

# QUALITY RATING SYSTEM (QRS) BEHAVIORAL HEALTH MEASURE TOOLKIT:

## MEASUREMENT YEAR 2024



### **Understanding Measure Compliance and Coding References**

We value everything you do to deliver quality care to our members — your patients — to ensure they have a positive healthcare experience. There are several QRS behavioral health measures that providers can directly impact related to follow-up care for mental illness or substance use disorders, medication adherence, and metabolic monitoring. That's why we've created this easy-to-use At-A-Glance Toolkit. It will give you the tools you need to meet, document, and code the measures. Together, we can provide the care and services our members need to stay healthy while also improving our quality scores and Star Ratings. Please contact your Provider Relations Representative if you need more information or have any questions.



### **Understanding HIPAA**

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. QRS data collection and release of information is permitted under HIPAA 45 CFR 164.506 because the disclosure is part of quality assessment and improvement activities.



## Helpful Terms

### **CAHPS®:**

CAHPS stands for “Consumer Assessment of Healthcare Providers and Systems.” The name represents a standardized approach to gathering, analyzing, and reporting information on consumers’ and patients’ experiences with healthcare services.

### **Denominator:**

The number of members who qualify for the measure criteria, based on NCQA technical specifications.

### **Measurement year:**

In most cases, the 12-month timeframe between which a service was rendered; generally, January 1 through December 31.

### **Numerator:**

The number of members who meet compliance criteria based on technical specifications for appropriate care, treatment, or service.

### **Reporting year:**

The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.

### **Interactive outpatient encounter:**

A bi-directional communication that is face-to-face, phone based, an e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments.

### **Reporting Methods and Data Source:**

- Administrative: Transaction Data- Enrollment, Claims, Encounter.
- Hybrid: Manual Medical Record Review.
- Survey: CAHPS®.
- Electronic Clinical Data Systems (ECDS): Enrollment, Claims, Encounter, EHRs, Registries, Case Management.

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# ADMINISTRATIVE MEASURES

## Helpful hint:

Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy, and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.



## Antidepressant Medication Management (AMM)

Measure evaluates percentage of members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment between May 1 of the prior year through April 30 of the measurement year.

Two rates are reported:

- ✓ **Effective Acute Phase Treatment:**  
Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- ✓ **Effective Continuation Phase Treatment:**  
Percentage of members who remained on an antidepressant medication for at least 180 days (six months).

## What is Included?

Medicaid, Medicare, and Marketplace members 18 years and older.

## Diagnosis Codes\*\* that include members in the measure:

F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9

## Antidepressant Medications

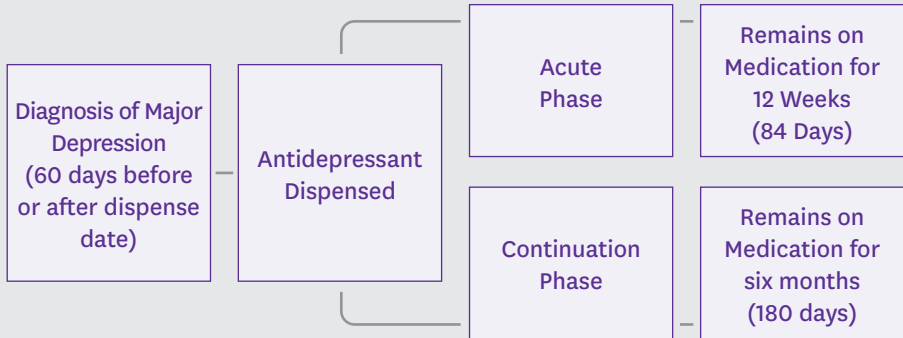
Description	Antidepressant Medication Prescription*		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine	
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide	• Amitriptyline-perphenazine	• Fluoxetine-olanzapine
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine	
SSRI antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine	• Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Desipramine • Doxepin (>6 mg) • Imipramine	• Nortriptyline • Protriptyline • Trimipramine

## How is Adherence Met?

The Acute Phase is met when the member reaches 84 days of treatment beginning on the date of the first fill through 114 days after.

The Effective Continuation Phase is met when the member reaches 180 days of treatment beginning on the date of the first fill through 230 days after.

## AMM Measure At-a-Glance



### Follow-Up After Hospitalization for Mental Illness (FUH)

This measure assesses the percentage of discharges for members ages 6 and older who were hospitalized for treatment of select mental illness or intentional self-harm.

Two rates are reported:

- 1 The percentage of discharges for which the member received follow-up within 30 days after discharge with a mental health provider.
- 2 The percentage of discharges for which the member received follow-up within seven days after discharge with a mental health provider.

#### What is included?

Medicaid, Medicare, and Marketplace members 6 and older with an acute inpatient discharge for mental illness or intentional self-harm between January 1 and December 1 of the measurement year. This measure is based on events, not members, so a member may fall into the measure multiple times throughout the measurement period.

#### Diagnosis Codes\* that Include Members in the Measure:

F20.0-F94.9 or T40.OX1A-T51.OX4S

## How is Adherence Met?

The member has a follow-up within seven days after discharge with a mental health provider or at an approved setting as outlined by the National Committee for Quality Assurance. If the visit did not occur within seven days, it must occur within 30 days after discharge. Follow-up visits that occur on the day of discharge will not count.

Adherent REV, CPT**, and HCPCS Codes	
Outpatient visit with a mental health provider	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient visit with a mental health provider	0902-0904, 0911, 0914-0917, 0982, 0983, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99843, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013-H2010-H2020, T1015
Intensive Outpatient or Partial Hospitalization	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Community Mental Health Center	0902-0904, 0911, 0914-0917, 0982, 0983, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255, 98960, 98961, 98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000-H2011, H2013-H2020, T1015, 99217-99220, 99495, 99496 with POS 53

## Adherent REV, CPT\*\*, and HCPCS Codes

Electroconvulsive Therapy	90870 with POS 24, 53, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52
Telehealth with a mental health provider	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 with POS 02, 10
Observation with a mental health provider	99217, 99218, 99219, 99220
Transitional care management with a mental health provider	99495, 99496
Behavioral healthcare setting:	0513, 0900-0905, 0907, 0911-0917, 0919
Telephone with a mental health provider	98966-98968, 99441-99443
Psychiatric collaborative care	99492-99494, G0512

### *FUH Measure At-a-Glance*

Member is discharged from inpatient with a mental illness or intentional self-harm diagnosis.

Member adheres to a follow-up visit within seven days after discharge with a Mental Health Provider or at an approved setting.

If the member is not seen within seven days, a 30-day visit must occur.

**Note: Methadone is not included**

# ELECTRONIC CLINICAL DATA SYSTEMS (ECDS)

## Helpful Hint:

QRS quality measures reported using ECDS means secure sharing of patient medical information electronically between systems. Measures that leverage clinical data captured routinely during the care delivery can reduce the burden on providers to collect data for quality reporting. It is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures and provides a method to collect, and report structured electronic clinical data for QRS quality measurement and improvement.

## Provider tips:

- Understand the ECDS measures and the coding associated with electronic data transmission.
- Contact your health plan Provider representative to establish an electronic data transfer with the plan if your organization does not already have one.
- Make full use of CPT II codes to submit care quality findings for performance measurement, many QRS gaps could be closed via claims if CPT II codes were fully utilized.
- Ensure the EMR systems are set up to link the clinical and behavior health entries to **LOINC** (Logical Observation identifiers, Names and Codes) and **SNOMED** (Systemized Nomenclature of Medicine-Clinical Terms).
  - There are several behavioral health screenings that can only be represented by LOINC codes for the purposes of QRS reporting and can be extracted from EMR systems.
  - SNOMED codes represent both diagnoses and procedures as well as clinical findings and are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.
  - Because LOINC codes and SNOMED codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our members are receiving.





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

This measure assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

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

### What is included?

Medicaid, Medicare, and Marketplace members aged 12 and older.

### Depression Screening instrument:

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

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) <sup>®</sup>	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) <sup>®</sup>	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®</sup>	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

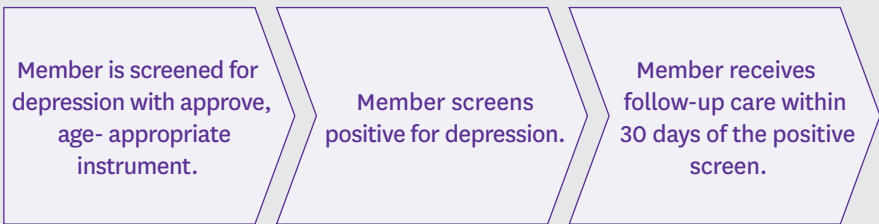
Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) <sup>®</sup>	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®</sup>	89208-3	Total score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

Description	Codes*
Behavioral Health Encounter	CPT: 90791, 90792, 90832-90839, 90845-90849, 90853, 90865-90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
Bipolar Disorder	ICD10: F30.10-F30.13, F30.2- 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

Description	Codes*
Depression	ICD10: F01.51, F01.511, F01.518, F32.0- F32.5, F32.81, F32.89, F32.9, F32.A, F33.0- F33.3, F33.40- F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340- O99.345
Depression Case Management Encounter	CPT: 99366, 99492- 99494 HCPCS: G0512, T1016, T1017, T2022, T2023
Depression or Other Behavioral Health Condition	ICD10: F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0- F20.5, F20.81, F20.89, F20.9, F21- F24, F25.0- F25.9, F28, F29, F30.10- F30.13, F30.2- F30.9, F31.0, F31.10- F31.13, F31.2, F31.30- F31.32, F31.4, F31.5, F31.60- F31.64, F31.70- F31.78, F31.81, F31.89, F31.9, F32.0- F32.9, F32.A, F33.0- F33.9, F34.0- F34.9, F39, F40.00- F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230- F40.233, F40.240- F40.248, F40.290- F40.298, F40.8, F40.9, F41.0- F41.9, F42- F42.9, F43.0, F43.10- F43.12, F43.20- F43.29, F43.8- F43.89, F43.9, F44.89, F45.21, F51.5, F53- F53.1, F60.0- F60.9, F63.0- F63.9, F68.10- F68.13, F68.8, F68.A, F84.0- F84.9, F90.0- F90.9, F91.0- F91.9, F93.0- F93.9, F94.0- F94.9, O90.6, O99.340- O99.345

Description	Codes*
Follow Up Visit	CPT: 98960- 98968, 98970- 98972, 98980, 98981, 99078, 99202- 99205, 99211- 99215, 99242- 99245, 99341- 99349, 99350, 99381- 99387, 99391- 99397, 99401- 99404, 99411, 99412, 99421- 99423, 99441- 99443, 99457, 99458, 99483
Hospice Encounter	HCPCS: G9473- G9479, Q5003- Q5010, S9126, T2042- T2046
Hospice Intervention	CPT: 99377, 99378 HCPCS: G0182
Other Bipolar Disorder	ICD10: F31.81, F31.89, F31.9
<b>*Codes subject to change.</b>	

### DSF-E Measure At-a-Glance





Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31
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- 1 Housing Intervention. Members receiving an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first positive housing screen.
- 2 Transportation Screening. Members documented result for transportation insecurity screening.
- 3 Transportation Intervention. Members receiving a transportation insecurity intervention on or up to 30 days after the date of the first positive transportation screen.

# CAHPS<sup>®</sup> EXPERIENCE OF CARE AND HEALTH OUTCOMES (ECHO) SURVEY

Appropriate patient care is essential to the overall health of the ones we serve. Annually, NCQA directs health plans to conduct a survey about the member’s experience with behavioral health services. The ECHO Behavioral Health Member Experience Survey measures members’ experiences and identifies opportunities for health plans and providers to improve quality of care and access to mental health and substance abuse services.

Your patients may be asked the following questions. How do you rate?

Composite Measures	Sample Questions
Getting Treatment Quickly	<ul style="list-style-type: none"> <li>• How often did you get the professional counseling you needed on the phone?</li> <li>• When you needed counseling or treatment right away, how often did you see someone as soon as you wanted?</li> <li>• Not counting the times, you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?</li> </ul> <p> <b>Always, Usually, Sometimes, Never</b></p>
How Well Your Clinician Communicates	<ul style="list-style-type: none"> <li>• How often did the provider listen carefully to you?</li> <li>• How often did the provider explain things in a way that you could understand?</li> <li>• How often did the provider show respect for what you had to say?</li> <li>• How often did the provider spend enough time with you?</li> <li>• How often were you involved as much as you wanted in your counseling or treatment?</li> </ul> <p> <b>Always, Usually, Sometimes, Never</b></p>

Composite Measures	Sample Questions
Information About Treatment Options	<ul style="list-style-type: none"> <li>• Were you told about self-help or support groups?</li> <li>• Were you given information about different kinds of counseling or treatment that are available?</li> </ul> <p> <b>Yes, No</b></p>
Access to Treatment and Information from Health Plan	<ul style="list-style-type: none"> <li>• How much of a problem, if any, were delays in counseling or treatment while you waited for approval from your health plan?</li> </ul> <p> <b>A big problem, A small problem, Not a problem</b></p>
Single Item Measures — Sample Questions	<ul style="list-style-type: none"> <li>• How often were you seen within 15 minutes of appointment time?</li> <li>• Were you told about medication side effects?</li> <li>• Were you given information about your rights as a patient?</li> <li>• Did you feel that you could refuse a specific type of treatment?</li> <li>• Was your care responsive to cultural needs?</li> </ul>

**Provider Tips:**

- Offer extended hours, telehealth, and various treatment options when possible.
- Let patients know your office hours and how to get after-hours care.
- Partner with the health plan and coordinate care with other specialists and primary care physicians to address whole person health and access to timely care.
- Assess culture and linguistic needs and ask your patients what is important to them.
- Offer to coordinate care with other specialists or primary care physicians.
- Obtain release of information forms and explain the purpose of releasing information to other providers.
- Include family/caregivers/identified support in the treatment plan.
- Invite questions and encourage your patient to take notes.
- Use the “teach-back” method.



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Ambetter of Tennessee is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Tennessee Health Insurance Marketplace. This is a solicitation for insurance.

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This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. QRS measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment.

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