

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

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

Intake Period: The 12-month window beginning March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year

Index Prescription Start Date (IPSD): The earliest prescription-dispensing date for an ADHD medication in which the date falls within the intake period and there is a negative medication history

Negative Medication History: A period of 120 days (four months) prior to the IPSD when the member had no ADHD medications dispensed for either new or refill prescriptions

Two rates are reported:

Initiation Phase	Continuation and Maintenance (C&M) Phase
Members ages 6–12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase Note: Do not count the Initiation Phase visit that occurred on the same day the ADHD medication was dispensed.	Members ages 6–12 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 (nine months) of the end of the initiation phase Note: Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in.

ADHD Medications	
Description	Prescription
CNS stimulants	• Dextroamphetamine • Methylphenidate • Dexmethylphenidate • Lisdexamfetamine • Methamphetamine
Alpha-2 receptor agonists	• Clonidine • Guanfacine
Miscellaneous ADHD medications	• Atomoxetine

Follow-Up Visits				
Visit Type	CPT®	HCPCS	Modifier	POS
Outpatient visit	90971, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99233, 99238, 99239, 99251-99255			03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Behavioral health outpatient visit	99201-99205, 99211-99215, 99241-99245, 99341-99343, 99345, 99347-99350, 99381-99385, 99391-99395, 99401-99402	H0034, H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015		

Follow-Up Visits (continued)				
Visit Type	CPT®	HCPCS	Modifier	POS
Observation visit	99217, 99218, 99219, 99220			
Intensive outpatient encounter or partial hospitalization with POS	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255			52
Mental health partial hospitalization treatment		H0035		
Community mental health center visit	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255			53
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		GT, 95	02
Virtual check-in		G2012		

Major Depressive Disorder

Patients who experience a depressive episode lasting two or more weeks with at least five of the following symptoms, resulting in significant distress or impairment not caused by substance abuse or another condition can be diagnosed with clinical depression.¹

- Depressed mood*
- Loss of interest or pleasure in most or all activities*
- Feelings of worthlessness or guilt
- Suicidal ideation or self-harm
- Poor concentration
- Fatigue or low energy
- Significant weight or appetite change
- Insomnia or hypersomnia
- Psychomotor retardation or agitation

*One of the five symptoms must be either depressed mood or loss of interest.

Depression not otherwise specified — F32.9²

The condition is often more severe than the code suggests. Avoid broad terms and unspecified codes for a better awareness about the disease and the population it affects.

Document to highest degree and code to the highest specificity. Include condition details:

Severity — Mild, moderate, severe **Episode** — Single, recurrent, in remission

- Patient does not have to be actively involved in treatment
- Depression is considered recurrent after the first single episode
- Depression is recurrent if they are currently on prescribed medication or receiving therapy services
- Consider “in remission” rather than “history of” if previously diagnosed with depression but currently without symptoms
- Document additional DSM-5 depression classifications (if applicable)
 - With mixed features — Manic symptoms are present but do not meet all criteria for a manic episode
 - With anxious distress — Presence of anxiety that affects prognosis, treatment and patient response

¹ American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 5th edition, 2013

² ICD-10-CM Official Guidelines for Coding and Reporting

Depression Screening Tools³

Mental Health America (MHA) has a number of resources that focus on prevention, early identification and intervention for adults 18 and older. The PHQ-9 questionnaire⁴ can be given to patients during a primary care encounter to screen for the presence and severity of depression.

PHQ-9 Depression Scoring, Plan & Diagnosis			
Score	Severity	Proposed Treatment	ICD-10
0-4	None-Minimal	None: Not depressed/no personal history of depression	N/A
		In remission:* Patient is receiving treatment for depression but condition is stable and symptoms no longer meet criteria for major depression	See below
*If patient has been <i>previously</i> diagnosed with depression (regardless of severity), then document as either in partial or full remission .		In partial remission	F32.4, F33.41
		In full remission	F32.5, F33.42
5-9	Mild	Watchful waiting: repeat PHQ-9 at follow up visit	F32.0, F33.0
10-14	Moderate	Treatment plan: consider counseling and/or medication, follow up visits	F32.1, F33.1
15-19	Moderately Severe	Active treatment: pharmacotherapy and/or psychotherapy, follow up visits	F32.1, F33.1, F32.2, F33.2
20-27	Severe	Immediate initiation of pharmacotherapy, expedited referral to mental health specialist for psychotherapy and/or collaborative management	F32.2, F33.2, F32.3, F33.3

Antidepressant Medication Management (AMM)

Members 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant treatment

Two rates are reported:

Effective Acute Phase Treatment	Effective Continuation Phase Treatment
Members who remained on an antidepressant medication for at least 84 days (12 weeks)	Members who remained on an antidepressant medication for at least 180 days (six months)

³ <https://screening.mentalhealthamerica.net>

⁴ PHQ-9 © 2002-2019 Pfizer, Inc. PHQ Screeners site is expressly exempt from Pfizer's general copyright restrictions; content found on PHQ Screeners is free to use and download.

Antidepressant Medications	
Description	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 • Desipramine • Imipramine • Nortriptyline • Trimipramine • Amoxapine • Clomipramine • Doxepin (>6 mg) • Protriptyline

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

Children and adolescents ages 1–17 who were treated with antipsychotic medications and were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year

Note: A lower rate indicates better performance. The goal is to limit multiple concurrent antipsychotic use in children and adolescents.

Antipsychotic Medications	
Description	Prescription
Miscellaneous antipsychotic agents (oral)	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurisdone • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Quetiapine fumarate • Risperidone • Ziprasidone
Phenothiazine antipsychotics (oral)	• Chlorpromazine • Fluphenazine • Perphenazine • Perphenazine-amitriptyline • Prochlorperazine • Thioridazine • Trifluoperazine
Thioxanthenes (oral)	• Thiothixene
Long-acting injections	• Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Children and adolescents ages 1–17 who had two or more antipsychotic prescriptions and metabolic testing

Three rates are reported:

Blood Glucose or HbA1c Testing	Cholesterol Testing	Both Glucose and Cholesterol Testing
Children and adolescents on antipsychotics who received blood glucose testing	Children and adolescents on antipsychotics who received cholesterol testing	Children and adolescents on antipsychotics who received both glucose and cholesterol testing

APM Antipsychotic Medications			
Description	Prescription		
Miscellaneous antipsychotic agents (oral)	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Risperidone • Ziprasidone 		
Phenothiazine antipsychotics (oral)	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Thioridazine • Trifluoperazine 		
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 • Risperidone 		
Antipsychotic Combination Medications			
Description	Prescription		
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Fluoxetine-olanzapine • Perphenazine-amitriptyline 		
Prochlorperazine Medications			
Description	Prescription		
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Prochlorperazine 		
Diabetes Monitoring (An HbA1c test performed during the measurement year)			
Test Type	CPT®	CPT® II	LOINC®
HbA1c Lab Test	83036		17856-6, 4548-4, 4549-2
HbA1c Test Result or Finding		3044F, 3051F	
Glucose Lab Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951		10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

Cardiovascular Monitoring (An LDL-C or cholesterol test performed during the measurement year)			
Test Type	CPT®	CPT® II	LOINC®
Cholesterol/LDL-C Lab Test	80061, 82465, 83700, 83701, 83704, 83718, 83721, 83722, 84478		12773-8, 13457-7, 18261-8, 18262-6, 2085-9, 2089-1, 2093-3, 2571-8, 3043-7, 49132-4, 55440-2, 9830-1
LDL-C Test Result or Finding		3048F, 3049F, 3050F	

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

Children and adolescents ages 1–17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment on or between January 1 and December 1 of the measurement year

APP Antipsychotic Medications			
Description	Prescription		
Miscellaneous antipsychotic agents (oral)	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Risperidone • Ziprasidone 		
Phenothiazine antipsychotics (oral)	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Thioridazine • Trifluoperazine 		
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 • Risperidone 		
Antipsychotic Combination Medications			
Description	Prescription		
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Fluoxetine-olanzapine • Perphenazine-amitriptyline 		
Psychosocial Care			
Visit Type	CPT®	HCPCS	Modifier
Psychosocial care	90832-90834, 90836-90840, 90846-90847, 90849, 90853	H0035, H0038, H2000, H2011, H2014, H2017, H2020	

Follow-Up After Hospitalization for Mental Illness (FUH)

Members ages six years and older who were hospitalized for treatment of select mental illnesses or intentional self-harm diagnoses, and who had a follow-up visit with a mental health practitioner

Two rates are reported:

Seven-Day Follow-Up	30-Day Follow-Up
Members who received a follow-up visit with a mental health practitioner within seven days of being discharged	Members who received a follow-up visit with a mental health practitioner within 30 days of being discharged
Note: Do not include visits that occur on the date of the discharge.	Note: Do not include visits that occur on the date of the discharge.

Follow-Up Visits			
Visit Type	CPT®	HCPCS	POS
Outpatient visit with outpatient POS with a mental health provider	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Behavioral health outpatient visit with a mental health provider	99201-99205, 99211-99215, 99241-99245, 99341-99343, 99345, 99347-99350, 99381-99385, 99391-99395, 99401-99402	H0034, H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015	
Mental health partial hospitalization		H0035	
Intensive outpatient encounter or partial hospitalization with POS	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		52
Community mental health center visit	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99241-99245, 99251-99255, 99341-99343, 99345, 99347-99350, 99381-99385, 99391-99395, 99401-99402	H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015	53
Electroconvulsive therapy	90870		03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Observation visit with a mental health practitioner	99217, 99218, 99219, 99220		
Visit in a behavioral healthcare setting		0513, 0900-0905, 0907, 0911-0917, 0919	

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

Members ages six years and older who went to the emergency department (ED) with a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit for mental illness

Two rates are reported:

Seven-Day Follow-Up	30-Day Follow-Up
Members who had a follow-up visit with any practitioner within seven days of the ED visit (eight total days)	Members who had a follow-up visit with any practitioner within 30 days of the ED visit (31 total days)
Note: Can include visits that occur on the date of the ED visit	Note: Can include visits that occur on the date of the ED visit

Follow-Up Visits			
Visit Type	CPT®	HCPCS	POS
Outpatient visit with a principal diagnosis of mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99241-99245, 99251-99255, 99341-99343, 99345, 99347-99350, 99381-99385, 99391-99395, 99401-99402	H0034, H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Intensive outpatient encounter or partial hospitalization with a principal diagnosis of mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255	H0035	52
Community mental health center visit with a principal diagnosis of mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		53
Electroconvulsive therapy with a principal diagnosis of mental health disorder	90870		03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth visit with a principal diagnosis of mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		02
Observation visit with a principal diagnosis of mental health disorder	99217, 99218, 99219, 99220		

Mental Health



Follow-Up Visits (continued)			
Visit Type	CPT®	HCPCS	POS
Intensive outpatient encounter or partial hospitalization with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255	H0035	52
Electroconvulsive therapy with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder	90870		03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Outpatient visit with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255, 99201-99205, 99211-99215, 99241-99245, 99341-99343, 99345, 99347-99350, 99381-99385, 99391-99395, 99401-99402	H0034, H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Community mental health center visit with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder	90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255		53
A virtual check-in with a principal diagnosis of a mental health disorder		G2012	

For additional resources, contact our provider relations team at Providers@ArkansasTotalCare.com

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Schizophrenia

This condition affects the way a person thinks, feels and acts. It makes it difficult to differentiate between what is real and what is not. Symptoms may vary by severity and type. All symptoms may or may not be present in individuals with this condition.

Schizophrenia Symptoms:⁵

- Hallucinations
- Delusions
- Task completion difficulty
- Lack of focus

Detailed documentation is necessary for accurate ICD-10 assignment.

Schizoaffective Disorders

These disorders are characterized by having symptoms of both schizophrenia and mood disorders (e.g. depression, bipolar disorder) alternating from delusions or hallucinations to the predominant mood disorder symptoms during the active period of the condition. ICD-10 codes are categorized by the manifestation.

- Impaired memory
- Movement disorders
- Disorganized thoughts
- Unmodulated speech

Schizophrenia		Schizoaffective Disorders	
ICD-10	Manifestation	ICD-10	Type
F20.0	Paranoid	F25.0	Bipolar type
F20.1	Disorganized		
F20.2	Catatonic	F25.1	Depressive type
F20.3	Undifferentiated		
F20.5	Residual	F25.8	Other schizoaffective disorders
F20.81	Schizophreniform disorder		
F20.89	Other schizophrenia	F25.9	Schizoaffective disorder, unspecified
F20.9	Schizophrenia, unspecified		

⁵ www.nimh.nih.gov National Institute of Mental Health Schizophrenia Signs & Symptoms

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Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Members 18 and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period

Long-Acting Injections	
HCPCS: C9037, J0401, J1631, J2358, J2426, J2680, J2794	
Description	Prescription
Long-acting injections — 14-day supply	• Risperidone (excluding Perseris)
Long-acting injections — 28-day supply	• Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate
Long-acting injections — 30-day supply	• Risperidone (Perseris)
Demential Medications	
Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Oral Antipsychotic Medications	
Description	Prescription
Miscellaneous antipsychotic agents (oral)	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics (oral)	• Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine
Psychotherapeutic combinations (oral)	• Amitriptyline-perphenazine
Thioxanthenes (oral)	• Thiothixene

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Diabetic Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

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

Oral Antipsychotic Medications			
Description	Prescription		
Miscellaneous antipsychotic agents (oral)	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziprasidone 		
Phenothiazine antipsychotics (oral)	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine 		
Psychotherapeutic combinations (oral)	<ul style="list-style-type: none"> • Amitriptyline-perphenazine 		
Thioxanthenes (oral)	<ul style="list-style-type: none"> • Thiothixene 		
Long-Acting Injections			
HCPCS: J0401, J1631, J2358, J2426, J2680, J2794			
Description	Prescription		
Long-acting injections — 14-day supply	<ul style="list-style-type: none"> • Risperidone 		
Long-acting injections — 28-day supply	<ul style="list-style-type: none"> • Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate 		
Long-acting injections — 30-day supply	<ul style="list-style-type: none"> • Risperidone (Perseris) 		
Diabetes Monitoring			
Test Type	CPT®	CPT® II	LOINC®
HbA1c Lab Test	83036		17856-6, 4548-4, 4549-2
HbA1c Test Result or Finding		3044F, 3051F	
Glucose Lab Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951		10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

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Bipolar Disorder⁶

Bipolar disorder and depression should not be coded together. Depression is considered inclusive of bipolar disorder per ICD-10 guidelines.⁷

Differential Diagnosis			
Bipolar 1		Bipolar 2	
Marked by manic episodes		Marked by hypomanic episodes	
Hospitalization due to mania likely		Hospitalization due to hypomania less likely	
Psychosis may occur during manic episodes		Psychosis unlikely to occur during hypomania	
One or more manic episodes often accompanied by depressive episodes; may be accompanied by psychosis		One or more hypomanic episodes accompanied by at least one major depressive episode	
Cyclothymia		Mixed	
Two-year period of cycling hypomanic and depressive symptoms that fail to meet DSM-5 criteria for major depressive disorder		Meets criteria for manic and depressive episodes almost every day for at least one week	
ICD-10	Description	ICD-10	Description
F31.0	Hypomanic	F31.6-	Mixed features
F31.1-	Manic without psychotic features	F31.7-	In remission
F31.2-	Manic severe with psychotic features	F31.81	Bipolar Type 2
F31.3-	Depressed, mild or moderate severity	F31.89	Other bipolar disorder
F31.4-	Depressed, severe, without psychotic features		Recurrent manic episodes, NOS
F31.5-	Depressed, severe, with psychotic features	F31.9	Manic depression unspecified

⁶ American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 5th edition, 2013

⁷ ICD-10-CM Official Guidelines for Coding and Reporting

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Clinical Features & Symptoms		
Mania	Hypomania	Depression
<ul style="list-style-type: none"> Flight of ideas or racing thoughts Constant changes in plans Inflated self-esteem Overconfidence 	<ul style="list-style-type: none"> Difficulty concentrating Difficulty making decisions Overfamiliarity Changes in psychomotor activity 	<ul style="list-style-type: none"> Lasting sad, anxious and/or empty moods Thoughts, plans or attempts of suicide Thoughts, plans or attempts of self-harm Changes to appetite, eating and/or weight Disturbance to sleep/wake cycle Feelings of guilt and worthlessness
<p>Increased</p> <ul style="list-style-type: none"> Activity or restlessness Energy and irritability High-risk, reckless behavior Talkativeness and rate of speech 	<p>Increased</p> <ul style="list-style-type: none"> Distractability Poor attention span Goal-directed activity Psychomotor agitation 	<p>Increased</p> <ul style="list-style-type: none"> Energy and activity Sociability/talkativeness High-risk, reckless behavior Sexual energy Distractability
<p>Decreased</p> <ul style="list-style-type: none"> Normal social inhibitions Need for sleep 	<p>Decreased</p> <ul style="list-style-type: none"> Need for sleep 	<p>Decreased</p> <ul style="list-style-type: none"> Tiredness Restlessness and irritability
<p>With Psychotic Features</p> <ul style="list-style-type: none"> Grandiose ideas Delusions/hallucinations 		<ul style="list-style-type: none"> Energy and activity Enjoyment, interest and concentration Mood (varies by day and circumstances) Self-esteem and self-confidence

Bipolar and related mood disorder due to known psychological condition:

- With manic features — **F06.33**
- With manic- or hypomanic-like episodes — **F06.34**
- With mixed features — **F06.34**
- Unspecified — **F06.30**

Hypomania (Bipolar Type 2)

Symptoms are the same as mania, but episodes do **not**:

- Cause marked impairment and/or disruption to work
- Require hospitalization

For additional resources, contact our provider relations team at Providers@ArkansasTotalCare.com

HEDIS® Volume 2 Technical Specifications by NCQA

Note: The information listed in this document is not all inclusive and is intended as a reference only. Please refer to current ICD-10/CPT®/HCPCS Coding and Documentation Guidelines at www.cms.gov. HEDIS® measures can be found at www.ncqa.org