



Practitioner Clinical Guide

HEDIS MY2025

Behavioral Health Measures

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HEDIS MY2025

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States. HEDIS tracks how well health care organizations perform when providing or facilitating the use of important health services to enrolled populations. HEDIS is published across several volumes. HEDIS MY 2025 includes 87 measures across 6 domains:

- Effectiveness of Care.
- Access/Availability of Care.
- Experience of Care.
- Utilization and Risk Adjusted Utilization.
- Health Plan Descriptive Information.
- Measures Reported Using Electronic Clinical Data Systems.

DEFINITIONS:

- HEDIS: Healthcare Effectiveness Data and Information Set
- NCQA: National Committee for Quality Assurance
- DHHS: Department of Health and Human Services
- MRR: Medical Record Review
- OV: Office Visit
- DE: Data Entry
- DOB: Date of Birth
- DOS: Date of Service
- MY: Measurement Year (2025)
- PY: Prior Year (2024)
- CY: Calendar Year (2026)
- MY-2 or 2MY: Measurement year minus 2 years (2023)
- MY-3 or 3MY: Measurement year minus 3 years (2022)
- MY-4 or 4MY: Measurement year minus 4 years (2021)
- MY-5 or 5MY: Measurement year minus 5 years (2020)
- MY-6 or 6MY: Measurement year minus 6 years (2019)
- MY-7 or 7MY: Measurement year minus 7 years (2018)
- MY-8 or 8MY: Measurement year minus 8 years (2017)
- MY-9 or 9MY: Measurement year minus 9 years (2016)

ADD-E: Follow-Up Care for Children Prescribed ADHD Medication

Description

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. The medication dispensing date must be in the intake period which is between March 1st of the year prior to the measurement year and the last calendar day of February in the measurement year.

Two rates are reported:

- Initiation Phase: The percentage of members 6-12 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.
- Continuation and Maintenance (C&M) Phase: The percentage of members 6-12 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 (9 months) after the initiation phase ended.

Measure Information

Members who had a follow up visit with a prescribing practitioner in an outpatient setting. Visits documented on the same day as the initial fill of ADHD medication are NOT acceptable.

- Initiation Phase: Visit must be within 30 days after the IPSD.
- C&M Phase: Two visits on different dates of service, from 31 to 300 days after the IPSD.
 - Only one of these two visits may be an e-visit or virtual check-in.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- Members with a diagnosis of narcolepsy anytime during the member's history through the end of the measurement year.
- Members who had an acute inpatient encounter/admission for a mental, behavioral, or neurodevelopmental disorder during the measure initiation and/or C&M phase are removed from this measure.

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 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, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99457, 99458, 99510

HCPCS:

G0071, G0155, G0176, G0177, G0409-G0411, G0463, G0512, G2010, G2012, G2250-G2252, H0002, H0004, H0031, H0034, H0035-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015

APM-E: Metabolic Monitoring for Children and Adolescents on Antipsychotics

Description

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing in the measurement year.

Three rates are reported:

- The percentage of children/adolescents on antipsychotics who received blood glucose testing.
- The percentage of children/adolescents on antipsychotics who received cholesterol testing.
- The percentage of children/adolescents on antipsychotics who received blood glucose AND cholesterol testing.

Measure Information

- Members who received at least one test for blood glucose or HbA1c during the measurement year. The following meets criteria.
 - Glucose or HbA1c test.
 - Must have the date **AND** result of the test.
- Members who received at least one test for LDL-C or cholesterol during the measurement year. The following meets criteria.
 - Cholesterol or LDL-C test.
 - Must have the date **AND** result of the test.
- Members who had both the blood glucose and cholesterol testing.

Documentation which is **NOT** acceptable:

- A result of "Unknown."
- Ranges/thresholds/averages, as there must be a specific numeric value for the result.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.

HEDIS Coding Guidelines

CPT:

A1c Test: 83036, 83037

Glucose Test: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

Cholesterol Test: 82465, 83718, 83722, 84478

LDL Test: 80061, 83700, 83701, 83704, 83721

CPT II:

HbA1c Results:

3044F: HbA1C < 7%

3046F: HbA1C > 9%

mg/dl 3051F: HbA1C ≥ 7% but < 8%

LDL Results:

3048F: Most recent LDL-C <100 mg/dl

3049F: Most recent LDL-C 100-129

3050F: Most recent LDL-C ≥130

mg/dl 3052F: HbA1C $\geq 8\%$ but $< 9\%$

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

Description

The percentage of children and adolescents 1-17 years of age who had a new prescription dispensed for an antipsychotic medication between January 1st and December 1st of the measurement year **and** had documentation of psychosocial care as first-line treatment.

Measure Information

Member received psychosocial care or residential behavioral health treatment in the 121-day period. This includes the 90 days prior to the Index Prescription Start Date (IPSD) through 30 days after the IPSD.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- Member for whom first-line antipsychotic medications may be clinically appropriate on at least two different dates of service during the measurement year.

This would apply to members with any of the following diagnosis:

- Schizophrenia.
- Schizoaffective disorder.
- Bipolar disorder.
- Other psychotic disorder.
- Autism.
- Other developmental disorder.

HEDIS Coding Guidelines

CPT:

90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880,

HCPCS:

G0176, G0177, G0409-G0411, H0004, H0017-H0019, H0035-H0040, H2000, H2001, H2011- H2014, H2017-H2020, S0201, S9480, S9484, S9485, T2048

CDF: Screening for Depression and Follow-Up Plan

Description

The percentage of member ages 12 and older screened for depression on the date of an encounter/outpatient visit in the measurement year or 14 days prior to the date of the visit/encounter, using an age-appropriate standardized depression screening tool, **AND** if positive, a follow-up plan is documented on the date of the qualifying outpatient visit/encounter.

Measure Information

The name of the age-appropriate, standardized/validated depression screening tool being used must be documented **along** with the results (Positive or Negative). The screening must be on the date of the encounter or up to 14 calendar days prior to the encounter.

If the screening is positive, then there must be a follow-up plan documented on the date of the qualifying encounter/visit.

Examples of a standardized depression screening tool include but are not limited to:

➤ Adult Screening Tools:

- Beck Depression Inventory (BDI or BDI-II).
- Center for Epidemiologic Studies Depression Scale (CES-D).
- Computerized Adaptive Diagnostic Screener (CAD-MDD).
- Computerized Adaptive Testing Depression Inventory (CAT-DI).
- Cornell Scale for Depression in Dementia (CSDD).
- Depression Scale (DEPS).
- Duke Anxiety-Depression Scale (DADS).
- Geriatric Depression Scale (GDS).
- Hamilton Rating Scale for Depression (HAM-D).
- Patient Health Questionnaire (PHQ-9).
- PRIME MD-PHQ2.
- Quick Inventory of Depressive Symptomatology Self-Report (QID-SR).

➤ Pediatric Screening Tools:

- Adolescent Screening Tools (12-17 years).
- Beck Depression Inventory-Primary Care Version (BDI-PC).
- Center for Epidemiologic Studies Depression Scale (CES-D).
- Mood Feeling Questionnaire (MFQ).
- Patient Health Questionnaire (PHQ-9).
- Patient Health Questionnaire for Adolescents (PHQ-A).
- Pediatric Symptom Checklist (PSC-17).

- PRIME MD-PHQ2.

- Perinatal Screening Tools:
 - Beck Depression Inventory.
 - Beck Depression Inventory-II.
 - Center for Epidemiologic Studies Depression Scale.
 - Edinburgh Postnatal Depression Scale.
 - Patient Health Questionnaire 9 (PHQ-9).
 - Postpartum Depression Screening Scale.
 - Zung Self-Rating Depression Scale.

Example of a follow-up plan include but are not limited to:

- Referral to a provider or program for further evaluation for depression such as:
 - A psychiatrist/Psychiatric nurse practitioner/Psychologist.
 - Clinical social worker.
 - Mental health counselor.
 - Other mental health services:
 - Family or group therapy/support group.
 - Depression management program.
 - Other service for treatment of depression.

Other interventions designed to treat depression such as:

- Behavioral health evaluation/Psychotherapy/Pharmacological interventions.
- Additional treatment options.

Situations where members are removed from this measure:

- Members who have been diagnosed with depression or bipolar disorder.
- Member refuses to participate.
- Member is in an urgent/emergent situation where delaying treatment would jeopardize the member's health.
- Situations where the member's cognitive, functional, or motivational limitations may impact the accuracy of the results.

HEDIS Coding Guidelines

HCPCS:

G8510: NEGATIVE result for depression screening, so no follow-up plan is indicated. G9431: POSITIVE result for depression screening and a follow-up plan is documented. G8433: Depression screening NOT completed, documented patient or medical reason.

FUA: Follow Up after Emergency Department Visit for Substance Use

Description

The percentage of emergency department (ED) visits among members ages 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, on or between January 1st and December 1st of the measurement year, for which there was follow-up. Two rates are reported:

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

Measure Information

A follow up with ANY PRACTITIONER type, with a PRINCIPAL diagnosis of SUD, substance use, or drug overdose within 7 and 30 days after the ED visit. Follow-up visits on the date of the ED visit are acceptable.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- ED visits that resulted in an inpatient stay (acute or nonacute) on the day of the ED visit or within 30 days after the ED visit regardless of the principal diagnosis for the admission.
- ED visits that are followed by residential treatment on the date of the ED visit or within the 30 days after the ED visit.

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 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, 99408, 99409, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99510

HCPCS:

G0071, G0140, G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0442, G0443, G0463, G0512, G2010, G2011, G2012, G2067-G2077, G2080, G2086, G2087, G2250-G2252, H0001, H0002, H0004-H0007, H0015, H0016, H0020, H0022, H0024, H0025, H0028, H0031, H0033-H0040, H0046, H0047, H0050, H2000, H2001, H2010-H2020, H2023, H2035, H2036, J0570-J0575, J2315, S0109, S0201, S9445, S9480, S9484, S9485, T1006, T1012, T1015, T1016, Q9991, Q9992

ICD-10:



Please refer to most recent ICD-10 codes for applicable diagnosis codes.

FUH: Follow Up after Hospitalization for Mental Illness

Description

The percentage of discharges for members 6 years of age and older who were hospitalized, on or between January 1st and December 1st of the measurement year, for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a **mental health follow-up service with a mental health provider**.

Two rates are reported:

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

Measure Information

A follow up with a MENTAL HEALTH PROVIDER within 7 and 30 days after discharge. *Follow-up visits on the date of discharge are **NOT** acceptable.*

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- Members who had a non-acute inpatient stay.
- Members who were readmitted or directly transferred to a nonacute IP care setting within the 30-day follow-up period regardless of the principal diagnosis for the readmission.

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876, 98960-98962, 98966-98968, 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, 99441-99443, 99483, 99492-99495, 99510

HCPCS:

G0140, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G0512, H0002, H0004, H0024, H0025, H0031, H0034-H0040, H0046, H2000, H2001, H2010-H2020, H2023, S0201, S9445, S9480, S9484, S9485, T1012, T1015, T1016, T2048

ICD-10:

Please refer to most recent ICD-10 codes for applicable diagnosis codes.

FUI: Follow Up after High Intensity Care for Substance Use Disorder

Description

The percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits, on or between January 1st and December 1st of the measurement year, for a diagnosis of substance use disorder among members 13 years of age and older that resulted in a follow-up visit or service for substance use disorder.

Two rates are reported:

- The percentage of visits or discharges for which the member received follow-up for substance use disorder within 30 days after the visit or discharge.
- The percentage of visits or discharges for which the member received follow-up for substance use disorder within 7 days after the visit or discharge.

Measure Information

A follow up visit or event with **ANY PRACTITIONER type** with a **PRINCIPAL diagnosis** of substance use disorder within the 7 and 30 days after an episode for substance use disorder.

*Follow-up visits on the date of discharge are **NOT** acceptable.*

Methadone is not included on the medication lists for this measure.

- *Methadone for opioid use disorder (OUD) is only 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.*

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99221-99223, 99231-99233, 99238, 99239, 99241-99245, 99252-99255, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99408, 99409, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99510

HCPCS:

G0071, G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, G0512, G2010, G2012, G2067-G2077, G2080, G2086, G2087, G2250-G2252, H0001, H0002, H0004, H0005, H0007, H0015-H0019, H0020, H0022, H0031, H0033, H0034-H0037, H0039, H0040, H0047, H0050, H2000, H2001, H2010, H2011-H2020, H2035, H2036,

J0570-J0575, J0577, J0578, J2315, S0109, S0201, S9480, S9484, S9485, T1006, T1012, T1015, T2048, Q9991, Q9992

ICD-10:

Please refer to most recent ICD-10 codes for applicable diagnosis codes.

FUM: Follow Up after Emergency Department Visit for Mental Illness

Description

The percentage of emergency department (ED) visits, on or between January 1st and December 1st of the measurement year, for members 6 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/visit. Two rates are reported:

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

Measure Information

A follow up with **ANY PRACTITIONER type** with a **PRINCIPAL diagnosis** of a mental health disorder **OR** a principal diagnosis of intentional self-harm **AND** any diagnosis of a mental health disorder on the day of discharge or within 7 and 30 days after discharge.

Follow-up visits on the date of the ED visit are acceptable.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- If the ED visit resulted in an inpatient stay (acute or nonacute) on the day of the ED visit or within 30 days after the ED visit regardless of the principal diagnosis for the admission.

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 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, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99510

HCPCS:

G0071, G0140, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G0512, G2010, G2012, G2250- G2252, H0002, H0004, H0017-H0019, H0024, H0025, H0031, H0034-H0040, H0046, H2000, H2001, H2010-H2020, H2023, S0201, S9445, S9480, S9484, S9485, T1012, T1015, T1016, T2048

ICD-10:

Please refer to most recent ICD-10 codes for applicable diagnosis codes.

IET: Initiation and Engagement of AOD Treatment

Description

The percentage of new **substance use disorder** (SUD) episodes that resulted in treatment initiation and engagement. The NEW SUD diagnosis is from November 15th of the prior year to November 14th of the measurement year. Two rates are reported:

- Initiation of SUD Treatment: The percentage of new SUD episodes that resulted in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.
- Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Measure Information

- The Initiation Treatment must be within 14 days of the new SUD diagnosis.
- The Engagement Treatment must be within 34 days of the initiation compliance date.
 - **ONLY** members who are **compliant for initiation** are eligible for the engagement part of this measure.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- If there was a previous SUD diagnosis in the 194 days prior to the SUD episode date.
- If the initiation of treatment was during an inpatient stay with a discharge date after November 27th in the measurement year.

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 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, 99408, 99409, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99510

HCPCS:

G0071, G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, G0512, G2010, G2012, G2067-G2069, G2070-G2080, G2086, G2087, G2250-G2252, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0033-H0037, H0039, H0040, H0047, H0050, H2000, H2001, H2010-H2020, H2035, H2036, J0570-J0575, J2315, S0109, S0201, S9480, S9484, S9485, T1006, T1012, T1015, Q9991, Q9992

ICD-10:



Please refer to most recent ICD-10 codes for applicable diagnosis codes.

PND-E: Prenatal Depression Screening and Follow-Up

Description

Percentage of deliveries, in the measurement year, in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

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

Measure Information

- Depression Screening: Deliveries in which members who had a documented result for a depression screening, using an age-appropriate standardized screening instrument, performed during pregnancy (on or between the pregnancy start date and the delivery date).
 - Deliveries between January 1st and December 1st of the measurement period: *Screening should be performed between the pregnancy start date and the delivery date. (This includes screening done on the delivery date).*
 - Deliveries between December 2nd and December 31st of the measurement period: *Screening should be performed between the pregnancy start date and December 1st of the measurement period.*
 - Follow-Up on Positive Screening: Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days). Any of the following meet criteria:
 - An outpatient, telephone, e-visit, virtual check-in with a diagnosis of depression or other behavioral health condition.
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
 - A diagnosis of encounter for exercise counseling.
 - A dispensed antidepressant medication.
- OR**
- Documentation of an additional depression screening on a full-length instrument indication either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen using a brief screening instrument.

Situations where members are removed from this measure:



- Members who received hospice care or died in the measurement year.
- Members who delivered at less than 37 weeks gestation.

Examples of some standardized screening tools.

Instruments for Adolescents (≤ 17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) [®]	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	Total score ≥ 3
Beck Depression Inventory—Fast Screen (BDI-FS) ^{®1,2}	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥ 10
PROMIS Depression	Total score (T Score) ≥ 60

Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	Total score ≥ 3
Beck Depression Inventory—Fast Screen (BDI-FS) ^{®1,2}	Total score ≥ 8
Beck Depression Inventory (BDI-II)	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	Total score ≥ 30
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥ 10
My Mood Monitor (M-3) [®]	Total score ≥ 5
PROMIS Depression	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥ 31

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99366, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99484, 99492-99494

HCPCS:

G0071, G0155, G0176, G0177, G0409-G0411, G0463, G0511, G0512, G2010, G2012, G2250-G2252, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020,

S0201, S9480, S9484, S9485, T1015, T1016-T1017, T2022, T2023

SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

Description

The percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder **and** diabetes who had **both** a LDL-C test **AND** a HbA1c test in the measurement year.

Measure Information

A HbA1c and LDL-C test performed during the measurement year (on the same or different dates of service).

- HbA1c test with a result.
- LDL-C test with a result

Both tests must be completed to meet criteria. The documentation must contain a date for the screenings **AND** a result to meet criteria.

Documentation which is **NOT** acceptable:

- A result of "Unknown."
- Ranges/thresholds/averages as there must be a specific numeric value for the result.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.

HEDIS Coding Guidelines

CPT:

A1c Test: 83036, 83037

LDL Test: 80061, 83700, 83701, 83704, 83721

CPT II:

HbA1c Results:

3044F: HbA1C < 7%

3046F: HbA1C > 9%

mg/dl 3051F: HbA1C ≥ 7% but < 8%

mg/dl 3052F: HbA1C ≥ 8% but < 9%

LDL Results:

3048F: Most recent LDL-C <100 mg/dl

3049F: Most recent LDL-C 100-129

3050F: Most recent LDL-C ≥130

SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications

Description

The percentage of members 18-64 years old with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test in the measurement year.

Measure Information

A glucose test or an HbA1c test performed during the measurement year.

- Glucose or a HbA1c test.
- Must have the date and result of the test.

Documentation which is **NOT** acceptable:

- A result of "Unknown."
- Ranges/thresholds/averages as there must be a specific numeric value for the result.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.

HEDIS Coding Guidelines

CPT:

A1c Test: 83036, 83037

Glucose Test: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

CPT II:

HbA1c Results:

3044F: HbA1C < 7%

3046F: HbA1C > 9%

3051F: HbA1C ≥ 7% but < 8%

3052F: HbA1C ≥ 8% but < 9%

Document Name	Name	Date Updated	Comments
Behavioral Health Measures Practitioner Clinical Guide	Patricia Carter	10/1/2024	Date Created
Behavioral Health Measures Practitioner Clinical Guide	Patricia Carter	1/28/2025	Date Updated

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