

Behavioral Health

PROVIDER TOOLKIT



Welcome!

Dear Colleagues,

As you are probably aware, Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures that affects us all, both the health care provider and the payer. It was developed by the National Committee for Quality Assurance (NCQA) to allow comparisons between health plans that manage public funds. The aggregate HEDIS scores measures the ability of both the provider and insurer to demonstrate continued improvement in preventive health, a critical decision point for State purchasers of healthcare services.

We are counting on you for assistance and partnership with us to continue to provide excellent evidence-based care to your patients and our members. Some of the measures that are evaluated leads to sound medical care such as close follow up visits and metabolic monitoring for children and adolescents on multiple antipsychotic medications and seven-day follow up for patients/members with emergency department visits for substance use and mental health disorders.

I know from first-hand experience that working in the behavioral health field can be challenging, especially when patients don't follow our instructions and medical advice.

Thank you for your hard work and dedication to improving the health of our members.

Respectfully,

Alvin D. Pelt, MD, FASAM

Behavioral Health Medical Director, Buckeye Health Plan

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HEDIS® Quick Reference Guide

What we have provided in this guide is the most recent, up-to-date information available at print time. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). This tool is meant to be used as a quick-glance reference. All codes are subject to change; there may be revisions, deletions or additions to this information that occur from one measurement period to another. Please contact Buckeye Health Plan regarding any questions you may have with the information provided. Thank you for your efforts in the continuous improvement of quality for our members/your patients.



What is HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows direct, objective comparison of **quality** across health plans. NCQA develops the HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers and policy makers. HEDIS allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons. Consult NCQA's website for more information: www.ncqa.org.



What are the scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds'. These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS.



How are the rates calculated?

HEDIS rates can be calculated by taking the measure numerator over the measure denominator. Both administrative and hybrid data is used to show numerator compliance. 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 member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review.



How can I improve my HEDIS scores?

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- If services are not billed or not billed accurately they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.
- Utilize CPT II and ICD 10 codes to reduce medical record requests.
- Use the member list provided by Buckeye to contact patients who are in need of a visit.
- Routinely schedule a member's next appointment while in the office for the visit.

What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey sent to members/patients to measure satisfaction with their providers and healthcare systems. The goal of CAHPS is to capture accurate and complete information about the member reported experiences with health care. This information measures how well the member's expectations and goals were met. CAHPS helps determine the areas of service that have the greatest impact on overall satisfaction and opportunities for improvement which aid in increasing the quality of provided care. The CAHPS survey results are shared with the consumers, which provides them information they can use to choose physicians and health systems.

Important topics that are surveyed include, but are not limited to:

- How well Providers communicate with patients
- Providers use of information to coordinate patient care
- Helpful, courteous and respectful office staff
- Patients rating of the Provider

Transportation

Transportation is available to all Buckeye members to covered healthcare/dental appointments, WIC appointments, and redetermination appointments with CDJFS caseworker and trips to your patient's pharmacy following a doctor's appointment (limited area). To refer a patient or for any further questions, please call our Member Services at 1-866-246-4358 (TDD/TTY: 1-800-750-0750).

Care Management

Care management, care coordination and disease coaching are part of Buckeye's benefits and available to all Buckeye members. We provide services for many conditions, such as asthma, diabetes, COPD, high-risk pregnancy, mental health/ substance use disorders and many other conditions. Our care management staff are highly knowledgeable and experienced to help address your patient's care management needs and assist with removing barriers to care. To refer a patient or for any further questions, please call our Member Services at 1-866-246-4358 (TDD/TTY: 1-800-750-0750). View the "Buckeye Health Plan's Behavioral Health Programs and Services" section to learn more about Buckeye's specialized behavioral health care management programs.

ADD: Follow-up Care for Children Prescribed ADHD Medication

Children, ages 6-12, with a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10 month period. The two rates reported for this measure are:

Initiation Phase. Member had one outpatient (OP), intensive outpatient (IOP) or partial hospitalization (PHP) follow-up visit within 30 days of ADHD medication dispensed with a practitioner with prescribing authority. (See Practitioner Definitions page)

Continuation and Maintenance (C&M) Phase. Member remained on the medication for at least 210 days and had at least 2 follow up visits with a practitioner within the next 270 days (9 months) after the Initiation Phase.

Use Appropriate Billing Codes*				
Initiation and C&M Phase Codes				
Visit Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With either	OP	POS: 03, 05, 07, 09, 11 – 20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52
			Community Mental Health Center (CMHC)	POS: 53
			Telehealth	POS: 02
Behavioral Health Outpatient (BH OP)	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515–0517, 0519-0523, 0526–0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
Observation	CPT: 99217-99220			
Health and Behavior Assessment/ Intervention	CPT: 96150-96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171			
PHP/IOP	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913			
Telephone Visits	CPT: 98966-98968,99441-99443			

C&M Only Codes	
Online Assessment	CPT: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061-G2063

*codes subject to change

HEDIS® Improvement Tips:

- The CPT codes listed for Online Assessment (98969 and 99444) have been removed by the CMS.
- The CPT codes listed for Health and Behavior Assessment Intervention (96150 – 96154) have been removed by the CMS.
- Exclusions apply for members who have experienced an acute inpatient encounter for mental, behavioral, or neurodevelopmental disorder and members diagnosed with narcolepsy.
- The initial visit when medication was prescribed does not count as the initiation phase visit.
- Only 1 of the 2 Continuation and Maintenance Phase visits may be an e-visit or virtual check-in.
- Prescribe 30 day supply and require members attend a 30 day follow up appointment in order to continue medication.
- Educate caregiver(s) on importance of dispensing the correct amount of prescribed medication and keeping follow up appointments.

AMM: Anti-Depressant Medication Management

Members 18 years of age and older who have a diagnosis of major depression and who were treated and remained on an antidepressant medication. Two rates are reported:

Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

HEDIS® Improvement Tips:

- Exclusions apply to members prescribed an antidepressant medication but not diagnosed with major depression as well as members who filled a prescription for an antidepressant medication up to 105 days before the new prescription.
- Inform members that it may take up to 6 weeks before the effects of antidepressant medication can be felt.
- Educate members on the importance of remaining on antidepressant medication for at least 6 months to prevent relapse.
- Prescribe a 30 day supply and require members to attend 30 day follow up appointment in order to continue medication, except in young adults, ages 18 – 23 who require a more frequent follow-up. According to the Physician's Desk Reference, antidepressants increased the risk of suicidal thoughts and behavior in young adults under age 24 in short-term studies. If stable after 30-day follow-up visit, offer 90 day supply of medication and schedule follow up appointment in order to continue medication.

APM: Metabolic Monitoring for Children or Adolescents on Antipsychotics

Children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose or HbA1c and LDL-C or Cholesterol test).

Use Appropriate Billing Codes*	
Description	Codes
Glucose lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
	LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c lab Test	CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2
HbA1c test result or finding	CPT-CAT-II: 3044F-3046F, 3051F (greater than or equal to 7.0% and less than 8.0%), 3052F (greater than or equal to 8.0% and less than or equal to 9.0%)
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
LDL-C test result or finding	CPT II: 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL
Cholesterol lab test	CPT: 82465, 83718, 84478 LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

*codes subject to change

HEDIS® Improvement Tips:

- Educate the caregiver(s) and member on possible medication side effects and the importance of metabolic monitoring.
- NCQA does not specify the type of provider who can submit or review metabolic testing and results.

APP: Use of First-Line Psychosocial Care for Children Adolescents on Antipsychotics

Children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment 90 days prior through 30 days after the dispense date of new antipsychotic medication.

Use Appropriate Billing Codes*	
Description	Codes
Psychosocial Care	CPT: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485

*codes subject to change

HEDIS® Improvement Tips:

- Members for whom first line antipsychotic medications may be clinically appropriate are excluded.
- According to the American Academy of Child and Adolescent Psychiatry, when treating disorders outside of schizophrenia, antipsychotics are generally only used after other interventions, psychosocial and pharmacological, have failed.
- Telehealth modifiers may be used for psychosocial care. See telehealth education page indicated in the table of contents for details.

FUA: Follow-up after Emergency Department Visit for Alcohol and other Drug Dependence

Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD treatment. Two rates are reported:

- The percentage of ED visits for which the member received follow-up **within 7 days** of the ED visit (total 8 days).
- The percentage of ED visits for which the member received follow-up **within 30 days** of the ED visit (total 31 days).

Use Appropriate Billing Codes*			
Description	Codes		
AOD Abuse and Dependence**	ICD-10-CM: F10, F11, F12, F13, F14, F15, F16, F18, F19		
IET Stand Alone Visits	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510 HCPCS: 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, S0201, S9480, S9484, S9485, T1006, T1012, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983		
Observation	CPT: 99217-99220		
Telephone Visits	CPT: 98966-98968, 99441-99443		
Online Assessment	CPT: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061-G2063		
IET Visits Group 1	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	With	POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72
IET Visits Group 2	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With	POS: 02, 52, 53
ODU Monthly Office Based Treatment	HCPCS: G2086, G2087		
ODU Weekly Drug Treatment Service	HCPCS: G2067-G2070, G2072, G2073		
ODU Weekly Non Drug Service	HCPCS: G2071, G2074-G2077, G2080		

*codes subject to change **ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- The CPT codes listed for Online Assessment (98969 and 99444) have been removed by the CMS.
- ED visits resulting in an inpatient stay on the date of the ED visit or within 30 days of the ED visit are excluded from this measure.
- Include appointment availability in your office for patients with recent ED and hospital discharges.
- Follow-up criteria must include a principle diagnosis of alcohol and other drug dependence diagnosis.
- A telehealth or online assessment visit will meet criteria for a follow-up visit with a principle diagnosis of alcohol and other drug dependence.
- AOD follow-up visits on the same date of the ED visit qualify.

FUH: Follow-Up after Hospitalization for Mental Illness

Members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

- The percentage of discharges for which the member received follow-up within **7 days of discharge**.
- The percentage of discharges for which the member received follow-up within **30 days of discharge**.

Use Appropriate Billing Codes*				
Description	Codes			
Visit Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With either	OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52
			CMHC	POS: 53
			Telehealth	POS: 02
PHP/IOP	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913			
Electro-convulsive Therapy (ECT)	CPT: 90870 ICD10PCS: GZB0ZZZ-GZB4ZZZ UBREV: 0901	With either	Ambulatory Surgical Center	POS: 24
			CMHC	POS: 53
			OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52
BH OP	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983	With or Without	CMHC	POS: 53
Observation	CPT: 99217-99220			
Transitional CM	CPT: 99495, 99496			

Behavioral Healthcare Setting	UBREV: 0513, 0900-0905, 0907, 0911-0917, 0919
TelephoneVisits	CPT: 9896-98968, 99441-99443

*codes subject to change

HEDIS® Improvement Tips:

- The following exclusions apply:
 - Discharges followed by readmission or direct transfer to a non-acute inpatient care setting within the 30 day follow up period, regardless of the readmission principal diagnosis.
 - Discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30 day follow up period, if the principal diagnosis was for non-mental health.
- Follow-up visits in intensive outpatient, partial hospitalization, community mental health center, and electroconvulsive therapy settings are no longer required to be completed with a mental health provider.
- Schedule member's 7-day follow-up appointment before member's hospital discharge.
- Include appointment availability in your office for patients with recent hospital discharges.
- Complete appointment reminder calls 24 hours prior to the scheduled follow-up appointment.
- Telehealth modifiers may be used with some service types. See telehealth education page indicated in the table of contents for details.

FUI: Follow-Up After High-Intensity Care for Substance Use Disorder

1. Acute inpatient hospitalizations, residential treatment, or detoxification visits for substance use disorder (SUD) among members 13+ years old, followed by a visit or service for SUD within 7 days after the visit or discharge.
2. Acute inpatient hospitalizations, residential treatment, or detoxification visits for substance use disorder (SUD) among members 13+ years old, followed by a visit or service for SUD within 30 days after the visit or discharge.

Use Appropriate Billing Codes*				
Description	Codes			
Inpatient Stay	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			
IET Stand Alone Visit	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510 HCPCS: 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, S0201, S9480, S9484, S9485, T1006, T1012, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983			
Observation	CPT: 99217-99220			
Residential BH Treatment	HCPCS: H0017-H0019, T2048			
Telephone Visits	CPT: 98966-98968, 99441-99443			
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061-G2063			
AOD Medication Treatment	HCPCS: H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109			
IET Visits Group 1	CPT: 90791, 90792, 90832-90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876	WITH	IET POS Group 1 POS:	02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72
IET Visits Group 2	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	IET POS Group 2 POS:	02, 52, 53

ODU Monthly Office Based Treatment	HCPCS: G2086, G2087
ODU Weekly Drug Treatment Service	HCPCS: G2067-G2070, G2072, G2073
ODU Weekly Non Drug Service	HCPCS: G2071, G2074-G2077, G2080

*codes subject to change

HEDIS® Improvement Tips:

- The CPT codes listed for Online Assessment (98969 and 99444) have been removed by the CMS
- AOD abuse and dependence telehealth and telephone visits as well as online assessments qualify
- Provide appointment reminder calls/texts/emails
- Refer members to case management for assistance clearing socioeconomic barriers
- Buckeye Health Plan transportation services

FUM: Follow-up after Emergency Department Visit for Mental Illness

Emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, with or without intentional self-harm, who had a follow-up visit for mental illness.

Two rates are reported:

- The percentage of ED visits for which members received follow-up **within 7 days** of the ED (8 days total).
- The percentage of ED visits for which members received follow-up **within 30 days** of the ED visit (31 days total).

Use Appropriate Billing Codes*				
Description	Codes			
Visit Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With either	OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52
			CMHC	POS: 53
			Telehealth	POS:02
BH OP	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
ECT	CPT: 90870 ICD10PCS: GZB0ZZZ-GZB4ZZZ UBREV: 0901	With either	Ambulatory Surgical Center	POS: 24
			CMHC	POS: 53
			OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52
Observation	CPT: 99217-99220			
PHP/IOP	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913			
Mental Health Diagnosis**	ICD-10-CM: F03.90, F03.91, F20, F21-F24, F25, F28, F29, F30, F31, F32, F33, F34, F39, F40, F41, F42, F43, F44, F45, F48, F50, F51, F52, F53, F59, F60, F63,F64, F65, F66, F68 F69, F80, F81, F82, F84, F88, F89, F90, F91, F93, F94,F95, F98, F99			
Intentional Self-Harm**	ICD-10-CM: T14, T36, T37, T38, T39, T40, T41, T42,T43,T44, T45, T46, T47, T48, T49, T50, T51, T52, T53,T54, T55,T56, T57, T58, T59,T60,T61, T62,T63,T64,T65, T71			

Telephone Visits	CPT: 98966-98968, 99441-99443
Online Assessment	CPT: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061-G2063

*codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- The CPT codes listed for Online Assessment (98969 and 99444) have been removed by the CMS
- Exclusions apply for ED visits followed by admission to an acute or non-acute inpatient care setting on the date of or within the 30-day follow-up period (31 days total) of the ED visit, regardless of principal diagnosis for the admission.
- Mental health follow-up visits on the same date of the ED visit qualifies for the measure.
- Include appointment availability in your office for patients with recent ED and/or hospital discharges.
- Complete appointment reminder calls 24 hours prior to the scheduled follow-up appointment.
- Telehealth modifiers may be used with some service types. See telehealth education page indicated in the table of contents for details.

IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Adolescent and adult members (13 years and older) with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.

Initiation of AOD Treatment. Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication assisted treatment (MAT) **within 14 days** of the diagnosis.

Engagement of AOD Treatment. Members who initiated treatment and who had two or more additional AOD services or MAT **within 34 days** of the initiation visit.

Use Appropriate Diagnostic Codes*
Codes
Alcohol Abuse and Dependence ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.14, F10.150, F10.151, F10.159, F10.180-F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229-F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280-F10.282, F10.288, F10.29
Opioid Abuse and Dependence ICD-10-CM: F11.10, F11.120-F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29
Other Drug Abuse and Dependence ICD-10-CM**: F12, F13, F14, F15, F16, F18, F19

*codes subject to change

**ICD-10 cohort codes listed

HEDIS® Improvement Tips:

- Exclusions apply for members who have received treatment for alcohol or other drug abuse or dependence up to 60 days before receiving new AOD abuse or dependence diagnosis.
- Additional exclusions apply to members in remission.
- Notify Buckeye Health Plan of new substance use disorder diagnoses. Case managers will assist in triaging the members to their treatment initiation visit.
- Schedule engagement visits before member leaves initiation visit.

- The following visit types with the appropriate SUD diagnosis meet criteria (see FUI billing codes table for codes listing).
 - Acute Inpatient Stay
 - IET Stand Alone Visits
 - Observation
 - IET Visits Group 1
 - Detoxification
 - Nonacute Inpatient Stay
 - IET Visits Group 2
 - Telephone Visit
 - Online Assessment
 - AOD Medication Treatment
 - OUD Weekly Drug Treatment Service
 - OUD Weekly Non Drug Service
 - OUD Monthly Office Based Treatment
- Telehealth modifiers may be used with some service types. See telehealth education page indicated in the table of contents for details..

POD: Pharmacotherapy for Opioid Use Disorder

Members 16 years of age and older with Opioid Use Disorder (OUD) who are using OUD pharmacotherapy for at least 180 days, with no gaps in treatment of 8 or more consecutive days.

HEDIS® Improvement Tips:

- Educate the member on the effectiveness of dependence and withdrawal symptom management with OUD pharmacotherapy, including how often to take the medication, possible side effects and drug interactions, and managing side effects and drug interactions.
- According to SAMHSA's Medication for Opioid Use Disorder For Healthcare and Addiction Professional's Policymakers, Patients, and Families: Treatment Improvement Protocol TIP 63, the following should be completed in order to determine the best pharmacotherapy option for each individual member:
- Check the Ohio Automated Rx Reporting System (OARRS)
- Assess member's medical, psychiatric, substance use, and substance use treatment history
- Complete a physical examination assessing for signs and symptoms of intoxication, withdrawal, and dependence.
- Complete lab tests for drug and alcohol use, pregnancy, liver and kidney function, Hepatitis C, and HIV.
- Provide brief supportive counseling, and refer members to ancillary psychosocial services and psychiatric or medical care for additional support and coping skill development during pharmacotherapy for opioid use disorder.

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Members 19–64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Use of Appropriate Billing Codes*	
Description	Codes
Schizophrenia	ICD-10-CM: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Long-Acting Injections 14-Day Supply	HCPCS: J2794
Long-Acting Injections 28-Day Supply	HCPCS: J0401, J1631, J2358, J2426, J2680

*codes subject to change

HEDIS® Improvement Tips:

- Members with a diagnosis of dementia, or who did not have at least two antipsychotic medication dispensing events by pharmacy data or claims are excluded.
- Educate the member on effectiveness of psychotic symptom management with anti-psychotic medication, including how often to take the medication, possible side effects, and managing side effects.
- Encourage member to sign up for auto fill with their pharmacy or mail order.

SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year.

Members who have cardiovascular disease are defined as having any of the following during the year prior to the measurement year:

- Discharged from an inpatient setting with an Acute Myocardial Infarction (AMI), or Coronary Artery Bypass Graft (CABG) either in an inpatient or outpatient setting.
- A percutaneous Coronary Intervention (PCI) either in an inpatient or outpatient setting.
- Diagnosed with Ischemic Vascular Disease (IVD) during both the measurement year and the year prior to measurement year.

Use of Appropriate Billing Codes*	
Description	Codes
LDL-C Tests	CPT: 80061, 83700, 83701, 83704, 83721 LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
LDL-C Test Result or Finding	CPT-CAT-II: 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL
Schizophrenia	ICD-10-CM: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
AMI	ICD-10-CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4
IVD**	ICD-10-CM: I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25, I63, I65, I66, I167.2, I70, I75, T82

*codes subject to change

*ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- NCQA standards permits psychiatric providers to submit lipid testing.
- Complete blood pressure testing at each visit and lipid profile at least every 3 months or more often as needed. Consider using standing orders to complete labs.
- Educate member on the importance of cardiovascular monitoring due to the heart health risk associated with taking anti-psychotic medications.

SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

Members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
HbA1c Lab Test	CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2
HbA1c Test Result or Finding	CPT-CAT-II: 3044F (<7.0%), 3046F (>9.0%), 3051F (greater than or equal to 7.0% and less than 8.0%), 3052F (greater than or equal to 8.0% and less than or equal to 9.0%)
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
LDL-C Test Result or Finding	CPT II: 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL
Diabetes**	ICD-10-CM: E10, E11, E13, O24
Schizophrenia	ICD-10-CM: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

*codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- CPT II code 3045F (7.0%-9.0%) has been removed by the CMS.
- Complete diabetes testing at the start of treatment and every 3 months.
- Closely verify and monitor member's treatment history to ensure member has completed all HbA1c and LDL testing by December 31st of each year.
- NCQA does not specify the type of provider who can submit or review diabetes testing results.

SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications

Members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
Glucose Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Lab Test	CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2
HbA1c Test Result or Finding	CPT-CAT-II: 3044F (<7.0%), 3046F (>9.0%), 3051F (greater than or equal to 7.0% and less than 8.0%), 3052F (greater than or equal to 8.0% and less than or equal to 9.0%)
Schizophrenia	ICD-10-CM: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Bipolar Disorder	ICD-10-CM: F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other Bipolar Disorder	ICD-10-CM: F31.81, F31.89, F31.9

*codes subject to change

HEDIS® Improvement Tips:

- CPT II code 3045F (7.0%-9.0%) has been removed by the CMS.
- Members diagnosed with diabetes and members not dispensed an antipsychotic medication are excluded.
- Complete diabetes testing at the start of treatment and every 3 months.
- Closely verify and monitor member's treatment history to ensure member has completed all HbA1c and LDL testing by December 31st of each year.
- NCQA does not specify the type of provider who can submit or review diabetes testing results.

Telehealth

A number of the behavioral health measures allow for the use of visits with telehealth modifiers to meet criteria for measure compliance. Use modifier codes 95 and GT for HEDIS 2021 telehealth measures.

Telehealth in the ADD Measure:

- Telehealth visits are not permitted for the initiation phase visit.
- 1 of the 2 continuation and maintenance phase visits may be completed via telehealth (adding the POS or modifier code) or a telephone visit.

Telehealth in the FUH measure:

Telehealth modifiers may be utilized with the visit types below:

- Outpatient visit
- Behavioral Health Outpatient visit
- Partial Hospitalization visit
- Community Mental Health Center visit
- Transitional Care Management

Telehealth in the FUM measure:

Telehealth modifiers may be utilized with the visit types below:

- Outpatient visit
- Behavioral Outpatient visit
- Partial Hospitalization visit
- Community Mental Health Center visit

Telehealth in the IET measure:

Telehealth modifiers may be utilized with the visit types below:

- IET Stand Alone Visits
- IET Visits Group 1
- IET Visits Group 2

Provider Definitions

Prescribing Practitioner (ADD Measure)

MD/DO and practitioners with prescribing privileges including:

- Nurse Practitioners
- Physician Assistants
- Other Non-MDs who have the authority to prescribe medications

Mental Health Provider (FUH Measure):

A provider who delivers mental health services and meets any of the following criteria:

- MD and DO Psychiatrists and Child Psychiatrists
- Licensed Psychologists
- Licensed Social Workers
- Registered Nurses certified or licensed to practice as Psychiatric Nurses or Mental Health Clinical Nurse Specialists
- Licensed Marital and Family Therapists
- Licensed Professional Counselors
- Physician Assistants certified to practice Psychiatry
- Community Mental Health Centers

HEDIS® Measure Medication Tables

ADD

ADHD Medications		
Medication Type	NCQA Listed Medications	BHP Covered Drug Equivalent (if different)
	Dexmethylphenidate	Covered
	Dextroamphetamine	Covered
	Lisdexamfetamine	PA required; covered alternatives are the other CNS stimulants
	Methylphenidate	Covered
	Methamphetamine	PA required; covered alternatives are the other CNS stimulants
Alpha 2 Receptor Agonists	Clonidine	PA required; covered alternatives are the other alpha 2 agonists
	Guanfacine	Covered
Miscellaneous ADHD Medications	Atomoxetine	Covered

Anti-Depressant Medications		
Medication Type	NCQA Listed Medications	BHP Covered Drug Equivalent (if different)
Miscellaneous Antidepressants	Bupropion	Covered
	Vilazodone	PA required
	Vortioxetine	PA required
Monoamine Oxidase Inhibitors	Isocarboxazid	PA required
	Selegiline	Covered
	Phenelzine	PA required
	Tranylcypromine	Covered
Phenylpiperazine Antidepressants	Nefazodone	Covered
	Trazodone	Covered
Psychotherapeutic Combinations	Amitriptyline-chlordiazepoxide	Covered
	Amitriptyline-perphenazine	Covered
	Fluoxetine-olanzapine	PA required; individual drugs covered
SNRI Antidepressants	Desvenlafaxine	Covered
	Duloxetine	Covered
	Levomilnacipran	PA required; alternatives are others in class
	Venlafaxine	Covered
SSRI Antidepressants	Citalopram	Covered
	Escitalopram	Covered
	Fluoxetine	Covered
	Fluvoxamine	Covered
	Paroxetine	Covered
	Sertraline	Covered
Tetracyclic Antidepressants	Maprotiline	Covered
	Mirtazapine	Covered
Tricyclic Antidepressants	Amitriptyline	Covered
	Amoxapine	Covered
	Clomipramine	PA required; alternatives are others in class
	Desipramine	Covered
	Doxepin(>6mg)	Covered
	Imipramine	Covered
	Nortriptyline	Covered
	Protriptyline	Covered
	Trimipramine	Covered

Antipsychotic Medications		
Medication Type	NCQA Listed Medications	BHP Covered Drug Equivalent (if different)
Miscellaneous Antipsychotic Agents	Aripiprazole	Covered
	Asenapine	Covered; step therapy required
	Brexipiprazole	PA required; alternatives are others in class
	Cariprazine	PA required; alternatives are others in class
	Clozapine	Covered
	Haloperidol	Covered
	Iloperidone	Covered; step therapy required
	Loxapine	Covered
	Lurasidone	Covered; step therapy required
	Molindone	Covered
	Olanzapine	Covered
	Paliperidone	PA required; alternatives are others in class
	Quetiapine	Covered
	Risperidone	Covered
	Ziprasidone	Covered
Phenothiazine Antipsychotics	Chlorpromazine	Covered
	Fluphenazine	Covered
	Perphenazine	Covered
	Prochlorperazine	Covered
	Thioridazine	Covered
	Trifluoperazine	Covered
Thiozanthenes	Thiothixene	Covered
Long-Acting Injections	Aripiprazole	Covered
	Fluphenazine decanoate	Covered
	Haloperidol decanoate	Covered
	Olanzapine	Covered
	Paliperidone palmitate	Covered
	Risperidone	Covered
	Amitriptyline-perphenazine	Covered

FUI and IET

Medication Type	NCQA Listed Medications	BHP Covered Drug Equivalent (if different)
Alcohol Use Disorder Treatment Medications		
Aldehyde Dehydrogenase Inhibitor	Disulfiram (oral)	Covered
Antagonist	Naltrexone (oral and injectable)	Covered
Other	Acamprosate (oral and delayed-release tab)	Covered
Opioid Use Disorder Treatment Medications		
Antagonist	Naltrexone (oral and injectable)	Covered
Partial Agonist	Buprenorphine (sublingual tab, injection, implant)	PA required; alternatives are others in class
	Buprenorphine/naloxone (sublingual tab, buccal film, sublingual film)	Covered

POD

Opioid Medications		
Medication Type	NCQA Listed Medications	BHP Covered Drug Equivalent (if different)
Antagonist	Naltrexone (oral)	covered
	Naltrexone (injectable)	covered
Partial Agonist	Buprenorphine (sublingual tablet)	PA required; alternatives are others in class
	Buprenorphine (injection)	PA required; alternatives are others in class
	Buprenorphine (Implant)	PA required; alternatives are others in class
	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	covered
Agonist	Methadone (oral)	PA required; alternatives are others in class

Buckeye Health Plan's Behavioral Health Programs and Services

To refer members for care management and pharmacy services,
email BuckeyeBehavioralHealth@centene.com, or call Provider Services: 1-866-296-8731.

Behavioral Health Care Management Programs

Autism Spectrum Disorder (ASD) Disease Management (DM) Program

Buckeye's ASD Disease Management Program aims to maximize the functional independence, quality of life, and wellness of members with Autism Spectrum Disorder. This program also provides education and support to families. Buckeye's Disease Management staff support and collaborate closely with each member and caregiver to ensure the member is able to follow their plan of care without barriers.

Behavioral Health Acute Team

The BH Acute Team manages transitions of care between both physical and behavioral health settings in order to prevent unplanned or unnecessary readmissions, emergency department visits, and/or adverse outcomes. Buckeye's utilization management and care management teams provide care coordination that ensures members experience seamless transitions to the least restrictive care setting.

Children in Custody Care Management Program

Buckeye's Children in Custody Care Management Program aims to improve health outcomes and overall level of functioning of children in custody. This is achieved through coordinated care with member's medical, behavioral health and social service providers, as well as member's custody case worker, and guardians, as permitted.

Depression Disease Management Program

Buckeye's Depression Disease Management Program helps members with depressive

disorders achieve the highest possible levels of wellness, functioning, and quality of life through support and close collaboration of Buckeye's care management staff with member's primary care physicians to ensure members have the most effective and efficient resources.

Developmental Disabilities Waiver Program

Buckeye's Developmental Disabilities Waiver (DDW) Program aims to ensure coordination of care for members needs through various entities not limited to Managed Medicaid benefits to include Department of Developmental Disabilities (DODD) waiver services, and additional funding options for members in need. Buckeye's DDW program care managers support and collaborate closely with DODD Service and Support Administrators (SSAs) to ensure members have access to the most effective and efficient resources.

Pregnancy with a Substance Use Disorder Care Management

Buckeye's Pregnancy with a Substance Use Disorder (SUD) Care Management program assists pregnant members with substance misuse that can develop into a substance use disorder. Perinatal members with substance use concerns are identified and provided with integrated obstetrical and behavioral health care management. Care managers work to connect the members, as early as possible in their pregnancy, with appropriate providers to meet their medical and behavioral health needs. Members identified after delivery with a substance use disorder diagnosis, or a positive

toxicology screen, as well as any baby diagnosed with neonatal syndrome can be referred to the Pregnancy SUD care management team for evaluation and outreach.

Buckeye Peer Support Program

Buckeye's Peer Support Program aims to improve member health outcomes and overall functioning by engaging members with behavioral health disorders into treatment, and assisting members in recovery through peer led interventions including advocacy, coaching, and education.

Substance Use Disorder Disease Management Program

The SUD Disease Management Program works to assist members in optimizing their health, improving their sense of well-being, building

healthy coping skills and productivity, and increasing access to quality SUD and other health care. Buckeye's care management staff support and collaborate with SUD providers to manage patient's care and ensure the member is provided with effective resources.

Buckeye Thrive Integrated Care Management (ICM) Program

The Buckeye Thrive ICM Program works to enroll high-risk, impactable members with diabetes, chronic obstructive pulmonary disease, nervous system disorders, and behavioral health disorders into care management. A dedicated peer support coach and specialized care manager are provided to the member to assist with navigating care needs.

Behavioral Health Pharmacy Programs and Services

Coordinated Services Program/ Pharmacy Lock-In

The Coordinated Services Program (CSP) is a state-mandated lock-in program that all managed care plans participate in. It is a health and safety program which protects members who exceed expected use. Interdisciplinary teams including case management, pharmacy & medical directors review members monthly for potential lock-in. Once selected for lock in, members are assigned to and must use a designated pharmacy & engaged by case management for enrollment.

Nationwide Children's Hospital/Partners for Kids Partnership

In partnership with Nationwide Children's Hospital/Partners for Kids & the other managed care organizations, Buckeye Health Plan is looking to engage providers in a learning collaborative targeted at primary care physicians & pediatricians through Project ECHO. The learning collaborative will allow providers to acquire skills

to manage kids with behavioral health conditions presenting in primary care offices.

Buckeye Health Plan's Pharmacy team also:

- Conducts reviews of Medicaid members who are non-compliant to antidepressant medication (Antidepressant Medication Management [AMM] Measure) in the acute & continuation phase
- Engages in an interdisciplinary team including case management and medical directors, reviewing medication list for children in custody

The following link will take you to Buckeye Health Plan's Medicaid searchable pharmacy formulary which is subject to change quarterly: <https://cncprdfomulary.rxacloud.com/formularypublish/FormularySearch.html?fid=5875&fcid=2502&ver=5875>

Patient Health Questionnaire (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been
bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns

+ +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.

When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality



NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

American Academy
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NICHQ

National Initiative for Children's Healthcare Quality



Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

- | | |
|---|---|
| <input type="checkbox"/> methamphetamines (speed, crystal) | <input type="checkbox"/> cocaine |
| <input type="checkbox"/> cannabis (marijuana, pot) | <input type="checkbox"/> narcotics (heroin, oxycodone, methadone, etc.) |
| <input type="checkbox"/> inhalants (paint thinner, aerosol, glue) | <input type="checkbox"/> hallucinogens (LSD, mushrooms) |
| <input type="checkbox"/> tranquilizers (valium) | <input type="checkbox"/> other _____ |

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0

1

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I	II	III	IV
0	1-2	3-5	6+

(For the health professional)

Scoring and interpreting the DAST:

“Yes” responses receive one point each and are added for a total score. The score correlates with a zone of use that can be circled on the bottom right corner of the page.

Score	Zone of use	Indicated action
0	I – Healthy (no risk of related health problems)	None
1 - 2 , plus the following criteria: No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment.	II – Risky (risk of health problems related to drug use)	Offer advice on the benefits of abstaining from drug use. Monitor and reassess at next visit. Provide educational materials.
1 - 2 (without meeting criteria)		Brief intervention
3 - 5	III – Harmful (risk of health problems related to drug use and a possible mild or moderate substance use disorder)	Brief intervention or Referral to specialized treatment
6+	IV – Severe (risk of health problems related to drug use and a possible moderate or severe substance use disorder)	Referral to specialized treatment

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual’s awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from illicit drug use.

Patients with numerous or serious negative consequences from their substance use, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up.

Referral to specialized treatment: A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: www.sbirtoregon.org

Alcohol screening questionnaire (USAUDIT)

Our clinic asks all patients about alcohol use at least once a year.
Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

One drink equals:



12 oz. beer



5 oz. wine



1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, in the past year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the past year		Yes, in the past year		

0

1

2

3

4

5

6

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

I II III IV

M: 0-7 8-15 16-19 20+

W: 0-6 7-15 16-19 20+

(For the health professional)

Scoring and interpreting the USAUDIT:

Each answer receives a point ranging from 0 to 6. Points are added for a total score that correlates with a zone of use that can be circled on the bottom left corner of the page.

Score*	Zone of use	Suggested action
0 - 6: Women 0 - 7: Men	I – Low risk (low risk of health problems related to alcohol use)	Brief education
7 - 15: Women 8 - 15: Men	II - Risky (increased risk of health problems related to alcohol use)	Brief intervention
16 - 19	III - Harmful (increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder)	Brief intervention or referral to specialized treatment
20+	IV - Severe (increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder)	Referral to specialized treatment

Brief education: An opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use.

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of their substance use and enhancing their motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are shown to be more effective than a one-time intervention.

Referral to specialized treatment: A proactive process that facilitates access to specialized care for individuals who are likely experiencing a substance use disorder. Patients who are ready to accept treatment are referred to experts for more definitive, in-depth assessment and, if warranted, treatment. Referrals to treatment should be delivered using the brief intervention model.

More resources: www.sbirtoregon.org

* USAUDIT - The Alcohol Use Disorder Identification Test, Adapted for Use in the United States: A Guide for Primary Care Practitioners. Thomas F. Babor, John C. Higgins-Biddle, Katherine Robaina. Substance Abuse and Mental Health Services Administration (SAMHSA). 2016.



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