



HEDIS® BEHAVIORAL HEALTH RESOURCE GUIDE

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WHAT IS HEDIS®?

HEDIS (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

WHY HEDIS IS IMPORTANT

HEDIS ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

VALUE OF HEDIS TO YOU, OUR PROVIDERS

HEDIS can help save you time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care.

HEDIS can also help you:

- Identify noncompliant members to ensure they receive appropriate treatment and follow-up care
- Understand how you compare with other WellCare providers as well as with the national average

VALUE OF HEDIS TO YOUR PATIENTS, OUR MEMBERS

HEDIS ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

WHAT YOU CAN DO

- Encourage your patients to schedule health care visits and required metabolic testing
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members.

If you have questions about **HEDIS** or need more information, please contact your local Provider Relations representative or Quality Practice Advisor (QPA).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Source: www.ncqa.org

HEDIS® REFERENCE GUIDE

The following diagnosis and/or procedure codes in the HEDIS Quick Reference Guide are in compliance with the HEDIS® 2017 Volume 2 Technical Specifications. **Reimbursement for these services will be in accordance with the terms and conditions of your provider agreement.** ICD-10 codes must be used effective October 1, 2015. ICD-9 codes are included for certain measures because they remain in effect for 2017 HEDIS.

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

<p>The percentage of members 18 years of age and older with a diagnosis of major depression and were treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.</p> <ol style="list-style-type: none"> 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). 	
Code set	
ICD-9-CM Diagnosis	296.20-296.25, 296.30-296.35, 298.0, 311
ICD-10-CM Diagnosis	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
CPT	HCPS
AMM Stand Alone Visits: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99510 ED Visits: 99281-99285	AMM Stand Alone Visits: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015
CPT	POS
AMM Visits: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH AMM Visits: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72

Antidepressant Medications: The following list of medications is based upon the 2017 HEDIS® Technical Specifications. Please reference the State Formulary for covered medications. Please refer to the Preferred Drug List (PDL) on the State-Specific WellCare website for Medicaid drug coverage. For Medicare, please refer to the WellCare Formulary.

Description	Prescription
Miscellaneous Antidepressants	<ul style="list-style-type: none"> Bupropion Vilazodone Vortioxetine
Monoamine Oxidase Inhibitors	<ul style="list-style-type: none"> Isocarboxazid Phenelzine Selegiline Tranylcypromine
Phenylpiperazine Antidepressants	<ul style="list-style-type: none"> Nefazodone Trazodone
Psychotherapeutic combinations	<ul style="list-style-type: none"> Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine Fluoxetine-olanzapine
SNRI Antidepressants	<ul style="list-style-type: none"> Desvenlafaxine Duloxetine Levomilnacipran Venlafaxine
SSRI antidepressants	<ul style="list-style-type: none"> Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline
Tetracyclic antidepressants	<ul style="list-style-type: none"> Maprotiline Mirtazapine
Tricyclic antidepressants	<ul style="list-style-type: none"> Amitriptyline Amoxapine Clomipramine Desipramine Doxepin (>6mg) Imipramine Nortriptyline Protriptyline Trimipramine

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

The percentage of discharges for 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 practitioner. 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.

Code set

Mental Health Practitioner	<ul style="list-style-type: none"> • An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice. • An individual who is licensed as a psychologist in his/her state of practice, if required by the state of practice. • An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker's Clinical Register; or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice. • A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master's degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice. • An individual (normally with a master's or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy. • An individual (normally with a master's or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC).
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ICD-9-CM Diagnosis	295.00-299.91, 300.3, 300.4, 301.0, 301.10-301.13, 301.20-301.22, 301.3, 301.4, 301.50-301.59, 301.6, 301.7, 301.81-301.89, 301.9, 308.0-308.9, 309.0, 309.1, 309.21-309.29, 309.3, 309.4, 309.81-309.89, 309.9, 311, 312.00-314.9
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ICD-10-CM Diagnosis	Use the appropriate code family: F
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CPT	HCPCS
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Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health practitioner within 7 and 30 days of discharge.

Stand Alone Visits: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510 Transitional Care: 99495 (14 Days, used for 30-Day Follow-up indicator) and 99496 (7 Days)	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015
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CPT	POS
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Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876	WITH	03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT (IET)

The percentage of adolescent and adult members (ages 13 and older) with a new episode of alcohol or other drug (AOD) dependence who received the following:

- **Initiation of AOD Treatment.** The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- **Engagement of AOD Treatment.** The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Code set

ICD-9-CM Diagnosis	AOD: 291.0-291.5, 291.81-291.89, 291.9, 303.00-303.02, 303.90, 303.91, 303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.30, 535.31, 571.1
ICD-10-CM Diagnosis	Use the appropriate code family: F

CPT		HCPCS	
Stand Alone Visits identified by the following CPT or HCPCS <i>combined with</i> AOD Diagnosis Code			
98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510		G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	
CPT		POS	
IET visits identified by the following CPT/POS codes <i>combined with</i> AOD Diagnosis Code			
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876		WITH	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255		WITH	52, 53

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA): MEDICAID ONLY

This CMS measure has been adapted for use in HEDIS.

The percentage of members ages 19-64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

ICD-9-CM Diagnosis	295.00, 295.01-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95
ICD-10-CM Diagnosis	F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
HCPCS	14 day supply: J2794 28 day supply: J0401, J1631, J2358, J2426, J2680

Antipsychotic Medications: For a complete list of medications and NDC codes, please visit www.ncqa.org (to be posted by Nov. 1, 2016). The following list is based upon 2017 HEDIS® Technical Specifications; please reference the State Formulary for covered medications. Please refer to the Preferred Drug List (PDL) on the State-Specific WellCare website for Medicaid drug coverage.

Description	Prescription	Days Supply
Miscellaneous antipsychotic agents (oral)	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurisdone • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Quetiapine fumarate • Risperidone • Ziprasidone 	
Phenothiazine antipsychotics (oral)	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Perphenazine-amitriptyline • Prochlorperazine • Thioridazine • Trifluoperazine 	
Psychotherapeutic combinations (oral)	<ul style="list-style-type: none"> • Fluoxetine-olanzapine 	
Thioxanthenes (oral)	<ul style="list-style-type: none"> • Thiothixene 	
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate 	28 days supply
	<ul style="list-style-type: none"> • Risperidone 	14 days supply

Exclusions include members who met at least one of the following during the measurement year: 1) Dementia diagnosis. 2) Did not receive at least two (2) antipsychotic medication dispensing events.	
ICD-9-CM Diagnosis	290.0, 290.10-290.13, 290.20, 290.21, 290.3, 290.40-290.43, 290.8, 290.9, 291.2, 292.82, 294.0, 294.10, 294.11, 294.20, 294.21, 331.0, 331.82
ICD-10-CM Diagnosis	Use the appropriate code family: F, G

DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD): MEDICAID ONLY

<i>Percentage of members ages 18-64 with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.</i>	
ICD-9-CM Diagnosis	Schizophrenia: 295.00, 295.01-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95 Bipolar Disorder: 296.00-296.06, 296.10-296.16, 296.40-296.46, 296.50-296.56, 296.60-296.66, 296.7 Other Bipolar Disorders: 296.80-296.82, 296.89
ICD-10-CM Diagnosis	Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 Bipolar Disorder: 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 Disorders: F31.81, F31.89, F31.9
CPT	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037
CPT II	3044F, 3045F, 3046F

Antipsychotic Medications: For a complete list of medications and NDC codes, please visit www.ncqa.org (to be posted by Nov. 1, 2016). The following list is based upon 2017 HEDIS® Technical Specifications; please reference the State Formulary for covered medications. Please refer to the Preferred Drug List (PDL) on the State-Specific WellCare website for Medicaid drug coverage.

Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> Aripiprazole Asenapine Brexipiprazole Cariprazine Clozapine Haloperidol lloperidone Loxapine Lurasidone Molindone Olanzapine Paliperidone Pimozide Quetiapine Quetiapine fumarate Risperidone Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> Chlorpromazine Fluphenazine Perphenazine Perphenazine-amitriptyline Prochlorperazine Thioridazine Trifluoperazine
Psychotherapeutic combinations	<ul style="list-style-type: none"> Fluoxetine-Olanzapine
Thioxanthenes	<ul style="list-style-type: none"> Thiothixene
Long-acting injections	<ul style="list-style-type: none"> Aripiprazole Fluphenazine decanoate Haloperidol decanoate Olanzapine Paliperidone palmitate Risperidone

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD): MEDICAID ONLY

<i>The percentage of members ages 18-64 with schizophrenia and diabetes who had both an LDL-C and an HbA1c test during the measurement year.</i>	
ICD-9-CM Diagnosis	Schizophrenia: 295.00, 295.01-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95 Diabetes: 250.00-250.03, 250.10-250.13, 250.20-250.23, 250.30-250.33, 250.40-250.43, 250.50-250.53, 250.60-250.63, 250.70-250.73, 250.80-250.83, 250.90-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04
ICD-10-CM Diagnosis	Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 Diabetes: Use the appropriate code family: E or O (pre-existing DM in pregnancy)
CPT	HbA1c tests: 83036, 83037 LDL-C tests: 80061, 83700, 83701, 83704, 83721
CPT II	3044F, 3045F, 3046F, 3048F, 3049F, 3050F

CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA (SMC): MEDICAID ONLY

The percentage of members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

ICD-9-CM Diagnosis	Schizophrenia: 295.00, 295.01-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95 Ischemic Vascular Disease (IVD): 411.0, 411.1, 411.81, 411.89, 413.0, 413.9, 414.00-414.07, 414.2-414.4, 414.8, 414.9, 429.2, 433.00, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 437.0, 440.0, 440.1, 440.20-440.24, 440.29-440.32, 440.4, 440.8, 440.9, 444.01, 444.09, 444.1, 444.21, 444.22, 444.81, 444.89, 444.9, 445.01, 445.02, 445.81, 445.89
ICD-10-CM Diagnosis	Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 Ischemic Vascular Disease (IVD): Use the appropriate code family: I
CPT Code Set	
LDL-C Test	80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD): MEDICAID ONLY

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- Initiation Phase. The percentage of members 6-12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with 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 as of the IPSD with an ambulatory 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 Initiation Phase ended. One of the two visits (during the 31-300) may be a telephone visit with any practitioner.*

CPT Code Set	
CPT codes	Stand Alone Visits: 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510 Telephone Visits: 98966-98968, 99441-99443
HCPCS	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015
CPT POS	
<i>Outpatient, intensive outpatient or partial hospitalization visits identified by the following CPT/POS codes must be with a practitioner with prescribing authority.</i>	
90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	WITH 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH 52, 53
ADHD Medications: <i>The following list of medications is based upon the 2017 HEDIS Tech Specs. For a complete list, visit www.ncqa.org (to be posted by Nov. 1, 2016). Please reference the State Formulary for whether a medication is covered. Please refer to the Preferred Drug List (PDL) on the State-Specific WellCare website for Medicaid drug coverage.</i>	
Description	Prescription
CNS stimulants	<ul style="list-style-type: none"> Amphetamine-dextroamphetamine Dexamfetamine Dextroamphetamine Lisdexamfetamine Methamphetamine Methylphenidate
Alpha-2 receptor agonists	<ul style="list-style-type: none"> Clonidine Guanfacine
Miscellaneous ADHD medications	<ul style="list-style-type: none"> Atomoxetine

USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS (APC): MEDICAID ONLY

The percentage of children and adolescents ages 1–17 who were on 2 or more concurrent antipsychotics in the measurement year. (Note: A lower rate indicates better performance.)

Antipsychotic Medications: For a complete list of medications and NDC codes, please visit www.ncqa.org (to be posted by Nov. 1, 2016). Please refer to the Preferred Drug List (PDL) on the State-Specific WellCare website for Medicaid drug coverage.

Description	Prescription
First Generation Antipsychotic Medications	<ul style="list-style-type: none"> • Chlorpromazine HCL • Fluphenazine HCL • Fluphenazine decanoate • Haloperidol • Haloperidol • Haloperidol decanoate • Haloperidol lactate • Loxapine HCL • Loxapine succinate • Molindone HCL • Perphenazine • Pimozide • Thioridazine HCL • Thiothixene • Trifluoperazine HCL
Second Generation Antipsychotic Medications	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Iloperidone • Lurasidone • Olanzapine • Olanzapine pamoate • Paliperidone • Paliperidone palmitate • Quetiapine fumarate • Risperidone • Risperidone microspheres • Ziprasidone HCL • Ziprasidone mesylate

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM): MEDICAID ONLY

The percentage of children and adolescents 1–17 years of age who had 2 or more antipsychotic prescriptions and had metabolic testing during the measurement year.

CPT Code Set	
Cholesterol Tests Other Than LDL	82465, 83718, 84478
Glucose Tests	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Tests	83036, 83037, 3044F, 3045F, 3046F
LDL-C Tests	80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F

Antipsychotic Medications: For a complete list of medications and NDC codes, please visit www.ncqa.org (to be posted by Nov. 1, 2016). Please refer to the Preferred Drug List (PDL) on the State-Specific WellCare website for Medicaid drug coverage.

Description	Prescription
First Generation Antipsychotic Medications	<ul style="list-style-type: none"> • Chlorpromazine HCL • Fluphenazine HCL • Fluphenazine decanoate • Haloperidol • Haloperidol • Haloperidol decanoate • Haloperidol lactate • Loxapine HCL • Loxapine succinate • Molindone HCL • Perphenazine • Pimozide • Thioridazine HCL • Thiothixene • Trifluoperazine HCL
Second Generation Antipsychotic Medications	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Iloperidone • Lurasidone • Olanzapine • Olanzapine pamoate • Paliperidone • Paliperidone palmitate • Quetiapine fumarate • Risperidone • Risperidone microspheres • Ziprasidone HCL • Ziprasidone mesylate
Combinations	<ul style="list-style-type: none"> • Olanzapine-fluoxetine HCL (Symbyax) • Perphenazine-amitriptyline HCL (Etrafon, Triavil [various])

USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APP): MEDICAID ONLY

The percentage of 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.

Psychosocial Care Code set	
ICD-9-CM Diagnosis	Schizophrenia: 295.00, 295.01-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95 Bipolar Disorder: 296.00-296.06, 296.10-296.16, 296.40-296.46, 296.50-296.56, 296.60-296.66, 296.7 Other Psychotic Disorders: 296.24, 296.34, 297.0, 297.1, 297.2, 297.3, 297.8, 297.9, 298.0, 298.1, 298.2, 298.3, 298.4, 298.8, 298.9, 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91, 307.20-307.23
ICD-10-CM Diagnosis	Schizophrenia: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 Bipolar Disorder: 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 Psychotic Disorders: F22, F23, F24, F28, F29, F32.3, F33.3, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F95.0, F95.1, F95.2, F95.8, F95.9
CPT Codes	Psychosocial Care: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880
HCPCS Codes	Psychosocial Care: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485

Antipsychotic Medications: For a complete list of medications and NDC codes, please visit www.ncqa.org (to be posted by Nov. 1, 2016). Please refer to the Preferred Drug List (PDL) on the State-Specific WellCare website for Medicaid drug coverage.

Description	Prescription
First Generation Antipsychotic Medications	<ul style="list-style-type: none"> Chlorpromazine HCL Fluphenazine HCL Fluphenazine decanoate Haloperidol Haloperidol Haloperidol Haloperidol decanoate Haloperidol lactate Loxapine HCL Loxapine succinate Molindone HCL Perphenazine Pimozide Thioridazine HCL Thiothixene Trifluoperazine HCL
Second Generation Antipsychotic Medications	<ul style="list-style-type: none"> Aripiprazole Asenapine Brexipiprazole Cariprazine Clozapine Iloperidone Lurasidone Olanzapine Olanzapine pamoate Paliperidone Paliperidone palmitate Quetiapine fumarate Risperidone Risperidone microspheres Ziprasidone HCL Ziprasidone mesylate
Combinations	<ul style="list-style-type: none"> Olanzapine-fluoxetine HCL (Symbyax) Perphenazine-amitriptyline HCL (Etrafon, Triavil [various])

UTILIZATION OF THE PHQ-9 TO MONITOR DEPRESSION SYMPTOMS FOR ADOLESCENTS AND ADULTS (DMS)

The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who have a PHQ-9 tool administered at least once during a four-month period. Two rates are reported:

- ECDS Coverage: The percentage of members 12 and older with a diagnosis of major depression or dysthymia, for whom a health plan can receive any electronic clinical data system (ECDS).
- Utilization of PHQ-9 Rate: The percentage of PHQ-9 utilization. Members with a diagnosis of major depression or dysthymia whose measure data are reportable using ECDS and, had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Selection of the appropriate assessment should be based on the age of the member.

- PHQ-9: For 13 years of age and above.
- PHQ-9 Modified for Teens: For ages 12–18.

The PHQ-9 assessment does not need to occur during a face-to-face encounter; for example, it can be completed over the telephone or through a Web-based portal.

ICD-9-CM Diagnosis	Major Depression and Dysthymia: 296.20-296.26, 296.30-296.36, 300.4
ICD-10-CM Diagnosis	Major Depression and Dysthymia: Use the appropriate code family: F
CPT	Depression Encounter: 90791, 90792, 90832, 90834, 90837, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510
HCPCS	Depression Encounter: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015
LOINC	PHQ Administered: 44249-1, 44257-4, 44261-6, 54635-8

DEPRESSION REMISSION OR RESPONSE FOR ADOLESCENTS AND ADULTS (DRR)

FIRST-YEAR MEASURE

Members 12 years and older with a diagnosis of depression and an elevated PHQ-9 score who had a response or remission within 5-7 months of the elevated score. Four rates are reported:

- **ECDS Coverage:** Members for whom a health plan can receive any electronic clinical quality data.
- **Follow-Up PHQ-9:** Members who have a documented PHQ-9 score in the ECDS during the depression follow-up period.
- **Depression Remission:** Members who achieve remission of depression symptoms as noted by a PHQ-9 depression response score of <5 recorded in the ECDS during the depression follow-up period. Must be the most recent score recorded.
- **Depression Response:** Members who indicate a response to depression treatment as noted by a PHQ-9 depression response score at least 50% lower than the PHQ-9 score associated with the Index Episode Start Date (IESD), recorded in the ECDS during the depression follow-up period. Must be the most recent score recorded.

The PHQ-9 assessment does not need to occur during a face-to-face encounter; for example, it can be completed over the telephone or through a Web-based portal.

ICD-9-CM Diagnosis	Major Depression and Dysthymia: 296.20-296.26, 296.30-296.36, 300.4
ICD-10-CM Diagnosis	Major Depression and Dysthymia: Use the appropriate code family: F
CPT	Depression Encounter: 90791, 90792, 90832, 90834, 90837, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510
LOINC	PHQ Administered: 44249-1, 44257-4, 44261-6, 54635-8

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

FIRST-YEAR MEASURE

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.

The follow-up visit after the ED visit can be with any practitioner.

ICD-9-CM Diagnosis	290.0, 290.10-290.13, 290.20, 290.21, 290.3, 290.40-290.43, 290.8, 290.9, 293.0, 293.1, 293.81-293.84, 293.89, 293.9, 294.0, 294.10, 294.11, 294.20, 294.21, 294.8, 294.9, 295.00, 295.01-295.05, 295.10-295.15, 295.20-295.25, 295.30-295.35, 295.40-295.45, 295.50-295.55, 295.60-295.65, 295.70-295.75, 295.80-295.85, 295.90-295.95, 296.00-296.06, 296.10-296.16, 296.20-296.26, 296.30-296.36, 296.40-296.46, 296.50-296.56, 296.60-296.66, 296.7, 296.80-296.82, 296.89, 296.90, 296.99, 297.0, 297.1, 297.2, 297.3, 297.8, 297.9, 298.0, 298.1, 298.2, 298.3, 298.4, 298.8, 298.9, 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, 299.91, 300.00-300.02, 300.09-300.16, 300.19-300.23, 300.29, 300.3, 300.4, 300.5, 300.6, 300.7, 300.81, 300.82, 300.89, 300.9, 301.0, 301.10-301.13, 301.20-301.22, 301.3, 301.4, 301.50, 301.51, 301.59, 301.6, 301.7, 301.81-301.84, 301.89, 301.9, 302.0, 302.1, 302.2, 302.3, 302.4, 302.50-302.53, 302.6, 302.70-302.76, 302.79, 302.81-302.85, 302.89, 302.9, 306.0, 306.1, 306.2, 306.3, 306.4, 306.50-306.53, 306.59, 306.6, 306.7, 306.8, 306.9, 307.0, 307.1, 307.20-307.23, 307.3, 307.40-307.54, 307.59, 307.6, 307.7, 307.80, 307.81, 307.89, 307.9, 308.0, 308.1, 308.2, 308.3, 308.4, 308.9, 309.1, 309.21-309.24, 309.28, 309.29, 309.3, 309.4, 309.81-309.83, 309.89, 309.9, 310.0, 310.1, 310.2, 310.81, 310.89, 310.9, 311, 312.00-312.03, 312.10-312.13, 312.20-312.23, 312.30-312.35, 312.39, 312.4, 312.81, 312.82, 312.89, 312.9, 313.0, 313.1, 313.21-313.23, 313.3, 313.81-313.83, 313.89, 313.9, 314.00, 314.01, 314.1, 314.2, 314.8, 314.9, 315.00-315.02, 315.09, 315.1, 315.2, 315.31-315.35, 315.39, 315.4, 315.5, 315.8, 315.9, 316	
ICD-10-CM Diagnosis	Use the appropriate code family: F	
CPT	HCPS	
Follow-up visits identified by the following CPT or HCPCS codes with any practitioner within 7 and 30 days of ED Visit.		
Stand Alone Visits: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99495, 99496, 99510	Stand Alone Visits: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015	
Telehealth: 98966-98969, 99441-99444		
CPT	POS	
Follow-up visits identified by the following CPT with POS codes with any practitioner within 7 and 30 days of ED Visit.		
Follow-Up Group 1: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876	WITH	03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Follow-Up Group 2: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG DEPENDENCE (FUA)

FIRST-YEAR MEASURE

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

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.

The follow-up visit after the ED visit can be with any practitioner.

ICD-9-CM Diagnosis	AOD: 291.0-291.5, 291.81, 291.82, 291.89, 291.9, 303.00-303.02, 303.90-303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.30, 535.31, 571.1	
ICD-10-CM Diagnosis	Use the appropriate code family: F	
CPT	HCPS	
<i>Follow-up visits identified by the following CPT or HCPCS codes with any practitioner within 7 and 30 days of ED Visit.</i>		
Stand Alone Visits: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510 Telehealth: 98966-98969, 99441-99444	Stand Alone Visits: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	
CPT	POS	
<i>Follow-up visits identified by the following CPT with POS codes with any practitioner within 7 and 30 days of ED Visit.</i>		
Follow-Up Group 1: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	WITH	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72
Follow-Up Group 2: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53

BEHAVIORAL HEALTH HEDIS MEASURES

Requirements needed to demonstrate compliance with Behavioral Health HEDIS® measure. This information is from the 2017 HEDIS® Technical Specifications for health plans.

Measure	Description	Required Documentation	Key Notes
Antidepressant Medication Management	Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment for at least 84 days and for at least 180 days.	Two rates are reported: <ul style="list-style-type: none"> At least 84 days of continuous treatment At least 180 days of continuous treatment 	<p>Educate your patients on how to take their antidepressant medications. Important messages include:</p> <ul style="list-style-type: none"> How antidepressants work, their benefits and how long they should be used Length of time patient should expect to be on the antidepressant before they start to feel better Importance of continuing to take the medication even if they begin feeling better Common side effects, how long the side effects may last and how to manage them What to do if they have questions or concerns
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 an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days and 7 days after discharge.	Two rates are reported: <ul style="list-style-type: none"> Within 30 days of discharge Within 7 days of discharge 	<ul style="list-style-type: none"> Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling, if necessary. Involve the patient's caregiver regarding the follow-up plan after IP discharge. If the member's appointment does not occur within the first 7 days post-discharge, please schedule the appointment to occur within 30 days post-discharge.
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Adolescents and adult members with a new episode of alcohol or other drug dependence who initiate treatment within 14 days of the diagnosis and members who initiated treatment and who had two or more additional services within 30 days of the initiation visit.	Two rates are reported: <ul style="list-style-type: none"> Within 14 days of discharge Within 30 days of discharge 	<ul style="list-style-type: none"> Schedule a follow-up appointment for members diagnosed with a new episode of alcohol or other drug (AOD) within 14 days of the diagnosis. Schedule the initial 14-day follow-up visit within 10 days of discharge to allow flexibility in rescheduling. Involve the patient's caregiver regarding the follow-up plan, if possible. At the end of the initial follow-up appointment, schedule two more follow-up appointments to occur within 30 days of the initial follow-up appointment. When treating a patient for issues related to an alcohol or other drug dependence diagnosis, code for that diagnosis on every claim.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Members 18–64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Members refill and stay on their medication for at least 80% of the treatment period.	<ul style="list-style-type: none"> Encourage schizophrenic patients to discuss any side effects, take their medication as prescribed, and refill their medication on time.

Measure	Description	Required Documentation	Key Notes
Diabetes Monitoring 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 test.	Members have either a glucose test or HbA1c during the measurement year.	<ul style="list-style-type: none"> Encourage members with schizophrenia or bipolar disorder who are also on Antipsychotic Medication to get a diabetic screening. To increase compliance, consider using standing orders to get labs done. Schedule diabetes screening for members with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication. To increase compliance, consider using standing orders to get labs done.
Diabetes Screening for People with Diabetes and Schizophrenia	Members 18–64 years of age with schizophrenia and diabetes who had both an LDL-C and HbA1c.	Members have both and LDL-C and HbA1c	<ul style="list-style-type: none"> Encourage members with schizophrenia and cardiovascular disease to schedule a LDL-C test. To increase compliance, consider using standing orders to get labs done.
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test.	Members have an LDL-C test	<ul style="list-style-type: none"> Encourage members with schizophrenia and cardiovascular disease to schedule a LDL-C test. To increase compliance, consider using standing orders to get labs done.
Follow-up Care for Children Prescribed ADHD Medication	Children who were newly prescribed ADHD medication who had a least three follow up care visits within a 10 month period, one which was within 30 days of when the first ADHD drug was dispensed. Two rates are reported: <ul style="list-style-type: none"> Initiation Phase – members 6–12 years of age that had a follow-up visit within 30 days of the prescription written Continuation and Maintenance Phase – members 6–12 years of age with an ambulatory prescription for ADHD medication, who remained on the medication for 210 days and who in a addition to the 30 day visit had a least 2 follow-up visits with 270 days (9 months) after the initiation phase 	Members must have the following: <ul style="list-style-type: none"> 30 day follow-up visit after the initial prescription 2 additional follow-up visits after the 30-day visits within 270 days (9 months) 	<ul style="list-style-type: none"> When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working and to address side effect issues. Schedule this visit (allow for time to reschedule prior to 30 days, if necessary) while your patient is still in the office. Schedule two more visits in the 9 months after the 30 day Initiation Phase to continue to monitor your patient's progress.
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications.	A lower rate of concurrent antipsychotics indicates better performance	
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing, both of the following: <ul style="list-style-type: none"> At least one blood glucose test or HbA1c At least one LDL-C test 	Member must have the following: <ul style="list-style-type: none"> A glucose blood test or HbA1c At least one LDL-C test 	<p>Please schedule or ask the member's PCP to schedule an LDL-C or HbA1c test.</p> <p>To increase compliance, consider using standing orders to get labs done.</p>
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Children and adolescents 1–17 years of age who had a new prescription for an antipsychotic and had documentation of psychosocial care as first-line treatment.	Member must have documentation of psychosocial care as first-line treatment (a trial of outpatient behavioral health therapy prior to initiation of medication therapy)	
First-Year Measure Follow-Up After Emergency Department (ED) Visit For Mental Illness	Members 6 years of age and older who had an ED visit with a principal diagnosis of mental illness and who had outpatient visit, an intensive outpatient encounter or partial hospitalization with any practitioner within 30 days and 7 days after the ED visit.	Two rates are reported: <ol style="list-style-type: none"> The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit 	<ul style="list-style-type: none"> Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling, if necessary. Involve the patient's caregiver regarding the follow-up plan after ED discharge. If the member's appointment does not occur within the first 7 days post-ED visit, please schedule the appointment to occur within 30 days post-ED visit.

Measure	Description	Required Documentation	Key Notes
<p>First-Year Measure Follow-Up After Emergency Department Visit For Alcohol And Other Drug Dependence</p>	<p>Members 13 years of age and older who had an ED visit with a principal diagnosis of alcohol or other drug (AOD) dependence and who outpatient visit, an intensive outpatient encounter or partial hospitalization with any practitioner within 30 days and 7 days after the ED visit.</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit. 	<ul style="list-style-type: none"> Schedule the 7-day follow-up visit within 5 days to allow flexibility in rescheduling, if necessary. Involve the patient's caregiver regarding the follow-up plan after ED discharge. If the member's appointment does not occur within the first 7 days post-ED visit, please schedule the appointment to occur within 30 days post-ED visit.
<p>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)</p>	<p>The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who have a PHQ-9 tool administered at least once during a four-month period</p>	<p>Two rates are reported.</p> <ol style="list-style-type: none"> ECDS Coverage. For those members 12 and older with a diagnosis of major depression or dysthymia for whom a health plan can receive any electronic clinical quality data. Utilization of PHQ-9. The percentage of PHQ-9 utilization. Members with a diagnosis of major depression or dysthymia whose measure data are reportable using ECDS and, had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. 	<ul style="list-style-type: none"> Selection of the appropriate assessment should be based on the age of the member. <ul style="list-style-type: none"> PHQ-9: For 13 years of age and above. PHQ-9 Modified for Teens: For ages 12–18. The PHQ-9 assessment does not need to occur during a face-to-face encounter; for example, it can be completed over the telephone or through a Web-based portal
<p>First-Year Measure Depression Remission or Response for Adolescents and Adults (DRR)</p>	<p>Members 12 years and older with a diagnosis of depression and an elevated PHQ-9 score who had a response or remission within 5-7 months of the elevated score.</p>	<p>Four rates are reported:</p> <ol style="list-style-type: none"> ECDS Coverage. Members for whom a health plan can receive any electronic clinical quality data. Follow-Up PHQ-9. Members who have a documented PHQ-9 score in the ECDS during the depression follow-up period. Depression Remission. Members who achieve remission of depression symptoms as noted by a PHQ-9 depression response score of <5 recorded in the ECDS during the depression follow-up period. Must be the most recent score recorded. Depression Response. Members who indicate a response to depression treatment as noted by a PHQ-9 depression response score at least 50% lower than the PHQ-9 score associated with the Index Episode Start Date (IESD), recorded in the ECDS during the depression follow-up period. Must be the most recent score recorded. 	<ul style="list-style-type: none"> Selection of the appropriate assessment should be based on the age of the member. <ul style="list-style-type: none"> PHQ-9: For 13 years of age and above. PHQ-9 Modified for Teens: For ages 12–18. The PHQ-9 assessment does not need to occur during a face-to-face encounter; for example, it can be completed over the telephone or through a Web-based portal.

WellCare's Clinical Practice Guidelines for Behavioral Health can be found at www.wellcare.com. You can find some helpful information for your patient in regard to certain behavioral health issues in the link: wellnessproposals.com/wellness-library

