Total score ≥10	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total score ≥10	89204-2
Patient Health Questionnaire-2 (PHQ-2)®[1]	Total score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	Total score ≥8	89208-3
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	Total score ≥17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10	99046-5
PROMIS Depression	Total score ≥60	71965-8
Instruments for Adults (18+ years)	**Positive Finding**	**LOINC Code (Required for numerator 1)**
Patient Health Questionnaire (PHQ-9)®	Total score ≥10	44261-6
Patient Health Questionnaire-2 (PHQ-2)®[1]	Total score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	Total score ≥8	89208-3
Beck Depression Inventory (BDI-II)	Total score ≥20	89209-1
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	Total score ≥17	89205-9
PROMIS Emotional Distress Depression — Short Form	Total score ≥60	77861-3
Duke Anxiety-Depression Scale (DUKE-AD)®[2]	Total score ≥30	90853-3
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10	99046-5

[1]*Brief screening instrument. All other instruments are full-length.*

[2]*Proprietary; may be cost or licensing requirement associated with use.*

(continued)

(PND-E) Prenatal Depression Screening *(continued)*

Line of Business: Medicaid

Instruments for Adults (18+ years)	Positive Finding	LOINC Code (Required for numerator 1)
My Mood Monitor (M-3)®	Total score ≥5	71777-7
PROMIS Depression	Total score ≥60	71965-8
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥31	90221-3

Tips

- Use age-appropriate screening instruments.
- If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.
- Train staff on the importance of depression screenings and recognizing the risk factors for depression in pregnancy.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit.
- Ask your provider relations representative about ways to submit data to the health plan directly from your EHR/EMR.
- Document follow-up on positive screen on or up to 30 days after the first positive screen.

Description	Codes*
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832–90839, 90845–90849, 90853, 90865–90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409–G0411, G0511, G0512, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, S0201, S9480, S9484, S9485
Depression Case Management Encounter	**CPT:** 99366, 99492–99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Outpatient, Telephone, E-Visit, or Virtual Check-In with a Diagnosis of Depression or other Behavioral Health Condition	**CPT:** 98960–98962, 98966–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483, G0071, G0463, G2010, G2012, G2250, G2252, T1015 **ICD-10:** Applicable code between F01.511–F94.7, O90.6, O99.340–O99.345
Exercise Counseling	**ICD-10:** Z71.82

Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

**Codes subject to change.*

(POD) Pharmacotherapy for Opioid Use Disorder

Line of Business: Medicaid

Measure evaluates the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among persons 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event during the measurement period.

Measure must meet the following requirements:

- ✓ Persons 16 years of age and older.
- ✓ OUD dispensing event is captured between a 12-month period that begins on Jul. 1 of the year prior to the measurement period and ends on Jun. 30 of the measurement period (intake period).
- ✓ Persons must have a negative medication history (no OUD pharmacotherapy medications) as of 31 days prior to the new OUD pharmacotherapy.

Care Gap Closure: The measure is event-based, and it is met when the person adheres to OUD pharmacotherapy for 180 days or more without a gap in treatment of more than eight days.

Tips

- Closely monitor medication prescriptions and do not allow any gap in treatment of eight or more consecutive days.
- Over mutual help like peer recovery support, harm reduction, 12-step fellowships such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
- Provide timely submission of claims with correct medication name, dosage, frequency and days covered.
- Reach out proactively within 24 hours if the person does not keep scheduled appointment to schedule another.
- Inform person of the risks and benefits of pharmacotherapy, treatment without medication and no treatment.

Note: Persons can have multiple treatment period start dates and treatment periods during the measurement period. Treatment periods can overlap.

Description	Codes*
Buprenorphine/Naloxone (Sublingual Tablet, Buccal Film, Sublingual Film)	**HCPCS:** J0572, J0573, J0574, J0575
Buprenorphine Oral, Implant, and Injectable**	**HCPCS:** H0033, J0570, J0571, Q9991, Q9992
Methadone	**HCPCS:** G2067, G2078, H0020, S0109
Naltrexone Injection	**HCPCS:** G2073, J2315

**Codes subject to change.*

***Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.*

(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Lines of Business: Medicaid, Medicare

The index prescription start date (IPSD) is the earliest prescription dispensing data for any antipsychotic medication during the measurement period.

The treatment period is defined as the time beginning on the IPSD through the last day of the measurement period.

Measure evaluates the percentage of persons 18 years of age and older during the measurement period with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

If an oral medication and a long-acting injection are dispensed on the same day, calculate number of days covered by an antipsychotic medication using the prescription with the longest days' supply.

Tips

- Consider the use of long-acting injectable antipsychotic medications to increase adherence.
- Provide education on how to take the medication, expected side effects and the importance of talking to the prescriber before stopping the medication.

Oral Antipsychotics				
• aripiprazole • asenapine • brexpiprazole • cariprazine • clozapine	• haloperidol • iloperidone • loxapine • lumateperone • lurasidone	• molindone • olanzapine • paliperidone • quetiapine • risperidone	• ziprasidone • chlorpromazine • fluphenazine • perphenazine • prochlorperazine	• thioridazine • trifluoperazine • amitriptyline-perphenazine • thiothixene

Long-Acting Injections	
Description	**Prescription**
Long-acting Injections 14-Day Supply	· risperidone (excluding Perseris®)
Long-acting Injections 28-Day Supply	·aripiprazole ·aripiprazole lauroxil ·fluphenazine decanoate · haloperidol decanoate · olanzapine
Long-acting Injections 30-Day Supply	· risperidone (Perseris®)
Long-acting Injections 35-Day supply	· paliperidone palmitate (Invega Sustenna)
Long-acting Injections 104-Day supply	· paliperidone palmitate (Invega Trinza)
Long-acting Injections 201-Day Supply	· paliperidone palmitate (Invega Hafyera)

(SMC) Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Line of Business: Medicaid

Measure evaluates the percentage of persons 18 to 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement period.

Tips

- Provide persons/caregivers with lab orders for HbA1c or glucose lab test and cholesterol or LDL-C to be completed yearly.
- Educate the person and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow-up care.
- Consider using standing orders to get lab tests.
- Educate persons and their caregivers on the importance of completing annual visits and blood work.
- Discuss weight management options and encourage persons to increase physical activity, improve sleep and maintain a well-balanced diet.
- Submit applicable codes.

Description	Codes*
LDL-C Lab Test	**CPT:** 80061, 83700, 83701, 83704, 83721
LDL-C Test Result or Finding	**Codes***
Most Recent LDL-C Less Than 100 mg/dL (CAD) (DM)	**CPT-CAT-II:** 3048F
Most Recent LDL-C 100-129 mg/dL (CAD) (DM)	**CPT-CAT-II:** 3049F
Most Recent LDL-C Greater Than or Equal to 130 mg/dL (CAD) (DM)	**CPT-CAT-II:** 3050F

**Codes subject to change.*

(SMD) Diabetes Monitoring for People With Diabetes and Schizophrenia

Line of Business: Medicaid

Measure evaluates the percentage of persons 18 to 64 years of age (as of the last day of the measurement period) with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement period.

Tips

- Provide persons/caregivers with lab orders for HbA1c or glucose lab test and cholesterol or LDL-C to be completed yearly.
- Educate the person and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow-up care.
- Consider using standing orders to get lab tests.

(continued)

(SMD) Diabetes Monitoring for People With Diabetes and Schizophrenia *(continued)*

Line of Business: Medicaid

- Educate persons and their caregivers on the importance of completing annual visits and blood work.
- Discuss weight management options and encourage persons to increase physical activity, improve sleep and maintain a well-balanced diet.
- Submit applicable codes.

Description	Codes*
Glucose Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	**CPT:** 83036, 83037 **LOINC:** 17855-8, 17856-6, 4548-4, 4549-2, 96595-4
HbA1c Test Result or Finding	**CAT II:** 3044F, 3046F, 3051F, 3052F
LDL-C Lab Test	**CPT:** 80061, 83700, 83701, 83704, 83721 **LOINC:** 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
LDL-C Test Result or Finding	**CAT II:** 3048F, 3049F, 3050F

**Codes subject to change.*

(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications

Line of Business: Medicaid

Measure evaluates the percentage of persons 18 to 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 period.

Identify persons with diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder and conduct a glucose or HbA1c lab test.

Tips

- Provide persons/caregivers with lab orders for HbA1c or glucose lab test to be completed yearly.
- Educate the person and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow-up care.
- Consider using standing orders to get lab tests.
- Educate persons and their caregivers on the importance of completing annual visits and blood work.
- Discuss weight management options and encourage persons to increase physical activity, improve sleep and maintain a well-balanced diet.
- Submit applicable codes.

(continued)

(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications *(continued)*

Line of Business: Medicaid

Description	Codes*
Glucose Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	**CPT:** 83036, 83037
HbA1c Test Result or Finding	**CPT II:** 3044F, 3046F, 3051F, 3052F

**Codes subject to change.*

*Note: Do **not** include a modifier when using CPT II codes.*

(UOP) Use of Opioids From Multiple Providers

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of persons 18 years and older receiving prescription opioids for ≥15 days during the measurement period who received opioids from multiple providers.

Three rates are reported:

1. **Multiple Prescribers.** Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different prescribers during the measurement period. Use the NPI to determine if the prescriber for medication dispensing events was the same or different.
2. **Multiple Pharmacies.** Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different pharmacies during the measurement period. Use the NPI to determine if the pharmacy for medication dispensing events was the same or different.
3. **Multiple Prescribers and Multiple Pharmacies.** Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different prescribers and four or more different pharmacies during the measurement period (i.e., persons who are numerator compliant for both the Multiple prescribers and Multiple pharmacies rates).

Decreased score indicates improvement.

Tips

- Use the state Prescription Drug Monitoring Program (PDMP) database prior to initiating opioid therapy and periodically, ranging from every prescription to every three months.
- Educate persons on opioid safety and risk associated with long-term use and use of multiple opioids from different providers.

(continued)

(UOP) Use of Opioids From Multiple Providers *(continued)*

Line of Business: Medicaid, Medicare

Opioid Medications Lists	
• Acetaminophen Benzhydrocodone Medications List	• Methadone Medications List
• Buprenorphine Medications List	• Morphine Medications List
• Butorphanol Medications List	• Belladonna Opium Medications List
• Acetaminophen Butalbital Caffeine Codeine Medications List	• Opium Medications List
• Acetaminophen Codeine Medications List	• Acetaminophen Oxycodone Medications List
• Aspirin Butalbital Caffeine Codeine Medications List	• Aspirin Oxycodone Medications List
• Aspirin Carisoprodol Codeine Medications List	• Ibuprofen Oxycodone Medications List
• Codeine Sulfate Medications List	• Oxycodone Medications List
• Acetaminophen Caffeine Dihydrocodeine Medications List	• Oxymorphone Medications List
• Fentanyl Medications List	• Naloxone Pentazocine Medications List
• Acetaminophen Hydrocodone Medications List	• Tapentadol Medications List
• Hydrocodone Medications List	• Acetaminophen Tramadol Medications List
• Hydrocodone Ibuprofen Medications List	• Tramadol Medications List
• Hydromorphone Medications List	
• Levorphanol Medications List	
• Meperidine Medications List	