



Coding for Success: Understanding ADD-E, APP, FUA, FUH, & FUM HEDIS® Measures

July 29th & 31st, 2025

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Oklahoma Complete Health has Care Managers who activate resources for members.

A foster care member with complex medical needs faced separation from siblings and new mental health struggles. The care manager stepped in and secured medical support, transportation, and diabetes care. Working with the foster mom and Oklahoma Human Services, they ensured ongoing medical and behavioral care.

Now the member is thriving - both physically and emotionally.



Pay-for-Performance (P4P) – SoonerSelect Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Glycemic Status Assessment for Patients with Diabetes (GSD) >8% (18-75 yrs)	38.90%	\$10.00	49.30%	\$20.00	55.70%	\$30.00
Controlling High Blood Pressure (CBP) (18-75 yrs)	52.00%	\$10.00	59.80%	\$20.00	68.60%	\$30.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	79.68%	\$10.00	84.43%	\$20.00	88.31%	\$30.00
Childhood Immunization Status (CIS) Combination Ten (10) (0-2yrs)	34.79%	\$10.00	42.09%	\$20.00	49.76%	\$30.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	35.04%	\$10.00	41.12%	\$20.00	48.42%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	55.72%	\$10.00	61.19%	\$20.00	67.56%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	65.83%	\$10.00	72.24%	\$20.00	78.07%	\$30.00

Measure	Payout
Annual Preventive Visit (APV) 18 – 75 years old	\$ 20.00

Pay-for-Performance (P4P) – Children’s Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	79.68%	\$10.00	84.43%	\$20.00	88.31%	\$30.00
Childhood Immunization Status (CIS) Combination Ten (10) (0-2yrs)	34.79%	\$10.00	42.09%	\$20.00	49.76%	\$30.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	35.04%	\$10.00	41.12%	\$20.00	48.42%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	55.72%	\$10.00	61.19%	\$20.00	67.56%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	65.83%	\$10.00	72.24%	\$20.00	78.07%	\$30.00

Measure	Payout
Annual Preventive Visit (APV) 18-26 yrs	\$ 20.00

Pay-for-Performance (P4P) – Ambetter Measures

2025 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Cervical Cancer Screening (CCS)	\$25	56.90%	65.00%
Colorectal Cancer Screening (COL)	\$25	56.90%	62.80%
Child and Adolescent Well-Care Visits (WCV)	\$25	50.50%	59.60%
Controlling High Blood Pressure (CBP)	\$25	67.80%	72.90%
Glycemic Status Assessment for Patients with Diabetes <9 (GSD)	\$25	72.50%	77.40%
Eye Exam for Patients with Diabetes (EED)	\$25	42.40%	52.90%
Patients with Diabetes Kidney Health Evaluation (KED)	\$25	46.70%	55.40%
Breast Cancer Screening (BCS)	\$25	71.50%	75.70%
Chlamydia Screening in Women (CHL)	\$25	43.80%	51.50%
Plan All-Cause Readmissions (PCR)	\$25	64.00%	55.50%

Pay-for-Performance (P4Q) – Wellcare Measures

Program Measures	Amount Per
BCS – Breast Cancer Screening	\$50
CBP – Controlling High Blood Pressure	\$75
COA – Care for Older Adults – Functional Status*	\$25
COL – Colorectal Cancer Screen	\$50
EED – Diabetes – Dilated Eye Exam	\$25
FMC – F/U ED Multiple High Risk Chronic Conditions	\$50
GSD – Diabetes HbA1c ≤ 9	\$75
KED – Kidney Health Evaluation for Patients with Diabetes	\$50
Medication Adherence – Blood Pressure Medications	\$50
Medication Adherence – Diabetes Medications	\$50
Medication Adherence – Statins	\$50
OMW – Osteoporosis Management in Women Who Had Fracture	\$50
SPC – Statin Therapy for Patients with CVD	\$25
SUPD – Statin Use in Persons With Diabetes	\$25
TRC – Medication Reconciliation Post Discharge	\$25

**Special Needs Plan (SNP) members only.*

Key Components & Proper Coding for ADD-E HEDIS[®] Measure

Understanding the ADD-E HEDIS® Measure & Proper Coding

Measure Name:

- ADD-E – Follow Up Care for Children Prescribed ADHD Medication

Target Population:

- Children 6 to 12 years of age

Measure Requirements: (two rates reported)

- ✓ First follow-up visit with prescribing provider within 30 days following ADHD medication dispensed
- ✓ At least two additional follow-up visits during the next 9 months (following initial 30 days)

Why It Matters:

- ADHD is one of the more common chronic conditions of childhood.
- Follow-up visits help monitor medication effectiveness, manage side effects, and support overall development.
- Impacts **HEDIS® compliance, quality reporting.**

Understanding the ADD-E HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

CPT Codes:

- 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99221–99223, 99231–99233, 99238, 99239, 99242–99245, 99252–99255, 98960–98962, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510, 99421–99423, 99457, 99458

HCPCS Codes:

- G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, G0071, G2010, G2012, G2250–G225

POS Codes:

- 02, 03, 05, 07, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72

**Codes subject to change.*

ADD-E Visit Claim Review – DOS 2/12/25, 5/23/25 & 7/8/25

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)													ICD Ind.						
A		F4325			B		F419			C					D				
E					F					G					H				
I					J					K					L				
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	
From		To																	
MM	DD	YY	MM	DD	YY														
02	12	25						11				H0004	HE				AB		
2																			
3																			

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)													ICD Ind.						
A		F4325			B		F419			C					D				
E					F					G					H				
I					J					K					L				
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	
From		To																	
MM	DD	YY	MM	DD	YY														
05	23	25						11				H0004	HE				AB		
2																			
3																			

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)													ICD Ind.						
A		F4325			B		F419			C					D				
E					F					G					H				
I					J					K					L				
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	
From		To																	
MM	DD	YY	MM	DD	YY														
07	08	25						11				H0004	HE				AB		
2																			
3																			

ADD-E Visit Claim Review – 7/12/2025


ADD-E HEDIS® Measure Components:

- ✓ **Evidence of ADHD medication first dispensed on 1/14/2025**
- ✓ Follow-up care within 30 days after ADHD medication was dispensed by prescribing provider
- ✓ At least two additional follow-up visits during the next 9 months

Key Finding:

- ✓ Three claims found after dispensing even properly coded for ADD-E measure:
 - H0004 – Behavioral health counseling and therapy, per 15 minutes
 - F43.25 – Adjustment disorder with mixed disturbance of emotions and conduct

Best Practice Observed:

 The member successfully completed three follow-up visits within timeframes of first dispensed ADHD medication, meeting requirements and resulting in closing the ADD-E care gap

Understanding the ADD-E HEDIS® Measure & Proper Coding

Coding/Documentation Tips:

1. This is a measure (ADD-E) collected through Electronic Clinical Data Systems.
2. Schedule the first follow-up visit within 30 days of the first ADHD prescription.
3. Use accurate codes and documentation to ensure visits count toward the measure.
4. The initial follow-up visit must be with a practitioner with prescribing authority (cannot be on same day as dispensed medication date).
5. Subsequent follow-up visits can be with any practitioner.
6. Telephone and telehealth visits are acceptable in both the initiation and continuation phases.
7. Ensure documentation includes evidence of a dispensed ADHD medication the date of the follow-up visits.

Key Components & Proper Coding for APP HEDIS® Measure

Understanding the APP HEDIS® Measure & Proper Coding

Measure Name:

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

Target Population:

- Children and adolescents 1 to 17 years of age

Measure Requirements:

- ✓ Evidence of a dispensed antipsychotic medication
- ✓ Date of psychosocial care or residential behavioral health treatment that must occur
 - 90 days prior to the **earliest** antipsychotic prescription start date
 - 30 days after **earliest** antipsychotic prescription start date

Why It Matters:

- Ensures safe, effective ADHD treatment by confirming timely follow-up after starting medication—critical for monitoring side effects, adherence, and response.
- Impacts **HEDIS® compliance, quality reporting.**

Understanding the APP HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

CPT Codes:

- **90832–90834, 90836–90840, 90845–90849, 90853, 90875, 90876, 90880**

HCPCS Codes:

- **G0176, G0177, G0409–G0411, H0004, H0017–H0019, H0035–H0039, H0040, H2000, H2001, H2011–H2014, H2017–H2020, S0201, S9480, S9484, S9485, T2048**

**Codes subject to change.*

APP Visit Claim Review – 7/10/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)												ICD Ind.		0	
A. <u>Z0389</u>			B. <u>F902</u>			C. <u>F3481</u>			D. _____						
E. _____			F. _____			G. _____			H. _____						
I. _____			J. _____			K. _____			L. _____						
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER			
From		To						CPT/HCPCS		MODIFIER					
MM	DD	YY	MM	DD	YY										
07	10	25				02			H0004	HE	HR		ABC		
2															
3															
4															
5															
6															
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt claims, see back)			

APP Visit Claim Review – 7/10/2025


APP HEDIS® Measure Components:

- ✓ **Evidence of antipsychotic medication first dispensed on 7/9/2025**
- ✓ Psychosocial care visit one day after dispensed antipsychotic medication
 - Psychosocial care is within 90 before thru 30 days after dispensed medication

Key Finding:

- ✓ Psychosocial care visit correctly billed using HCPCS code:
 - H0004 – Behavioral health counseling and therapy, per 15 minutes
 - F90.2 – Attention-deficit hyperactivity disorder, combined type

Best Practice Observed:

-  The member successfully completed psychosocial care within timeframes of first dispensed antipsychotic medication, meeting requirements and resulting in closing the APP care gap

Understanding the APP HEDIS® Measure & Proper Coding

Coding Tips:

1. Before prescribing antipsychotic medication, complete or refer for a trial of first-line psychosocial care.
2. Schedule psychosocial care **90 days before** starting a new antipsychotic medication **or 30 days after**.
3. Be sure to document the antipsychotic medication was first dispense to include name of medication, dose, route and date.
4. Use appropriate codes, modifiers, and place of service codes, for example:
 - **H0004** – Behavioral health counseling and therapy, per 15 minutes
 - **90832–90837** – Psychotherapy (30–60 minutes)
 - **90791/90792** – Psychiatric diagnostic evaluation
 - For telehealth visits, use: Place of Service 02
 - **Modifiers: HE (mental health program), HR (family/couple with client present)**

Key Components & Proper Coding for FUA HEDIS[®] Measure

Understanding the FUA HEDIS® Measure & Proper Coding

Measure Name:

- FUA – Follow-Up After Emergency Department Visit with Substance Use Disorder (SUD)

Target Population:

- Members 13 years of age and older with an emergency department visit for a principal diagnosis of substance use disorder (SUD) or any other drug overdose

Measure Requirements: (two rates reported)

- ✓ A follow-up visit or a pharmacotherapy dispensing event within **7 days** after each ED visit
- ✓ A follow-up visit or a pharmacotherapy dispensing event within **30 days** after each ED visit

Why It Matters:

- This measure focuses on making sure that people leaving the ED after a high-risk substance use event receive coordinated follow up care.
- Impacts **HEDIS® compliance and quality reporting.**

Understanding the FUA HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 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, 98970–98972, 98980, 98981, 99422–99444, 99457, 99458, 99408, 99409

POS Codes:

- 02, 03, 05, 07, 09–20, 22, 33, 49, 50, 53, 57, 58, 71–72

HCPCS Codes:

- G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013, H2015, H2013–H2020, T1015, G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, G2086, G2087, G2071, G8074–G2077, G2080, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, H0006, H0028, T1006, T1012, G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049, G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J0577, J0578, J2315, Q9991, Q9992, S0109

**Codes subject to change.*





FUA Visit Claim Review – 6/12/2025


21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)											ICD Ind.		
											0		
A. F39			B. _____			C. _____			D. _____				
E. _____			F. _____			G. _____			H. _____				
I. _____			J. _____			K. _____			L. _____				
24. A. DATE(S) OF SERVICE							B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER
From To									CPT/HCPCS	MODIFIER			
MM	DD	YY	MM	DD	YY								
06	12	25				11			S9485	HE		A	
1													
2													
3													
4													
5													
6													
25. FEDERAL TAX I.D. NUMBER							SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	

FUA Visit Claim Review – 6/12/2025


FUA HEDIS® Measure Components:

-  **Follow up Visit on or 7 days after ED visit for substance use disorder**
 - There was no follow-up visit within 7 days found in the claims data.
-  **Follow up Visit on or 30 days after ED visit for substance use disorder**
 - There was a visit with a licensed clinical social worker in an office setting 15 days following the ED visit for substance abuse disorder.

Key Finding:

-  15-day follow-up visit correctly billed using CPT codes:
 - S9485 – Crisis intervention mental health services, per diem
 - Visit occurs with a mental health provider, the claim does not have to include the SUD or drug overdose diagnosis

Opportunity for Improvement:

-  Although the 15-day follow-up visit meets clinical criteria, the member did not receive a follow-up visit 7 days following the ED visit for substance use disorder.



FUA Visit Claim Review – 4/30/2025

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		0											
A. F19929		B. I493		C. _____		D. _____		E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		K. _____		L. _____	
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)						E. DIAGNOSIS POINTER			
From To														OPT/HCPCS MODIFIER									
MM	DD	YY	MM	DD	YY																		
1 OKCODET																							
04	30	25				22				99238							AB						
2																							
3																							
4																							
5																							
6																							
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.						27. ACCEPT ASSIGNMENT? (For govt. claims, see back)					

FUA Visit Claim Review – 4/30/2025


FUA HEDIS® Measure Components:

- ✓ **Follow up Visit on or 7 days after ED visit for substance use disorder**
 - Visit with a Pediatric Cardiologist in an office setting 1 day following the ED visit for substance abuse disorder (SUD)
- ✓ This visit **also satisfies the 30-day follow-up requirement for the FUA measure**

Key Finding:

- ✓ 1-day follow-up visit correctly billed using CPT, POS, and HCPCS codes:
 - 99238 – Hospital discharge day management
 - POS 22 – Outpatient hospital
 - F19.929 – Other psychoactive substance dependence with intoxication, unspecified

Best Practice Observed:

-  The member successfully completed follow-up within both the 7-day and 30-day timeframes, with a single follow-up visit meeting both requirements and resulting in the FUA care gap being closed.

Understanding the FUA HEDIS® Measure & Proper Coding

Coding/Documentation Tips:

1. Use **ICD-10 codes** that reflect a **principal diagnosis** of SUD or drug overdose and if visit setting is unspecified, include POS code, , and document date of discharge.
2. In person office visits are not required; follow-up can be provided via telehealth, telephone, e-visit, or virtual visit.
3. Best practice: Member seen within 7 days for follow-up for each ED visit.
4. The visit can be with any practitioner if the claim includes a diagnosis of SUD (e.g., F10.xx–F19.xx) or drug overdose (e.g., T40–T43, T51).
5. If the visit occurs with a mental health provider, the claim does not have to include the SUD or drug overdose diagnosis.
6. Services can occur on the date of discharge.

Key Components & Proper Coding for FUH HEDIS[®] Measure

Understanding the FUH HEDIS® Measure & Proper Coding

Measure Name:

- FUH – Follow-Up After Hospitalization for Mental Illness

Target Population:

- Members six years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm

Measure Requirements: (two rates reported)

- ✓ A follow-up for mental health within **7 days** after each discharge with qualified provider
- ✓ A follow-up for mental health within **30 days** after each discharge with qualified provider

Why It Matters:

- Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.
- Timely follow-up improves outcomes and supports HEDIS® compliance and quality performance.

Understanding the FUH HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

CPT Codes:

- **90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90870, 90853, 90875, 90876, 98966-98968, 99441-99443, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99496, 99510**

POS Codes:

- **02, 03, 05, 07, 09–20, 24, 33, 49, 50, 52, 53, 56, 57, 71–72**

HCPCS Codes:

- **G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015, G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015, G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1013, G0512**

**Codes subject to change.*





FUH Visit Claim Review – 03/27/2025


14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE QUAL MM DD YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a											
										17b	NPI										
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) OKCODE 731120000																					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)																		ICD Ind.		0	
A. F411					B.					C.					D.						
E.					F.					G.					H.						
I.					J.					K.					L.						
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER						E. DIAGNOSIS POINTER	
MM	DD	YY	MM	DD	YY																
03	27	25						10				H0004	HE	HR	GT			A			
03	27	25						10				T1041						A			
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.						27. ACCEPT ASSIGNMENT? (For govt. claims, see 18d)			

FUH Visit Claim Review – 03/27/2025


FUH HEDIS® Measure Components:

-  **Follow up Visit on or 7 days after hospitalization for mental illness**
 - There was no follow-up visit within 7 days found in the claims data.
-  **Follow up Visit on or 30 days after hospitalization for mental illness**
 - Telehealth visit with a mental health counselor 29 days following discharge.

Key Finding:

-  29-day follow-up visit correctly billed using HCPCS code:
 - H0004 – Behavioral health counseling and therapy, per 15 minutes via telehealth
 - F41.1 – generalized anxiety disorder (GAD)

Opportunity for Improvement:

-  The member did not receive a follow-up visit within 7 days and care gap remains open
 - The member is compliant only for the 30-day follow-up following the hospitalization for mental illness FUH measure.



FUH Visit Claim Review – 02/17/2025

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE QUAL MM DD YY													
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.													
										17b.		NPI											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0																							
A. F319					B.					C.					D.								
E.					F.					G.					H.								
I.					J.					K.					L.								
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER								E. DIAGNOSIS POINTER	
From To MM DD YY MM DD YY																							
02 17 25										11				T1041								A	
02 17 25										11				H0004 HE								A	
02 19 25										53				99214 HE GT								A	
02 25 25										11				H2017 HE HQ HW								A	
02 25 25										11				H2017 HE HQ HW								A	
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO.								27. ACCEPT ASSIGNMENT? (For govt. claims, see back)			

FUH Visit Claim Review – 02/17/2025


FUH HEDIS® Measure Components:

- ✓ **Follow up Visit on or 7 days after hospitalization for mental illness**
 - Visit with a mental health counselor in an office setting 2 days following the hospitalization for mental illness
- ✓ This visit **also satisfies the 30-day follow-up requirement for the FUH measure**

Key Finding:

- ✓ 2-day follow-up visit correctly billed using CPT codes:
 - H0004 HE – Behavioral health counseling and therapy, per 15 minutes;
 - F31.9 – bipolar disorder unspecified

Best Practice Observed:

 Member successfully completed a follow-up visit within **both** the 7-day and 30-day timeframes following the hospitalization for mental illness. The visit was appropriately coded, resulting in FUA gap in care closed.

Understanding the FUH HEDIS® Measure & Proper Coding

Coding Tips:

1. Use **ICD-10 codes** that reflect a **principal diagnosis** any mental illness disorder, or any diagnosis of intentional self-harm, and if visit setting is unspecified, include POS code, and document date of discharge.
2. This measure focuses on follow-up treatment, which must be with a mental health provider.
3. Best practice: Member seen within 7 days for follow-up for each discharge.
4. In person office visits are not required; follow-up can be provided via telehealth, telephone, e-visit, virtual visit, or transitional care management services with a mental health provider.
5. Do not include services that occur on the date of discharge.

Key Components & Proper Coding for FUM HEDIS® Measure

Understanding the FUM HEDIS® Measure & Proper Coding

Measure Name:

- FUM – Follow-Up After Emergency Department Visit for Mental Illness

Target Population:

- Members six years of age and older who had an ED visit for principal diagnosis of mental illness, or any diagnosis of intentional self-harm

Measure Requirements: (two rates reported)

- ✓ A follow-up visit or a pharmacotherapy dispensing event within **7 days** after each ED visit
- ✓ A follow-up visit or a pharmacotherapy dispensing event within **30 days** after each ED

Why It Matters:

- People with mental health conditions are more likely to return to the ED, often due to gaps in care or lack of behavioral health support.
- Youth are especially at risk—many don't receive timely follow-up and face higher chances of undiagnosed mental illness or suicidality.
- Timely follow-up improves outcomes and supports HEDIS® compliance and quality performance.

Understanding the FUM HEDIS® Measure & Proper Coding

Coding Requirements (Must Be Documented & Coded*):

CPT Codes:

- **90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 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, 98970–98972, 98980, 98981, 99421–99423, 99457, 99458**

POS Codes:

- **02, 03, 05, 07, 09–20, 22, 24 33, 49, 50, 52, 53, 56-58, 71–72**

HCPCS Codes:

- **G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013, H2015, H2013–H2020, T1015, G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, G0071, G2010, G2012, G2250–G2252**

**Codes subject to change.*





FUM Visit Claim Review – 03/26/2025

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE QUAL MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										17b. NPI									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind. 0									
A. F913										B. F4310									
C. R443										D.									
E.										F.									
G.										H.									
I.										J.									
K.										L.									
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY										B. PLACE OF SERVICE EMG									
C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCP/CS MODIFIER										E. DIAGNOSIS PONTIER									
03 26 25										11 99205 ABC									
03 26 25										11 90833 ABC									
03 26 25										11 96127 ABC									
25. FEDERAL TAX I.D. NUMBER										SGN EIN									
26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For your claims, use back)									




FUM Visit Claim Review – 03/26/2025


FUM HEDIS® Measure Components:

-  **Follow up Visit on or 7 days after ED visit for mental illness**
 - There was no follow-up visit within 7 days found in the claims data.
-  **Follow up Visit on or 30 days after ED visit for mental illness**
 - There was a visit with a Psychiatric Nurse Practitioner in an office setting 10 days following the ED visit for mental illness.

Key Finding:

-  10-day follow-up visit correctly billed using CPT and ICD-10-CM diagnosis codes:
 - 99205 – office/outpatient new high mdm 60 minutes
 - F91.3 – oppositional defiant disorder

Opportunity for Improvement:

 Although the 15-day follow-up visit meets clinical criteria, the member did not receive a follow-up visit 7 days following the ED visit for mental illness.



FUM Visit Claim Review – 06/11/2025

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE QUAL MM DD YY														
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. 17b. NPI														
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)																		ICD Ind.		0				
A. F332					B. F5104					C. N1832					D. Z1331									
E.					F.					G.					H.									
I.					J.					K.					L.									
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER						E. DIAGNOSIS POINTER				
06		11		25						11				99214				A						
25. FEDERAL TAX I.D. NUMBER										SSN EIN					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For new claims, see back)				



FUM Visit Claim Review – 06/11/2025

FUM HEDIS® Measure Components:

- ✓ **Follow up Visit on or 7 days after ED Visit for mental illness**
 - Visit with a Physician Assistant (PA) in an office setting 4 days following the ED visit for mental illness
- ✓ **Follow up Visit on or 30 days after ED Visit for mental illness**
 - Visit with a Physician Assistant (PA) in an office setting 4 days following the ED visit for mental illness

Key Finding:

- ✓ 4-day follow-up visit correctly billed using CPT codes:
 - 99214 – office or other outpatient visit of an established patient
 - F33.2 - Major depressive disorder, recurrent severe without psychotic features

Best Practice Observed:

🔍 Member successfully completed a single follow-up visit within **both** the 7-day and 30-day timeframes following the ED visit for mental illness. The visit was appropriately coded, resulting in FUM gap in care closed.

Understanding the FUM HEDIS® Measure & Proper Coding

Coding Tips:

1. Use **ICD-10 codes** that reflect a **principal diagnosis** mental illness disorder, or any diagnosis of intentional self-harm, and if visit setting is unspecified, include POS code, and document date of discharge.
2. The visit can be with any practitioner if the claim includes a diagnosis of mental illness (e.g., F20.9, F32.2, or F41.9).
3. Best practice: Member seen within 7 days for follow-up for each ED visit.
4. In person office visits are not required; follow-up can be provided via telehealth, telephone, e-visit, virtual visit, or transitional care management services with a mental health provider.
5. Services can occur on the date of discharge.

Summary & Resources

Summary Coding for Success: APP, ADD-E, FUA, FUH, & FUM

Key Takeaways:

1. Use specific diagnosis codes that align with the measure's intent (e.g., ADHD, substance use, depression).
2. Timeliness matters: Claims must reflect services within the required measure timeframes.
3. Documentation alone isn't enough; it must be coded properly.*

*OCH reviews less than 10% of all charts. That means if you're not coding it, you're not getting credit — even if it's documented in the chart.

4. Most often in person office visits are not required; follow-up can be provided via telehealth, telephone, e-visit, virtual visit.
5. Build EHR templates that automatically include all applicable codes when a well visit is selected.
6. Regularly review coding updates and examples with your team to stay current and avoid omissions.

Quick Reference Guide HEDIS® MY 2025

Quick Reference
Guide HEDIS® MY
2025 with codes are
available on
Oklahoma Complete
Health Website:

<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

Quick Reference Guide HEDIS® MY 2025

FOR MORE INFORMATION, VISIT **NCQA.ORG**

Medicaid | Medicare | Marketplace



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HEDIS® Adult Pocket Guide: 2025 Measurement Year

Adult Pocket Guide
with codes are
available on
Oklahoma Complete
Health Website:




<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

HEDIS® Adult Pocket Guide: 2025 Measurement Year		
For a complete list of codes, please visit the NCQA website at ncqa.org , or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.		
Prevention and Screening		
Measure	Best Practice	Codes
(AAP) Adults' Access to Preventive/Ambulatory Health Services (Age 20+) ^{1,2,3} Also known as Annual Preventive Visit (APV)	Once a year. Commercial member who had an ambulatory or preventive care visit during the MY or the two years prior to the MY.	99381-99387, 99391-99397, G0402, G0438, G0439, S0620, S0621
(BCS-E) Breast Cancer Screening (Female Age 50-74) ^{1,2,3}	Mammogram - every 2 years	77061-77063, 77065-77067, G9054, Z90.13
(CCS-E) Cervical Cancer Screening (Female Age 21-64) ^{1,3}	Cervical Cytology Lab Test (age 21-64)	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175, G0123, G0124, G0141, G0143-G0145, G0147, G1048, P3000, P3001, Q0091
	hrHPV Test (age 30-64)	87624, 87625, G0476
(CHL) Chlamydia Screening (Age 16-24) ^{1,3}	Chlamydia Test	87110, 87270, 87320, 87490-87492, 87810
(COL-E) Colorectal Cancer Screening (Age 45-75) ^{1,2,3}	Colonoscopy - within past 10 years	44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398, G0105, G0121
	Flexible Sigmoidoscopy - within past 5 years	45330-45335, 45337-45338, 45340-45342, 45346, 45347, 45349, 45350, G0104
	CT Colonography - within past 5 years	74261-74263
	sDNA FIT Lab Test - within past 3 years	81528
	FOBT Lab Test - within measurement year	82270, 82274, G0328
	Colorectal Cancer	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Cardiovascular Conditions		
Measure	Best Practice	Codes
(CBP) Controlling High Blood Pressure (Age 18-85) ^{1,2,3}	Essential Hypertension	I10
	Systolic Greater Than/Equal to 140	3077F
	Systolic Less Than 140	3074F, 3075F
	Diastolic Greater Than/Equal to 90	3080F
	Diastolic 80-89	3079F
	Diastolic Less Than 80	3078F
	Telephone Visits	98966-98968, 99441-99443

HEDIS® Pediatric Pocket Guide: 2025 Measurement Year

Pediatric Pocket Guide with codes are available on Oklahoma Complete Health Website:

<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

HEDIS® Pediatric Pocket Guide: 2025 Measurement Year		
For a complete list of codes, please visit the NCQA website at ncqa.org , or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.		
 All Well-Child Visits		
Must include the following: Documentation of a visit with an acceptable provider type, the date of the visit, and services to validate a well-child visit was performed.		
Measure	Best Practice	Codes
(W30) Well-Child Visits in the First 30 Months of Life (0–30 months) ^{1,2}	Well-Child Visits in the First 15 Months. For children who turned 15 months old during the measurement year: Six or more well-child visits. Well-Child Visits for 15–30 Months of Age. For children who turned 30 months of age during the measurement year: Two or more well-child visits.	99381, 99382, 99391, 99392, 99461, G0438, G0439, S0302, Z00.110, Z00.111, Z00.121, Z00.129
(WCV) Child and Adolescent Well-Care Visits (3–21 years of age) ^{1,2}	One or more comprehensive well-care visits with a PCP or OB/GYN within the measurement year. Visits occurring anytime in the measurement year, including prior to or after the patient's birthday, close the gap.	99382–99385, 99391–99395, G0438, G0439, S0302, S0610, S0612, S0613, Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.2
 Respiratory Conditions		
Measure	Best Practice	Codes
(CWP) Appropriate Testing for Pharyngitis ^{1,2}	Episodes for members 3 years of age and older where the member is: <ul style="list-style-type: none">• Diagnosed with pharyngitis• Dispensed an antibiotic• Received a group A strep test Note: Test for Group A Strep before dispensing an antibiotic.	Group A Strep Test: 87070, 87071, 87081, 87430, 87650–87652, 87880 Pharyngitis: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
 Weight Assessment and Counseling for Nutrition & Physical Activity		
Measure	Best Practice	Codes
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (3–17 years of age) ^{1,2}	Visit with PCP or OB/GYN in measurement year with documentation of or claim for discussion of BMI percentile, AND nutrition and diet, AND physical activity.	BMI: Z68.51, Z68.52, Z68.53, Z68.54 Nut: 97802–97804, G0270, G0271, G0447, S9449, S9452, S9470 PA: G0447, S9451, Z02.5, Z71.82

Lines of Business:

¹Medicaid

²Marketplace

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Feedback Survey – <https://forms.office.com/r/M0uFGKaf4W>



Coding for Success Feedback Survey - Behavioral Health HEDIS® Measures

July 29th & 31st, 2025

Thank you for your participation. The purpose of this questionnaire is to collect your feedback, which will help us improve this event in the future. All information will remain confidential.



AAPC CEU Approved Certificate Index# OKC072725115A

Oklahoma Complete Health

Certificate of Approval

Name

Coding for Success Understanding ADD-E, APP, FUA, FUH, & FUM HEDIS® Measures



Index # OKC072725115A

This Index # is valid for education purchased prior to 7/30/2026



Date

This program meets AAPC guidelines for 1.0 CEUs. Can be split between Core A and all specialties except CIRCC for continuing education units.

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Questions?

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