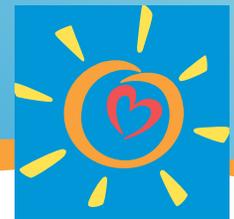


Antidepressant Medication Management (AMM)



L.A. Care
HEALTH PLAN®

Q: Which members are included in the sample?

A: Adults 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. Two rates are reported.

- Effective Acute Phase Treatment. Members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation phase Treatment. Members who remained on an antidepressant medication for at least 180 days (6 months)

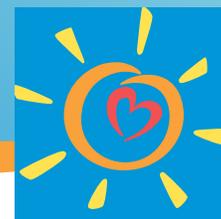
Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None.* This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Antidepressant Medication Management (AMM)



L.A. Care
HEALTH PLAN®

Q: What type of document is acceptable?

A: Evidence from a claim/encounter

1. Diagnosis of major depression and date of the earliest dispensing event for an antidepressant medication

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

2. Calendar days covered with prescriptions within the specified 180-day (6-month) measurement interval based on pharmacy claims

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Follow Practice Guidelines for the Treatment of Patients with Major Depressive Disorders
- ☑ Treat members with diagnosis of major depression for at least six months
- ☑ Utilize the PHQ-9 assessment tool in management of depression
- ☑ Educate members that it might take up to 4 weeks for therapeutic effect and of possible medication side effects

Antidepressant Medication Management (AMM)



L.A. Care
HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

ICD-10 codes

Major Depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
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CPT codes

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
AMM Visits	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255
ED	99281-99285

HCPCS codes

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
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Exclusion codes

Refer to Major Depression Value Set



Annual Monitoring for Patients on Persistent Medications (MPM)



L.A. Care
HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent [angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)], digoxin, diuretics in **2016**, and at least one therapeutic monitoring event for the therapeutic agent in **2016**.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None.* This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from claim/encounter for **each** of the following rates in **2016**:

Rate 1: Annual Monitoring for Members on ACE Inhibitors or ARBs

- A lab panel test, **or**
- A serum potassium test **and** a serum creatinine test

Rate 2: Annual Monitoring for Members on Digoxin

- A lab panel test **and** a serum digoxin test, **or**
- A serum potassium test **and** a serum creatinine test **and** a serum digoxin test

Rate 3: Annual Monitoring for Members on Diuretics

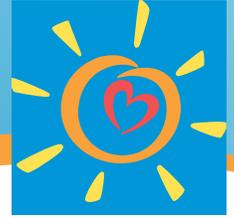
- A lab panel test, **or**
- A serum potassium test **and** a serum creatinine test

Q: How to improve score for this HEDIS measure?

- A:**
- Use of complete and accurate Value Set Codes
 - Timely submission of claims and encounter data
 - Exclude members who had an inpatient (acute or non-acute) claim/encounter in 2016



Annual Monitoring for Patients on Persistent Medications (MPM)



L.A. Care
HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

ICD-10 codes

N/A

CPT codes

Digoxin Level	80162
Lab Panel	80047, 80048, 80050, 80053, 80069
Serum Creatinine	82565, 82575
Serum Potassium	80051, 84132

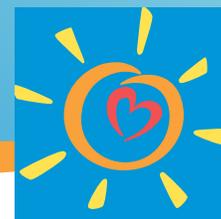
HCPCS codes

N/A

Exclusion CPT codes

Refer to Acute Inpatient Value Set, Nonacute Inpatient Value Set

Medication Reconciliation Post-Discharge (MRP)



L.A. Care
HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 18 years and older who had an acute or non-acute inpatient discharge **on or between 01/01/2016 and 12/01/2016**, and for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meets criteria:

- Documentation that the provider reconciled the current and discharge medications
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications)
- Documentation of the member's current medications with a notation that the discharge medications were reviewed
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service
- Evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review
- Documentation in the discharge summary that the discharge medications were reconciled with the current medication. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
- Notation that no medications were prescribed or ordered upon discharge

Q: What type of medical record is acceptable?

A:

- A medication list in a discharge summary that is present in the outpatient chart
- Hospital Discharge Summary
- Progress notes with the member's current medication list and a notation of reconciliation of discharge medications with the current medications

Q: How to improve score for this HEDIS measure?

A:

- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data
- Ensure proper documentation of medication reconciliation and the date when it was performed

Medication Reconciliation Post-Discharge (MRP)



SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

ICD-10 codes

N/A

CPT codes

Medication Reconciliation	99495, 99496
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CPT II codes

Medication Reconciliation	1111F
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HCPCS codes

N/A

Exclusion codes

N/A