# **Provider Bulletin**

#### Molina Healthcare of Nevada

December 2024

#### RE: Behavioral Health Follow-up Visit Post-Emergency Department Service

Dear Providers,

Molina Healthcare of Nevada acknowledges the significance of follow-up behavioral health care after emergency department visits. This approach aims to reduce repeat Emergency Department (ED) visits and improve health outcomes by offering the member support systems and medication evaluation/adjustment during a crucial period in their return to daily living.

Molina asks providers to identify Molina members aged 6 years and older who were recently seen in an emergency department for mental illness, intentional self-harm, substance abuse disorder, or unintentional overdose. Providers are requested to coordinate follow-up behavioral health visits within 7 days, and no longer than 30 days of discharge from the ED.

Members who attend a behavioral health visit within 30 days following discharge from the emergency department will receive a \$50 gift card from Molina.

If the member lacks a behavioral health provider, Molina's chosen provider for follow-up care is Human Behavioral Institute (HBI). Contact HBI to make referrals or appointments.

Human Behavioral Institute 2740 S. Jones Blvd Las Vegas, NV 89146 (800) 441-4483 Fax (702) 362-0074

Email: MRT@hbinetwork.com

Molina is grateful to all provider types for their support with this initiative. We have included tip sheets for behavioral health providers to assist with coding and billing for follow-up services.

#### Questions?

We are here to help. Contact your Provider Relations Representative or email the Provider Relations team at <a href="mailto:NVProviderRelations@MolinaHealthcare.com">NVProviderRelations@MolinaHealthcare.com</a>.

To learn more about provider updates, visit MolinaHealthcare.com/NV

Sincerely,

Molina Healthcare of Nevada Provider Relations

# **HEDIS®** Tip Sheet

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

# **Measure Description**

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, 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 (31 total days).
- 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Product Lines: Commercial, Medicaid, Medicare

#### Codes Included in the Current HEDIS® Measure

Follow-up visits with any practitioner, with a principal diagnosis of a mental health disorder, <u>OR</u> with a principal diagnosis of intentional self-harm <u>and</u> any diagnosis of a mental health disorder.

Description	Code
Mental Health Diagnosis	ICD-10: F03.xxx, F20-25.xx, F28-34.xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx,
	F68-69.xx, F80-82.xx, F84.x, F88-F95.xx, F98-99.xx
Intentional Self-Harm	ICD-10: T14.xxxx, T36-65.xxxx, T71.xxxx
Outpatient Visit	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847,
	90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255
	<u>with</u> Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49-50, 71-72
Behavioral Healthcare	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-42, 99344-
Outpatient Visit	45, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-12, 99483, 99492-
	99494, 99510
	HCPCS: G0155, G0176-77, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-
	37, H0039-40, H2000, H2010-11, H2013-H2020, T1015
	<b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-
	0917, 0919, 0982-83
Partial Hospitalization or	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847,
Intensive Outpatient	90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255
	with POS: 52
	HCPCS: G0410-11, H0035, H2001, H2012, S0201, S9480, S9484, S9485
	UBREV: 0905, 0907, 0912-13
Community Mental Health	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847,
Center Visit	90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255
	with POS: 53
Electroconvulsive Therapy	<b>CPT</b> : 90870
	ICD-10: GZB0ZZZ-GZB4ZZZ
	<u>with</u> Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 or POS: 24, 52, 53
Telehealth Visit	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-90834, 90836-90840, 90845, 90847,
	90849, 90853, 90875-76, 99221-99223, 99231-99233, 99238-39, 99252-99255
	<u>with</u> Telehealth POS: 02, 10
Telephone Visit	CPT: 98966-98968, 99441-99443
Online Assessment	CPT: 98970-98972, 98980-81, 99421-99423, 99457-58
(E-visit or Virtual Check-in)	<b>HCPCS:</b> G0071, G2010, G2012, G2250-G2252

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# **HEDIS®** Tip Sheet

# Follow-Up After Emergency Department Visit for Substance Use (FUA)

# **Measure Description**

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported:

- 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Product Lines: Commercial, Medicaid, Medicare

#### Codes Included in the Current HEDIS® Measure

Description	Code
ED Visit	CPT: 99281-99285
	UBREV: 0450-52, 0456, 0459, 0981
AOD Abuse and Dependence	ICD-10: F10-16.xxx, F18.xxx, F19.xxx
Substance Induced Disorders	ICD-10: F10.90, F10.920-99, F11.90, F11.920-99, F12.90, F12.920-99, F13.90,
	F13.920-99, F14.90, F14.920-99, F15.90, F15.920-99, F16.90, F16.920-99, F18.90,
	F18.920-00, F19.90, F19.920-99
Unintentional Drug Overdose	ICD-10: T40.xxxx-T43.xxxx, T51.xxxx
Outpatient Visit	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-34, 90836-40, 90845, 90847,
with <u>any</u> diagnosis of SUD,	90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 <u>with</u>
substance use, or drug overdose	Outpatient <b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
<u>or</u> with a mental health provider	
BH Outpatient Visit	CPT: 98960-62, 99078, 99202-05, 99211-15, 99242-45, 99341-42, 99344-45,
with <u>any</u> diagnosis of SUD,	99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510
substance use, or drug overdose	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031,
<u>or</u> with a mental health provider	H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
	<b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911,
	0914-0917, 0919, 0982, 0983
Partial Hospitalization or	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-34, 90836-40, 90845, 90847,
Intensive Outpatient	90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 <u>with</u> <b>POS:</b> 52
with <u>any</u> diagnosis of SUD,	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
substance use, or drug overdose	UBREV: 0905, 0907, 0912, 0913
<u>or</u> with a mental health provider	
Non-residential Substance Abuse	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849,
Treatment Facility Visit	90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 <u>with</u> Non-residential
with <u>any</u> diagnosis of SUD,	Substance Abuse Treatment Facility <b>POS:</b> 57, 58
substance use, or drug overdose	
<u>or</u> with a mental health provider	
Community Mental Health	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-34, 90836-40, 90845, 90847, 90849,
Center Visit	90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 <u>with</u> <b>POS:</b> 53
with <u>any</u> diagnosis of SUD,	
substance use, or drug overdose	



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<u>or</u> with a mental health provider	
Peer Support Service	HCPCS: G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012
with <i>any</i> diagnosis of SUD,	T1016
substance use, or drug overdose	
Opioid Treatment Services Billed	HCPCS OUD Monthly Office Based Treatment: G2086, G2087
Monthly or Weekly	HCPCS OUD Weekly Non-Drug Service: G2071, G2074-G2077, G2080
with <i>any</i> diagnosis of SUD,	
substance use, or drug overdose	
Telehealth Visit	<b>CPT</b> Visit Setting Unspecified: 90791-92, 90832-34, 90836-40, 90845, 90847,
with <i>any</i> diagnosis of SUD,	90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 <u>with</u>
substance use, or drug overdose	Telehealth POS: 02, 10
<u>or</u> with a mental health provider	
Telephone Visit	CPT: 98966-68, 99441-43
with <i>any</i> diagnosis of SUD,	
substance use, or drug overdose	
<u>or</u> with a mental health provider	
Online Assessments	CPT: 98970-72, 98980-81, 99421-23, 99457, 99458
(E-visit or Virtual Check-in)	<b>HCPCS:</b> G0071, G2010, G2012, G2250-G2252
with <u>any</u> diagnosis of SUD,	
substance use, or drug overdose	
<u>or</u> with a mental health provider	
Substance Use Disorder Services	CPT: 99408, 99409
	HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022,
	H0047, H0050, H2035, H2036, T1006, T1012
	<b>UBREV:</b> 0906, 0944, 0945
	ICD-10 Substance Abuse Counseling and Surveillance: Z71.41. Z71.51
Behavioral Health Assessment	CPT: 99408, 99409
	HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Substance Use Services	HCPCS: H0006, H0028
Medication Treatment Event	HCPCS AOD Medication Treatment: G2069, G2070, G2072, G2073, H0020, H0033,
	J0570-J0575, J2315, Q9991, Q9992, S0109
	HCPCS OUD Weekly Drug Treatment Service: G2067-G2070, G2072, G2073

#### **Medications**

#### Alcohol Use Disorder Treatment Medications

Description	Prescription
Aldehyde dehydrogenase inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral; delayed-release tablet)

#### Opioid Use Disorder Treatment Medications

Description	Prescription
Antagonist	Naltrexone (oral & injectable)
Partial agonist	Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone
	(sublingual tablet, buccal film, sublingual film)



# Ways to Improve HEDIS® Scores

- Schedule follow-up visits for members with a primary diagnosis of SUD, or any diagnosis of drug overdose, within 7 days of being seen in the ED. Telephone and/or telehealth appointments within the required timeframe meets compliance.
- Refer the member to a Molina Care Manager or work collaboratively with the Molina Care Manager if one is already assigned to help increase member's access and motivation for treatment.
- Follow-up visits must be supported by a claim, encounter or note from the mental health practitioner's medical chart in order to count toward the measure.
- Document identified substance abuse in the member chart and submit a claim with the correct billing codes.
- Review situations where there are comorbid medical conditions. Be sure to include all diagnoses and use substance use related codes (ex. Cellulitis - L03.90 related to Intravenous Drug use F11.20) as these also qualify members for the measures.
- Provide member educational materials and resources that include information on the treatment processes and options, including mutual support groups and other community-based programs.

### **Required Exclusions**

- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.

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Updated 11/14/2023



# Ways to Improve HEDIS® Scores

- Schedule follow-up appointments within 7 days of ED discharge with a healthcare practitioner before the
  member leaves the hospital to reduce the likelihood of a preventable ED visit or hospital admission. A
  telehealth, telephone, e-visit, or virtual check-in appointment within the required timeframe meets
  compliance. Contact Molina Case Management if assistance is needed to obtain follow-up appointment.
- Conduct follow-up phone calls with the member and/or parent/guardian 24 to 72 hours after discharge to verify appointments are scheduled and address additional needs the member may have.
- Assist the member with navigation of the health system to lessen the impact of barriers, such as using their transportation benefit to get to their follow-up appointment.
- Ensure your member has an understanding of the local community support resources and what to do in an event of a crisis.
- Review medications with members (*and/or parent/caregiver as appropriate*). Educate your member on the importance of taking their medication(s) and appropriate frequency.
- Follow-up visits must be supported by a claim, encounter or note from a healthcare practitioner's medical chart in order to count toward the measure.
- Provide information about the importance of monitoring their emotional well-being and following up with their mental health practitioner.

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- Members who died any time during the measurement year.



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