Quality Rating System (QRS) Behavioral Health Measure Toolkit

Measurement Year 2025

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Understanding measure compliance and coding references

We value everything you do to deliver quality care to our members — your patients — to ensure they have a positive healthcare experience. There are several QRS behavioral health measures that providers can directly impact related to follow-up care for mental illness, substance use disorders, depression and social needs screenings and interventions. That is why we created this easy-to-use At-A-Glance Toolkit. It will give you the tools you need to meet, document, and code the measures. Together, we can provide the care and services our members need to stay healthy while also improving our quality scores and Star Ratings. Please contact your Provider Relations Representative if you need more information or have any questions.

Understanding HIPAA

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. HEDIS® data collection and release of information is permitted under HIPAA 45 CFR 164.506 because the disclosure is part of quality assessment and improvement activities.

This guide has been updated with information from the release of the HEDIS® 2025 Volume 2 Technical Specifications by NCQA and is subject to change.

Helpful Terms

CAHPS®: CAHPS stands for "Consumer Assessment of Healthcare Providers and Systems." The name represents a standardized approach to gathering, analyzing, and reporting information on consumers' and patients' experiences with healthcare services. **HEDIS®:** The Healthcare Effectiveness Data and Information Set **QRS:** The Quality Rating System is a quality reporting program that compares the performance of Qualified Health Plans (QHP) offered on Exchanges. **Denominator:** The number of members who qualify for the measure criteria, based on NCQA technical specifications. **Measurement year:** In most cases, the 12-month timeframe between which a service was rendered; generally, January 1 through December 31.	**Numerator:** The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment, or service. **Reporting year:** The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year. **Interactive outpatient encounter:** A bidirectional communication that is face-to-face, phone based, an e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments.

HEDIS Reporting Methods and Data Source:

- Administrative: Transaction Data- Enrollment, Claims, Encounter
- Hybrid: Manual Medical Record Review
- Survey: CAHPS®, Medicare Health Outcomes Survey
- Electronic Clinical Data Systems (ECDS): Enrollment, Claims, Encounter, EHRs, Registries, Case Management

Administrative Measures - Mental Illness

Helpful hint: Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy, and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.

Follow-Up After Hospitalization for Mental Illness (FUH)

Applicable Foster Care Measure

Measure Changes:

- Intentional self-harm diagnoses in any position; and principal diagnoses of phobia or anxiety added to the denominator events.
- Any diagnosis of a mental health disorder added to the numerator.
- Peer support and residential treatment services added to the numerator.

This measure assesses the percentage of discharges for members ages 6 and older who were hospitalized for treatment of mental illness or intentional self-harm. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 7 days after discharge with a mental health provider.	**2.** The percentage of discharges for which the member received follow-up within 30 days after discharge with a mental health provider.

What is included?

Medicaid, Medicare, and Marketplace members 6 and older with an acute inpatient discharge for mental illness or any diagnosis of intentional self-harm between January 1 and December 1 of the measurement year. This measure is based on events, not members, so a member may fall into the measure multiple times throughout the measurement period.

Diagnosis Codes* that Include Members in the Measure

F20.0-F94.9 or R45.851 or T14.91XA-X83.8XXS

How is Adherence Met?

The member has a follow-up within 7 days after discharge with a mental health provider or at an approved setting as outlined by the National Committee for Quality Assurance. If the visit did not occur within 7 days, it must occur within 30 days after discharge. Follow-up visits that occur on the day of discharge will not count.
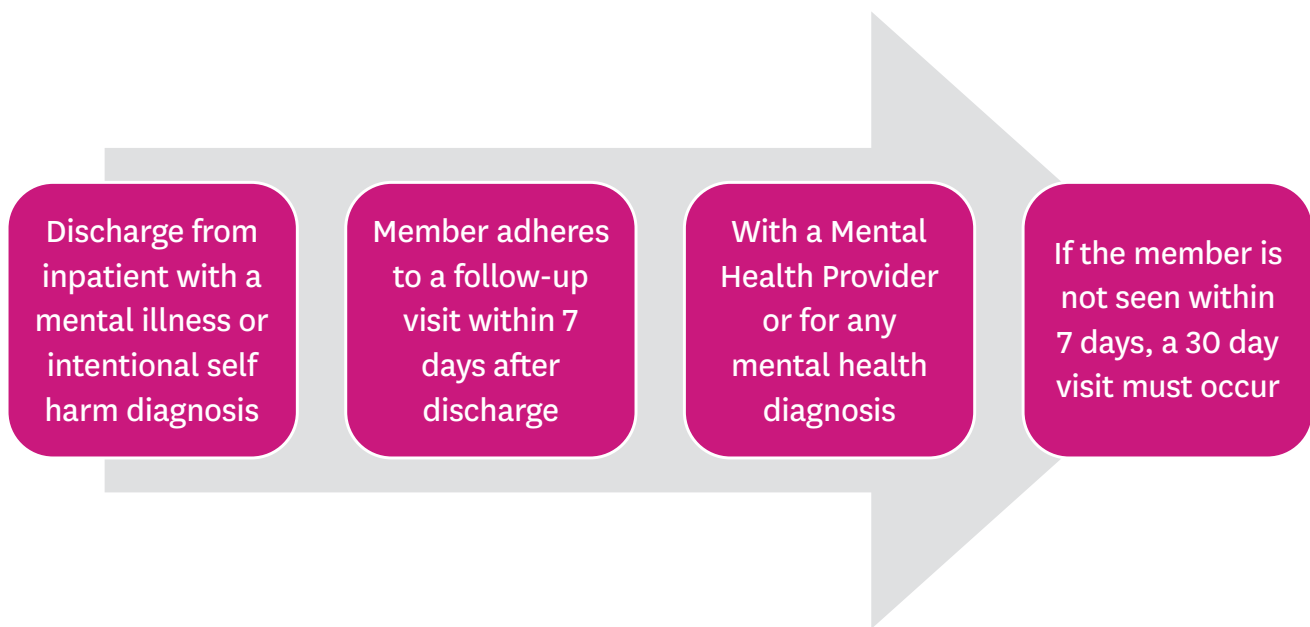
Adherent REV, CPT**, and HCPCS Codes

Note: if visit is with a behavioral health provider, the diagnosis does not need to include a mental health disorder.

DESCRIPTION	CODE
Outpatient visit with a mental health provider or with any mental health diagnosis	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 17, 19, 20, 22, 22, 33, 49, 49, 50, 71, 72
BH Outpatient visit with a mental health provider or with any mental health diagnosis	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive Outpatient or Partial Hospitalization	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255, with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, 0905, 0907, 0912, 0913
Community Mental Health Center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015; 99495, 99496 with POS 53
Electroconvulsive Therapy	90870, with 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72, 24, 52,53
Telehealth visit with a mental health provider or with any mental health diagnosis	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 02, 10
Transitional care management services with a mental health provider or with any mental health diagnosis	99495, 99496
Behavioral healthcare setting	0513, 0900-0905, 0907, 0911-0917, 0919, 1001

Telephone visit with a mental health provider or with any mental health diagnosis	98966-98968, 99441-99443
Psychiatric collaborative care	99492-99494, G0512
Peer Support Services with any mental health diagnosis	G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Residential	H0017-H0019, T2048: or 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 with POS 56

FUH MEASURE AT-A-GLANCE

Discharge from inpatient with a mental illness or intentional self harm diagnosis

Member adheres to a follow-up visit within 7 days after discharge

With a Mental Health Provider or for any mental health diagnosis

If the member is not seen within 7 days, a 30 day visit must occur

Administrative Measures - Substance Use

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Applicable Foster Care Measure

This measure assesses the percentage of new substance use disorder episodes that result in treatment initiation and engagement. Two rates are reported:

1. Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.	**2. Engagement of SUD Treatment.** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

What is included?

Medicaid and Medicare members 13 and older. In addition to behavioral health providers, this measure includes episodes diagnosed by primary care providers (PCP) and other non-behavioral health providers.

Diagnosis Codes* that Include Members in the Measure

F10.10-F10.29 (excludes readmission codes)

How is Adherence Met?

Adherence is met for initiation when the member initiates treatment for SUD through an IP SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment event within 14-days of the SUD episode. Adherence is met for engagement when the member has (any combination of) two SUD visits or medication treatment events on the day after the initiation encounter through 34 days after.
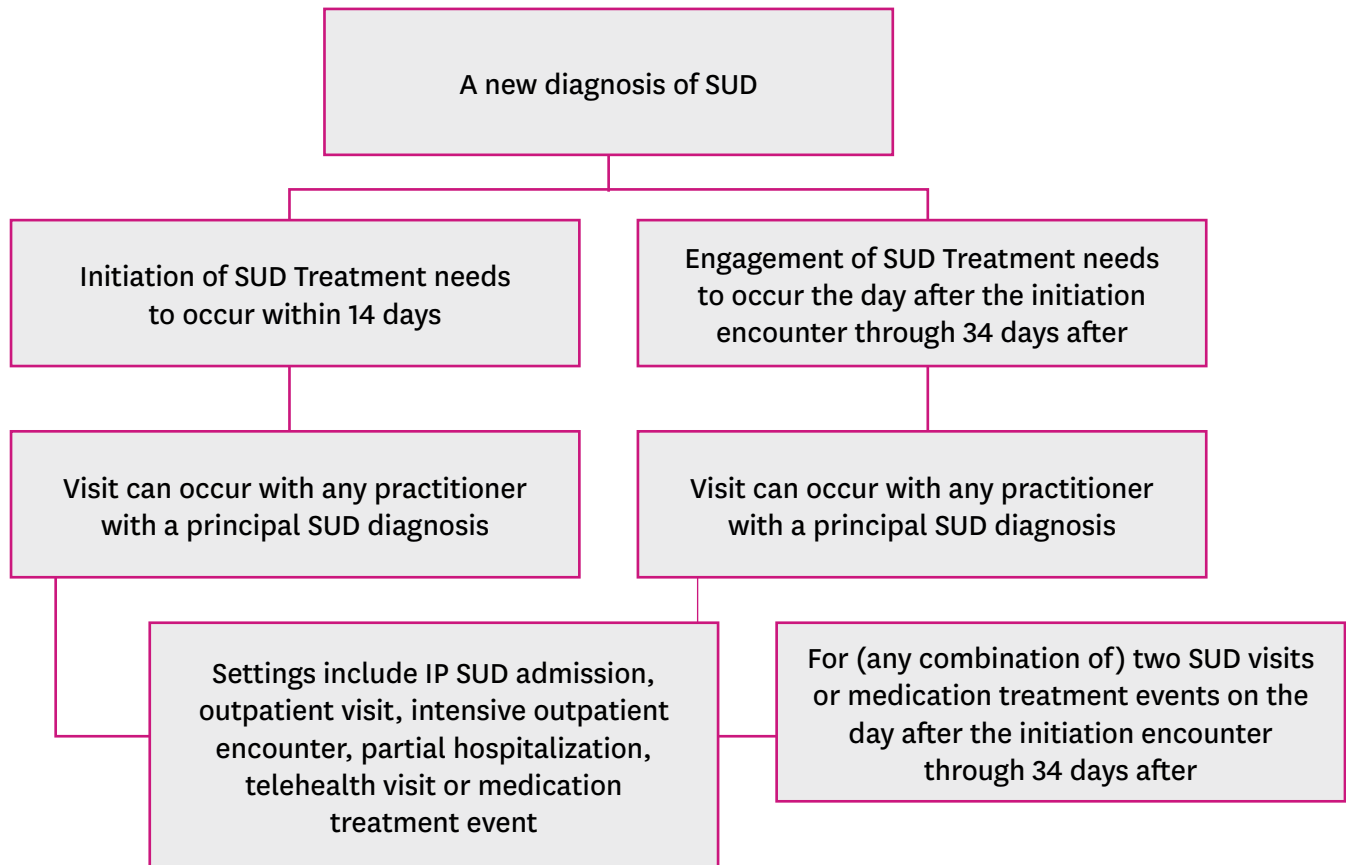
Adherent Diagnosis/CPT**/HCPCS Codes

Principal diagnosis: F10.10-F10.29 (excludes remission codes) with one of the following:

DESCRIPTION	CODE
Acute or non-acute inpatient admission	0100, 0101, 0110-114, 0116-124, 0126-134, 0136-144, 0146-154, 0156-160, 0164, 0167, 0169-174, 0179, 0190-194, 0199-204, 0206-214, 0219, 1000-1002
Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

BH Outpatient visit with a mental health provider	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive outpatient encounter or partial hospitalization	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255, with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, 0905, 0907, 0912, 0913
Non-residential substance abuse treatment facility	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 57, 58
An outpatient visit at a community mental health center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 53
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 02, 10
A substance use disorder service	99408, 99409, G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012, 0906, 0944, 0945
A substance use disorder counseling and surveillance	Z71.41, Z71.51
Telephone Visit	98966-98968, 99441-99443
An e-visit or virtual check-in visit	98970-98972, 98980, 98981, 99421-99444, 99457, 99458, G0071, G2010, G2012, G2061-G2063, G2250-H2252
Opioid treatment service that bills monthly or weekly	G2071, G2074-G2077, G2080, G2086, G2087
An alcohol use disorder medication dispensing event (for alcohol cohort)	Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral and delayed-release tablet)
An opioid use disorder medication dispensing event (for opioid use cohort)	Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) G2073, J2315, G2070, G2072, J0570, G2069, Q9991, Q9992, J0572-J0575, H0033, J0571, G2068, G2079, H0020, S0109, G2067-G2078

Note: Methadone is not included.

For all initiation events except medication treatment dispensing events and medication administration events, initiation on the same day as the SUD episode date must be with different providers to count.

IET MEASURE AT-A-GLANCE

A new diagnosis of SUD

Initiation of SUD Treatment needs to occur within 14 days

Engagement of SUD Treatment needs to occur the day after the initiation encounter through 34 days after

Visit can occur with any practitioner with a principal SUD diagnosis

Visit can occur with any practitioner with a principal SUD diagnosis

Settings include IP SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment event

For (any combination of) two SUD visits or medication treatment events on the day after the initiation encounter through 34 days after

Electronic Clinical Data Systems (ECDS)

Helpful Hint: HEDIS® quality measures reported using ECDS means secure sharing of patient medical information electronically between systems. Measures that leverage clinical data captured routinely during the care delivery can reduce the burden on providers to collect data for quality reporting. It is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures. This provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.

Provider tips:

- Understand the ECDS measures and the coding associated with electronic data transmission.

- Contact your health plan provider representative to establish an electronic data transfer with the plan if your organization does not already have one.

- Make full use of CPT II codes to submit care quality findings for performance measurement, many HEDIS gaps could be closed via claims if CPT II codes were fully utilized.

- Ensure the EMR systems are set up to link the clinical and behavior health entries to **LOINC** (Logical Observation identifiers, Names and Codes) and **SNOMED** (Systemized Nomenclature of Medicine-Clinical Terms).

  ► There are several behavioral health screenings that can only be represented by LOINC codes for the purposes of HEDIS reporting and can be extracted from EMR systems.

  ► SNOMED codes represent both diagnoses and procedures as well as clinical findings and are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.

  ► Because LOINC codes and SNOMED codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our members are receiving.

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

This measure assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

1. Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.	**2. Follow-Up on Positive Screen.** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Note: A LOINC code submission via flat file is required to be adherent for the depression screening numerator.

What is included?

Medicaid, Medicare, and Marketplace members aged 12 and older.

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

INSTRUMENTS FOR ADOLESCENTS (≤17 YEARS)	TOTAL SCORE LOINC CODES	POSITIVE FINDING
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

How is Adherence Met?

Adherence is met for the first numerator when the member had a documented screening using an age-appropriate standardized instrument. If the depression screening is positive, the member must receive follow-up care on or up to 30 days after the date of the first positive screening to be adherent for the second numerator.
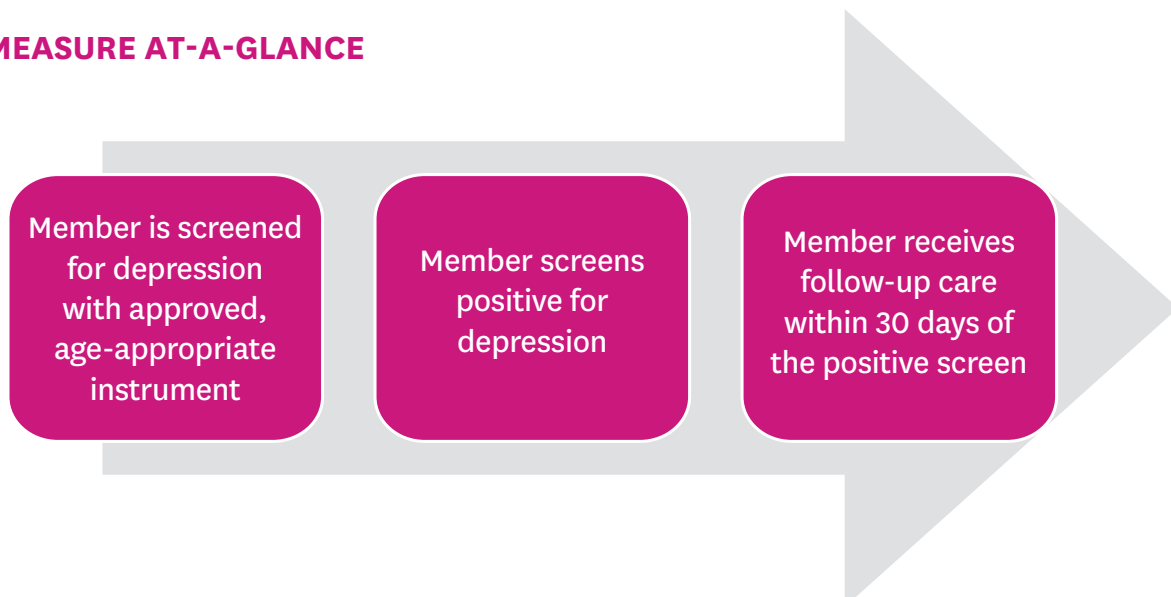
Adherent LOINC codes for the Screening numerator

INSTRUMENTS FOR ADULTS (18+ YEARS)	TOTAL SCORE LOINC CODES	POSITIVE FINDING
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD)®	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5

Adherent REV, CPT**, and HCPCS Codes for the Follow-Up on Positive Screen numerator

DESCRIPTION	CODES*
An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition	0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, G0071, G0463, G2010, G2012, G2250-G2252, T1015
Depression Case Management Encounter that documents assessment for symptoms of depression (i.e., SNOMED) or a diagnosis of depression or other behavioral health condition	99366, 99492- 99494, G0512, T1016, T1017, T2022, T2023
Behavioral health encounter, including assessment, therapy, collaborative care, or medication management	90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493, G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485
Exercise counseling	Z71.82
Dispensed an antidepressant medication	
Documentation of an additional depression screening on a full-length instrument (i.e., PHQ-9®) indicating either no depression or no symptoms that require follow-up (i.e., negative screen) on the same day as a positive screen on a brief screening instrument (i.e., PHQ-2®).	

*Codes subject to change

DSF-E MEASURE AT-A-GLANCE

Member is screened for depression with approved, age-appropriate instrument

Member screens positive for depression

Member receives follow-up care within 30 days of the positive screen

Social Need Screening and Intervention (SNS-E)

This measure assesses the percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive.

1. **Food Screening.** The percentage of members who were screened for food insecurity.

2. **Food Intervention.** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.

3. **Housing Screening.** The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.

4. **Housing Intervention.** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.

5. **Transportation Screening.** The percentage of members who were screened for transportation insecurity.

6. **Transportation Intervention.** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

Note: A LOINC code submission via flat file is required to be adherent for the screening numerators.

What is included?

Medicaid and Medicare members of any age enrolled at the start of through the last day of the measurement period (Jan. 1-Dec. 31) with no more than one gap in enrollment of up to 45 days.

How is Adherence Met?

Members identified between January 1 and December 1 through approved screening tools as having food insecurity, housing insecurity (instability, homelessness, inadequacy) and/or transportation insecurity and received an intervention to address the identified insecurity on or up to 30 days after the date of the first positive screening(s).

Adherent LOINC codes for the Screening numerators

FOOD INSECURITY INSTRUMENTS	SCREENING ITEM LOINC CODES	POSITIVE FINDING LOINC CODES
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
Health Leads Screening Panel®1	95251-5	LA33-6
Hunger Vital Sign™ 1 (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK)®1	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

HOUSING INSTABILITY AND HOMELESSNESS INSTRUMENTS	SCREENING ITEM LOINC CODES	POSITIVE FINDING LOINC CODES
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	LA31994-9 LA31995-6
Children's Health Watch Housing Stability Vital Signs™ 1	98976-4	LA33-6
	98977-2	≥3
	98978-0	LA33-6
Health Leads Screening Panel®1	99550-6	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93033-9	LA33-6
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

HOUSING INADEQUACY INSTRUMENTS	SCREENING ITEM LOINC CODES	POSITIVE FINDING LOINC CODES
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2

American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

TRANSPORTATION INSECURITY INSTRUMENTS	SCREENING ITEM LOINC CODES	POSITIVE FINDING LOINC CODES
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel[1]	99553-0	LA33-6
Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE][1]	93030-5	LA30133-5 LA30134-3
PROMIS[1]	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

Positive screens require an intervention within 30 days that corresponds to the type of need identified on or up to 30 days after the date of the first positive screening.

- A positive food insecurity screen finding must be met by a food insecurity intervention.
- A positive housing instability or homelessness screen finding must be met by a housing instability or homelessness intervention.
- A positive housing inadequacy screen finding must be met by a housing inadequacy intervention.

Interventions may include any of the following categories: adjustment, assistance, coordination, counseling, education, evaluation of eligibility, evaluation/assessment, provision, or referral.

Adherent CPT** codes for the Intervention numerators

DESCRIPTION	CODES*
Food Insecurity	96156, 96160, 96161, 97802-97804, S5170, S9470
Housing Instability	96156, 96160, 96161
Transportation Insecurity	96156, 96160, 96161

Note: Specific SNOMED codes can also be used for the intervention numerators.

*Codes subject to change

CAHPS® Outpatient Mental Health Survey

Appropriate patient care is essential to the overall health of the ones we serve. Annually, NCQA directs health plans to conduct a survey about the member's experience with behavioral health services. The Outpatient Mental Health Survey measures members' experiences and identifies opportunities for health plans and providers to improve quality of care and access to mental health and substance abuse services.

Your patients may be asked the following questions. ***How do you rate?***

COMPOSITE MEASURES	SAMPLE QUESTIONS
Getting Appointments for Prescription Medications	*How difficult was it for you to make an appointment with the person who prescribes your mental health medicine?* (Very difficult, Somewhat difficult, Not very difficult, Not difficult at all)
Getting Mental Health Counseling	*How difficult was it for you to make an appointment with your mental health counselor?* (Very difficult, Somewhat difficult, Not very difficult, Not difficult at all)
Communication with Mental Health Counselor	*How often did your main mental health counselor listen carefully to you?* *How often did your main mental health counselor show respect for what you had to say?* (Never, Sometimes, Usually, Always)
Goal Setting	*How much did your main mental health counselor consider what is important to you when setting the goals for treatment?* (Not at all, A little, Some, A lot)
Getting Help Between Appointments	*When you contacted your main mental health counselor between your appointments, how often did you get the help or support you needed?* (Never, Sometimes, Usually, Always)
Rating of Mental Health Counselor	*What number would you use to rate your main mental health counselor?* (0-10)
Unmet Need for Mental Health Services	*Did you get all the mental health services you needed?* (Yes, No)
Financial Barriers to Mental Health Services	*How difficult was it for you to pay for the mental health services you received?* (Very difficult, Somewhat difficult, Not very difficult, Not difficult at all)

Provider Tips:

- Offer extended hours, telehealth, and various treatment options when possible.

- Let patients know your office hours and how to get after-hour care.

- Partner with the health plan and coordinate care with other specialists and primary care physicians to address whole person health and access to timely care.

- Assess culture and linguistic needs and ask your patients what is important to them.

- Offer to coordinate care with other specialists or primary care physicians.

- Obtain release of information forms and explain the purpose of releasing information to other providers.

- Include family/caregivers/identified support in the treatment plan.

- Invite questions and encourage your patient to take notes.

- Use the "teach-back" method.