Anthem

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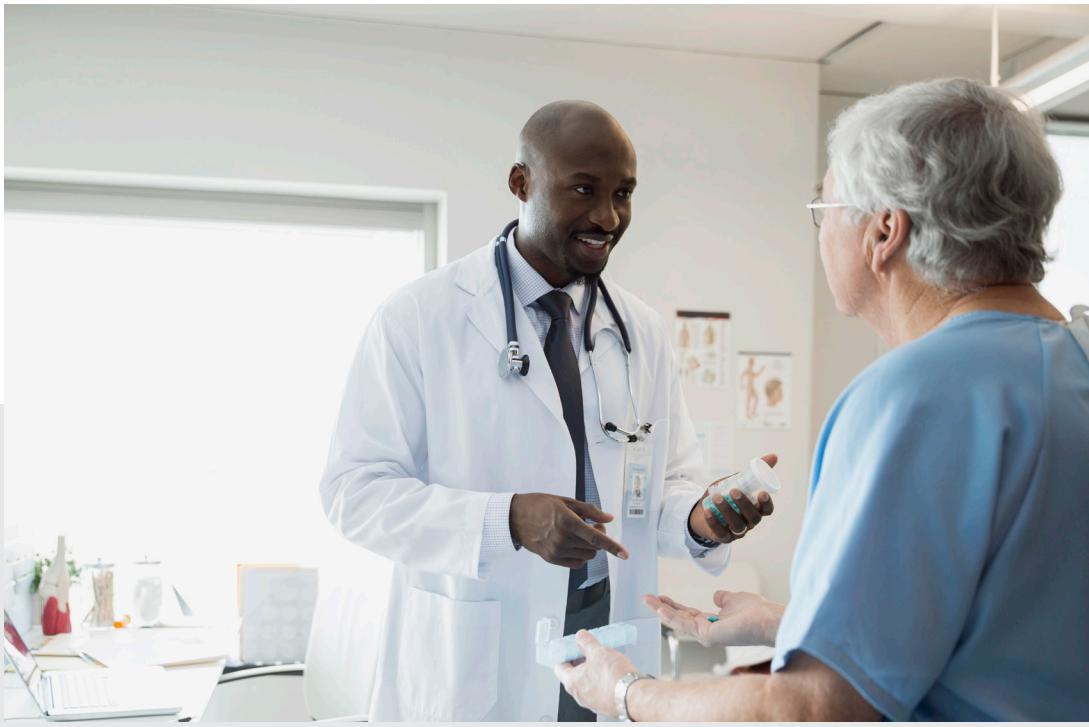

Antidepressant Medication Management (AMM)

HEDIS® is a widely used set of performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). These measures are used to drive improvement efforts surrounding best practices.

The Antidepressant Medication Management measure looks at the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment May 1 of the year prior to the measurement year to April 30 of the measurement year. Two rates are reported:

- Effective acute phase treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective continuation phase treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (six months).

Record your efforts:

- Identify all acute and nonacute inpatient stays.
- Identify the admission and discharge dates for the stay. Either an admission or discharge during the required time frame meets criteria.

Exclusions:

- Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the index prescription start date (IPSD), through the IPSD and the 60 days after the IPSD
- Members who use hospice services or elect to use a hospice benefit anytime during the measurement year
- Members who died during the measurement year

Description		Code(s)
Major depression	**ICD-10-CM**	**F32.0:** Major depressive disorder, single episode, mild
		F32.1: Major depressive disorder, single episode, moderate
		F32.2: Major depressive disorder, single episode, severe without psychotic features
		F32.3: Major depressive disorder, single episode, severe with psychotic features
		F32.4: Major depressive disorder, single episode, in partial remission
		F32.9: Major depressive disorder, single episode, unspecified
		F33.0: Major depressive disorder, recurrent, mild
		F33.1: Major depressive disorder, recurrent, moderate
		F33.2: Major depressive disorder, recurrent severe without psychotic features
		F33.3: Major depressive disorder, recurrent, severe with psychotic symptoms
		F33.41: Major depressive disorder, recurrent, in partial remission
		F33.9: Major depressive disorder, recurrent, unspecified
Behavioral health (BH) outpatient	**CPT®**	98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510
	HCPCS	**G0155:** Services of clinical social worker in home health or hospice settings, each 15 minutes
		G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
		G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
		G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)
		G0463: Hospital outpatient clinic visit for assessment and management of a patient
		G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month
		H0002: Behavioral health screening to determine eligibility for admission to treatment program
		H0004: Behavioral health counseling and therapy, per 15 minutes
		H0031: Mental health assessment, by non-physician
		H0034: Medication training and support, per 15 minutes

Description		Code(s)
Behavioral health (BH) outpatient (cont.)	**HCPCS**	**H0036:** Community psychiatric supportive treatment, face-to-face, per 15 minutes **H0037:** Community psychiatric supportive treatment program, per diem **H0039:** Assertive community treatment, face-to-face, per 15 minutes **H0040:** Assertive community treatment program, per diem **H2000:** Comprehensive multidisciplinary evaluation **H2010:** Comprehensive medication services, per 15 minutes **H2011:** Crisis intervention service, per 15 minutes **H2013:** Psychiatric health facility service, per diem **H2014:** Skills training and development, per 15 minutes **H2015:** Comprehensive community support services, per 15 minutes **H2016:** Comprehensive community support services, per diem **H2017:** Psychosocial rehabilitation services, per 15 minutes **H2018:** Psychosocial rehabilitation services, per diem **H2019:** Therapeutic behavioral services, per 15 minutes **H2020:** Therapeutic behavioral services, per diem **T1015:** Clinic visit/encounter, all-inclusive
Electroconvulsive therapy	**CPT**	90870
	ICD-10-PCS	**GZB0ZZZ:** Electroconvulsive Therapy, Unilateral-Single Seizure **GZB1ZZZ:** Electroconvulsive Therapy, Unilateral-Multiple Seizure **GZB2ZZZ:** Electroconvulsive Therapy, Bilateral-Single Seizure **GZB3ZZZ:** Electroconvulsive Therapy, Bilateral-Multiple Seizure **GZB4ZZZ:** Other Electroconvulsive Therapy

Description		Code(s)
Transcranial Magnetic Stimulation	**CPT**	**90867, 90868, 90869**
Online assessments	**CPT**	**98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458**
	HCPCS	**G0071:** Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only
		G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment
		G2012: Brief communication technology-based service, for example virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
		G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment
		G2251: Brief communication technology-based service, for example virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion
		G2252: Brief communication technology-based service, for example virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone visits	**CPT**	98966, 98967, 98968, 99441, 99442, 99443
Visit Setting Unspecified	**CPT**	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

Note: LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at **ama-assn.org**.

Helpful tips:

Educate your members and their spouses, caregivers, and/or guardians about the importance of:

- Complying with long-term medications.
- Not abruptly stopping medications without consulting you.
- Contacting you immediately if they experience any unwanted/adverse reactions so that their treatment can be re-evaluated.
- Scheduling and attending follow-up appointments to review the effectiveness of their medications.
- Calling your office if they cannot get their medications refilled.
- Discuss the benefits of participating in a behavioral health case management program.
- Ask your members who have a behavioral health diagnosis to provide you access to their behavioral health records if you are their primary care provider.
- If utilizing an electronic medical record system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider contract or health plan contact for additional details and questions.

Other available resources

You can find more information and tools online at:

- **ahrq.gov**
- **ncbi.nlm.nih.gov**

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