



**oklahoma
complete health™**

2026 Coding for Success: Understanding ADD-E, APP FUA, FUH & FUM HEDIS® Measures

Presenters: Holly Conk, DHA, MBA-HM, BSN, RN
Vice President, Quality and RISK Adjustment

Jennifer Howland, MSHIA, RHIA, CPC
Director, Quality Improvement

Julie Olsen, MBA, RN, CPC
Manager, HEDIS® Operations



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.



2026 Pay-for-Performance (P4P) PCP – 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)	56.69%	\$40.00	63.75%	\$80.00	74.62%	\$100.00
Controlling High Blood Pressure (CBP) (18-75 yrs)	63.87%	\$40.00	70.56%	\$80.00	74.62%	\$100.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three (3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18 – 75 years old	\$ 40.00

2026 Pay-for-Performance (P4P) PCP – 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)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three 3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18-26 yrs	\$ 40.00

New 2026 Pay-for-Performance (P4P) PCP and OB/GYN – SoonerSelect and Children's Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	77.83%	\$40.00	84.67%	\$80.00	88.85%	\$100.00
Prenatal and Postpartum Care (PPC) – Timeliness of Postpartum Care	75.99%	\$40.00	81.92%	\$80.00	86.10%	\$100.00

New 2026 Pay-for-Performance (P4P) Behavioral Health Provider – SoonerSelect and Children's Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 7 Day	27.78%	\$40.00	36.64%	\$80.00	46.72%	\$100.00
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 30 Day	56.44%	\$40.00	67.18%	\$80.00	77.60%	\$100.00
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	43.54%	\$40.00	54.35%	\$80.00	60.22%	\$100.00
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	49.74%	\$40.00	58.97%	\$80.00	66.60%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 7 Day	26.98%	\$40.00	35.33%	\$80.00	45.54%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 30 Day	52.74%	\$40.00	52.91%	\$80.00	59.86%	\$100.00

2026 Pay-for-Performance (P4P) – Ambetter Measures

2026 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Breast Cancer Screening (BCS-E)	\$25.00	73.20%	77.10%
Cervical Cancer Screening (CCS-E)	\$25.00	47.30%	57.50%
Child and Adolescent Well-Care Visits (WCV)	\$25.00	49.50%	60.30%
Chlamydia Screening in Women (CHL)	\$25.00	45.70%	52.80%
Colorectal Cancer Screening (COL-E)	\$25.00	54.10%	60.80%
Blood Pressure Control for Patients with Hypertension (BPC-E)	\$25.00	68.10%	73.80%
Eye Exam for Patients with Diabetes (EED)	\$25.00	44.60%	53.30%
Glycemic Status Assessment for Patients with Diabetes (<9) (GSD)	\$25.00	73.50%	79.10%
Kidney Health Evaluation for Patients with Diabetes (KED)	\$25.00	49.90%	56.90%
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)*	\$25.00	42.30%	50.40%

2026 Partnership for Quality (P4Q) – Wellcare Measures

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Annual Preventive Visit (APV)	\$25	\$25	\$50	Annual Wellness Visit and/or Routine Physical Exam
Breast Cancer Screening (BCS)	\$50	\$10	\$60	Mammogram
Controlling High Blood Pressure (CBP)	\$100	\$25	\$125	Documented blood pressure reading
Colorectal Cancer Screen (COL)	\$50	\$10	\$60	Fit kit, colonoscopy, CT colonography
Diabetes – Dilated Eye Exam (EED)	\$25	\$10	\$35	Comprehensive eye exam or retinal screening with proper diagnosis codes

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Diabetes HbA1C ≤ 9 (GSD)	\$100	\$25	\$125	Blood test
Kidney Health Evaluation for Patients with Diabetes (KED)	\$50	\$10	\$60	Urine screening and blood test
Medication Adherence – Blood Pressure Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Diabetes Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Statins	\$35	N/A	\$35	Medication regimen
Osteoporosis Management in Women with Fracture (OMW)	\$50	\$10	\$60	BMD, osteoporosis medication therapy or long-acting osteoporosis medications
Statin Therapy for Patients with CVD (SPC)	\$35	\$10	\$45	Medication regimen
Statin Use in Persons with Diabetes (SUPD)	\$35	\$10	\$45	Medication regimen
Medication Reconciliation Post Discharge (TRC)	\$50	\$10	\$60	Medication reconciliation encounter/intervention: 99483, CPT II Code 1111F



Clinical Priority Members

Clinical Priority Members may require a greater level of medical attention due to chronic illnesses, disabilities, age, or other factors that necessitate the need for more frequent provider visits, specialized treatments and chronic care support. These members will be indicated in Gap in Care Reports beginning in March 2026. For questions, please reach out to your Provider Representative.

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 during the measurement year

Measure Requirements: (two rates reported)

- ✓ First follow-up visit with *prescribing provider* within 30 days following ADHD medication dispensed – Initiation Phase
- ✓ At least two additional follow-up visits *with any provider* during the next 9 months (following initial 30 days) – Continuation and Maintenance Phase

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**):

Outpatient Visit with Outpatient POS (with prescribing provider for initiation phase only):

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Outpatient POS Codes:

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

Behavioral Health Outpatient Visit (with prescribing provider for initiation phase only):

CPT Codes:

- 98000–98007, 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

HCPCS Codes:

- G0155, G0176, G0177, G0409, G0463 G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T10155

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the ADD-E HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Intensive outpatient encounter or partial hospitalization (with prescribing provider for initiation phase only):

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Psychiatric Facility-Partial Hospitalization POS Codes:

- 52

Intensive outpatient encounter or partial hospitalization (with prescribing provider for initiation phase only):

HCPCS Codes:

- G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

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***Codes subject to change.*

Understanding the ADD-E HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded):**

Behavioral Health Assessment (with prescribing provider for initiation phase only):

CPT Codes:

- 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

Community mental health center visit(with prescribing provider for initiation phase only):

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Community Mental Health Center POS Codes:

- 53

Telephone Visits (with prescribing provider for initiation phase only):

CPT Codes:

- 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 99441, 99442, 99443

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***Codes subject to change.*

Understanding the ADD-E HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Telephone Visits (with prescribing provider for initiation phase only):

CPT Codes:

- 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 99441, 99442, 99443

Telehealth POS Codes:

- 02, 10

E-Visits or Virtual Check-in (Only one of the two visits, during the 31–300 days after the initiation phase, may be an e-visit or virtual check-in):

CPT Codes:

- 98016, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

ADD-E Visit Claim Example

The claims shown below is an example from 2025 for training purposes.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)													ICD Ind.
A. F4325			B. F419			C.			D.			0	
E.			F.			G.			H.				
I.			J.			K.			L.				
24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	
From To						PLACE OF		(Explain Unusual Circumstances)				DIAGNOSIS	
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPCS	MODIFIER		PCINTER		
02	12	25				11		H0004	HE		AB		
<p>2 DOS is 29 days after dispensing event</p> <p>3 Behavioral care follow up</p>													

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)													ICD Ind.
A. F4325			B. F419			C.			D.			0	
E.			F.			G.			H.				
I.			J.			K.			L.				
24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	
From To						PLACE OF		(Explain Unusual Circumstances)				DIAGNOSIS	
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPCS	MODIFIER		PCINTER		
05	23	25				11		H0004	HE		AB		
<p>2 DOS is 4 months, 9 days after dispensing event</p> <p>3 Behavioral care follow up</p>													

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)													ICD Ind.
A. F4325			B. F419			C.			D.			0	
E.			F.			G.			H.				
I.			J.			K.			L.				
24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	
From To						PLACE OF		(Explain Unusual Circumstances)				DIAGNOSIS	
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPCS	MODIFIER		PCINTER		
07	08	25				11		H0004	HE		AB		
<p>2 DOS is 6 months, 11 days after dispensing event</p> <p>3 Behavioral care follow up</p>													

ADD-E Visit Claim Example – Best Practice Observed

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 with HCPCS and ICD-10-CM:
 - 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 for 2025.

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 during the measurement year

Measure Requirements:

- ✓ Evidence of a new 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 during the measurement year
 - 30 days after **earliest** antipsychotic prescription start date during the measurement year

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**):

Psychotherapy (depending on type):

CPT Codes:

- 90832, 90834, 90837 – Individual psychotherapy, 30, 45, or 60 minutes (min)
- 90833, 90836, 90838 – Psychotherapy with E/M, 30, 45, or 60 min
- 90839, 90840¹ – Crisis psychotherapy, first 60 minutes, each additional 30 min¹
- 90846, 90847, 90849 – Psychotherapy with patient, with patient, or multiple-family group
- 90853 – Group psychotherapy
- 90845 – Psychoanalysis
- 90875, 90876 – Interactive complexity psychotherapy individual or family
- 90880 – Hypnotherapy

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the APP HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Behavioral Health Counseling & Treatment (depending on type):

HCPCS Codes:

- H0004 – Behavioral health counseling and therapy, per 15 minutes
- H0035 – Mental health partial hospitalization, treatment, less than 24 hours
- H0036, H0037 – Community psychiatric supportive treatment program, 15 min or per diem
- H0038 – Self-help/peer services, per 15 minutes
- H0039, H0040 – Assertive community treatment, face-to-face, per 15 minutes or per diem
- H2000 – Comprehensive multidisciplinary evaluation
- H0201 – Rehabilitation program, per 1/2 day
- H2011 – Crisis intervention service, per 15 minutes
- H2012 – Behavioral health day treatment, per hour
- H2013 – Psychiatric health facility service, per diem
- H2014 – Skills training and development, per 15 minutes
- H2017, H2018 – Psychosocial rehabilitation services, per 15 minutes or per diem
- H2019, H2020 – Therapeutic behavioral services, per 15 minutes or per diem

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***Codes subject to change.*

Understanding the APP HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded):**

Partial Hospitalization/Intensive Outpatient (PH/IO) (depending on type):

HCPCS Codes:

- G0176, G0177 – Active Therapy or Training/education related to mental health ≥45 min
- G0409 – Social work and psychological services, 15-minute, face-to-face
- G0410, G0411 – Group psychotherapy, PH/IO, 45-50 min

Intensive Outpatient & Crisis Services(depending on type):

HCPCS Codes:

- S0201 – Partial hospitalization services, less than 24 hours, per diem
- S9480 – Intensive outpatient psychiatric services, per diem
- S9484, S9485 – Crisis intervention mental health services, per hour or per diem

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***Codes subject to change.*

APP Visit Claim Example

The claim shown below is an example from 2026 for training purposes.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.				
A	F4325			Attention-Deficit Hyperactivity Disorder			B	C	D	0				
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) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER
From			To											
MM	DD	YY	MM	DD	YY									
1	02	10	26			11		H0004	HE	HR	A			
2	DOS is 4 days after dispensing event							Behavioral health counseling and therapy, per 15 minutes						
3														
4														
5														
6														

APP Visit Claim Example – Best Practice Observed

APP HEDIS® Measure Components:

- ✓ Evidence of antipsychotic medication first dispensed on 2/6/2026
- ✓ Psychosocial care visit four days 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 and ICD-10-CM codes:
 - 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 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
- ✓ If a member is compliant for 7-day, they are automatically compliant for 30-day indicator
- ✓ A member can be included in the measure more than once, based on qualifying ED visits

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*):

Outpatient Visit with Outpatient POS with any diagnosis of SUD, Substance Use or Drug Overdose OR Outpatient Visit with Outpatient POS with a Mental Health provider:

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Outpatient POS Codes:

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

E-visit or Virtual Check-in with Any Diagnosis of SUD, Substance Use, or Drug Overdose OR E-visit or virtual check in with a Mental Health Provider:

CPT Codes:

- 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458

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***Codes subject to change.*

Understanding the FUA HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Behavioral Health Outpatient Visit with Any Diagnosis From SUD, Substance Use, or Drug Overdose OR Behavioral Health Outpatient Visit with a Mental Health provider:

CPT Codes:

- 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

HCPCS Codes:

- G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

Substance Use Disorder Service:

HCPCS Codes:

- H0006, H0028

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***Codes subject to change.*

Understanding the FUA HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Intensive Outpatient Encounter or Partial Hospitalization with Partial Hospitalization POS Code 52 with any diagnosis of SUD, Substance Use, or Drug Overdose OR Intensive Outpatient Encounter or Partial Hospitalization with POS Code 52 with a Mental Health Provider:

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Psychiatric Facility - Partial Hospitalization POS Code:

- 52

Intensive Outpatient Encounter or Partial Hospitalization with Any Diagnosis of SUD, Substance Use, or Drug Overdose OR Intensive Outpatient Encounter or Partial Hospitalization with a Mental Health Provider:

HCPCS Codes:

- G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

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***Codes subject to change.*

Understanding the FUA HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Non-residential Substance Abuse Treatment Facility Visit with POS with Any Diagnosis of SUD, Substance Use, or Drug Overdose OR Non-residential Substance Abuse Treatment Facility Visit with POS and with a Mental Health Provider:

CPT Codes:

- 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

Non-residential Substance Abuse Treatment Facility POS Codes:

- 57, 58

Behavioral Health Screening or Assessment for SUD or Mental Health Disorders:

CPT Codes:

- 99408, 99409

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUA HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Community Mental Health Center Visit with POS code 53 with any diagnosis of SUD, Substance Use, or Drug Overdose OR Community Mental Health Center Visit with POS Code 53 with a Mental Health Provider:

CPT Codes:

- 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

Community Mental Health Center Facility POS Code:

- 53

Peer Support Service with Any Diagnosis of SUD, Substance Use, or Drug Overdose:

HCPCS Codes:

- G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUA HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Telehealth Visit with POS with Any Diagnosis of SUD, Substance Use, or Drug Overdose OR Telehealth visit with a Mental Health Provider:

CPT Codes:

- 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

Telehealth POS Codes:

- 02, 10

Telephone Visit with Any Diagnosis of SUD, Substance Use, or Drug Overdose OR a telephone visit with a Mental Health Provider:

CPT Codes:

- 98966, 98967, 98968, 99441, 99442, 99443

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

FUA Visit Claim Example

The claims shown below are an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for FUA.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0	
A	F1120 Opioid dependence, uncomplicated									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	MM	DD	YY			CPT/HCPCS	MODIFIER	
1	01	09	26			11		99214		A
2	DOS is 8 days after qualifying ED discharge					Place of service code: Office		Established patient office visit requiring a moderate level of medical decision making or 30-39 minutes of total time		
3										
4										
5										
6										

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0				
A	I10									B	E538	C	F39	D	F909
E	F1120 Opioid dependence, uncomplicated									F	E66811	G	Z6833	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			CPT/HCPCS	MODIFIER	
1	01	29	26			11		99214		ABCD
2	DOS is 29 days after qualifying ED discharge					Place of service code: Office		Established patient office visit requiring a moderate level of medical decision making or 30-39 minutes of total time		
3										
4										
5										
6										

FUA Visit Claim Example #1 – Opportunity for Improvement

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, closest is 8 days after.
-  **Follow up Visit on or 30 days after ED visit for substance use disorder**
 - There was a visit with a Psychiatric-Mental Health Nurse Practitioner in an office setting 29 days following the ED visit for substance abuse disorder.

Key Finding:

-  8-day and 29-day follow-up visit correctly billed using CPT and ICD-10-CM codes:
 - F11.20 – Opioid dependence, uncomplicated
 - 99214 – Established patient office visit requiring a moderate level of medical decision making or 30-39 minutes of total time

Opportunity for Improvement:

 Although the 8-day and 29-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. Only the 30-day follow-up is compliant for FUA measure.

FUA Visit Claim Example #2

The claims shown below are an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for FUA.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0
A		F4310		B		C		D			
E				F		G		H			
I				J		K		L			
24. A. DATE(S) OF SERVICE				B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	
From To				PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER			
01	09	26				11	H0004	HE			A
DOS is 4 days after qualifying ED discharge				Behavioral health counseling and therapy, per 15 minutes							
2											
3											
4											
5											
6											

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0
A		F332		B		C		D			
E				F		G		H			
I				J		K		L			
24. A. DATE(S) OF SERVICE				B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	
From To				PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER			
02	04	26					53		H0002	HE	A
DOS is 30 days after qualifying ED discharge				Behavioral health screening to determine eligibility for admission to treatment program							
2											
3											
4											
5											
6											

FUA Visit Claim Example #2 – Best Practice Observed

FUA HEDIS® Measure Components:

- ✓ **Follow up Visit on or 7 days after ED visit for substance use disorder**
 - Behavioral health outpatient visit with a mental health provider
- ✓ **Follow up Visit on or 30 days after ED visit for substance use disorder**
 - Behavioral health outpatient visit with a mental health provider

Key Finding:

- ✓ 4-day and 30-day follow-up visit correctly billed using HCPCS codes:
 - H0004 – Behavioral health counseling and therapy, per 15 minutes
 - H0002 – Behavioral health screening to determine eligibility for admission to treatment program

Best Practice Observed:

 The member successfully completed follow-up within both the 7-day and 30-day timeframes and resulted 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 in the measurement year

Measure Requirements: (two rates reported)

- ✓ A follow-up for mental health within **7 days** after each discharge
- ✓ A follow-up for mental health within **30 days** after each discharge
- ✓ If a member is compliant for 7-day, they are automatically compliant for 30-day indicator
- ✓ A member can be included in the measure more than once, based on qualifying discharge

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*):

Outpatient Visit with Outpatient POS with any diagnosis mental health disorder OR Outpatient Visit with Outpatient POS with a Mental Health provider:

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Outpatient POS Codes:

- 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72

Intensive Outpatient Encounter or Partial Hospitalization:

HCPCS Codes:

- G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Behavioral Healthcare Setting:

UBREV:

- 0513, 0900-0905, 0907, 0911-0917, 0919

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUH HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Behavioral Health Outpatient Visit with Any diagnosis mental health disorder OR Behavioral Health Outpatient Visit with a Mental Health provider:

CPT Codes:

- 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

HCPCS Codes:

- G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H2020, T1015

Transitional care management services with Any diagnosis of mental health disorder OR Transitional care management services with a Mental Health Provider:

CPT Codes:

- 99495, 99496

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUH HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Telehealth visit with Telehealth POS with any diagnosis of a mental health disorder OR A telehealth visit with Telehealth POS with a Mental Health provider:

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Outpatient POS Codes:

- 02, 10

Telephone Visit with Any diagnosis of a mental health disorder OR a telephone visit with a Mental Health Provider :

CPT Codes:

- 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 99441, 99442, 99443

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUH HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

A community mental health center visit with POS 53:

Visit Setting Unspecified CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Behavioral Health Outpatient Visit CPT Codes:

- 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

Transitional care management services Visit CPT Codes:

- 98960–98962, 99078, 99202–99205, 99211–99215

Community Mental Health Center Facility POS Code:

- 53

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUH HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Psychiatric collaborative care management:

CPT Codes:

- 99492, 99493, 99494

HCPCS Codes:

- G0512

Electroconvulsive Therapy:

CPT Codes:

- 90870

ICD-10-CM Codes:

- GZB0ZZZ, GZB2ZZZ, GZB4ZZZ

Outpatient, Ambulatory Surgical Center, Psychiatric Facility-Partial Hospitalization, or Community Mental Health Center POS Codes :

- 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72, 24, 52, 53

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUH HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Psychiatric residential treatment:

CPT Codes:

- 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

Psychiatric Residential Treatment Center POS Code:

- 56

Psychiatric residential treatment:

HCPCS Codes:

- H0017, H0018, H0019, 2048

Peer Support Services with any diagnosis of mental health disorder:

HCPCS Codes:

- G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUH HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Intensive Outpatient Encounter or Partial Hospitalization with Partial Hospitalization POS Code 52:

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Psychiatric Facility - Partial Hospitalization POS Code:

- 52

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

FUH Visit Claim Example

The claims shown below are an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for FUH.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										ICD Ind.				
A	F29			B	Z1331			C	F1011		D	Z1339		
E	G479			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		DIAGNOSIS POINTER					
MM	DD	YY	MM	DD	YY									
1	01	29	26				11		99204	25	GC		ACE	
2	01	29	26				11		96127				BD	
3														
4														
5														
6														

Unspecified psychosis not due to a substance or known physiological condition

DOS is 23 days after qualifying Inpatient discharge

new patient office or outpatient visit for Evaluation & Management (E/M) services, requiring a medically appropriate history and exam, moderate complexity medical decision making (MDM), or 45–59 minutes of total time

FUH Visit Claim Example #1 – Opportunity for Improvement

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**
 - Office visit with a child psychiatrist 23 days following inpatient discharge.

Key Finding:

-  23-day follow-up visit correctly billed using CPT and ICD-10-CM codes:
 - 99204 – New patient office visit requiring a moderate level of medical decision making or 49-59 minutes of total time
 - F29 – Unspecified psychosis not due to a substance or known physiological condition

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 Example #2

The claims shown below are an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for FUH.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.
A	F331			B		C		D		0
E	Major depressive disorder, recurrent, moderate			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		
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER			
01	09	26			49	H0004	HE	A		
DOS is 7 days after qualifying inpatient discharge						Behavioral health counseling and therapy, per 15 minutes				
1										
2										
3										
4										
5										
6										

FUH Visit Claim Example #2 – Best Practice Observed

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:

- ✓ 7-day follow-up visit correctly billed using HCPCS and ICD-10-CM codes:
 - H0004 – Behavioral health counseling and therapy, per 15 minutes
 - F33.1 – Major depressive disorder, recurrent, moderate

Best Practice Observed:

 Member successfully completed a follow-up visit within **both** the 7-day and 30-day timeframes with the 7-day follow-up visit after being discharged for mental illness hospitalization. The visit was appropriately coded, resulting in FUH 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 Emergency Department (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 visit
- ✓ If a member is compliant for 7-day, they are automatically compliant for 30-day indicator
- ✓ A member can be included in the measure more than once, based on qualifying ED visit

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*):

Outpatient Visit with Outpatient POS with any diagnosis of a mental health disorder:

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Outpatient POS Codes (only needed for non-mental health provider):

- 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72

Intensive Outpatient Encounter or Partial Hospitalization with any diagnosis of a mental health disorder:

HCPCS Codes:

- G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Behavioral Healthcare Setting:

UBREV:

- 0513, 0900-0905, 0907, 0911-0917, 0919

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUM HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Behavioral Health Outpatient Visit with Any diagnosis of a mental health disorder:

CPT Codes:

- 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

HCPCS Codes:

- G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H2020, T1015

Telephone Visit with Any diagnosis of a mental health disorder:

CPT Codes:

- 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 99441, 99442, 99443

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUM HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Intensive Outpatient Encounter or Partial Hospitalization with Partial Hospitalization POS Code 52:

CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Psychiatric Facility - Partial Hospitalization POS Code:

- 52

A telehealth visit with Telehealth POS with any diagnosis of a mental health disorder:

Visit Setting Unspecified CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Outpatient POS Codes:

- 02, 10

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUM HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Electroconvulsive Therapy:

CPT Codes:

- 90870

ICD-10-CM Codes:

- GZB0ZZZ, GZB2ZZZ, GZB4ZZZ

Outpatient, Ambulatory Surgical Center, Psychiatric Facility-Partial Hospitalization, or Community Mental Health Center POS Codes :

- 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72, 24, 52, 53

E-Visit or Virtual Check-in with any diagnosis of a mental health disorder:

Online Assessment CPT Codes:

- 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458

Online Assessment HCPCS Codes:

- G0071, G2010, G2012, G2250, G2251, G2252

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUM HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Psychiatric residential treatment with POS 56:

Visit Setting Unspecified CPT Codes:

- 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

Psychiatric Residential Treatment Center POS Code:

- 56

Psychiatric residential treatment:

HCPCS Codes:

- H0017, H0018, H0019, 2048

Peer Support Services with any diagnosis of a mental health disorder:

HCPCS Codes:

- G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the FUM HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

A community mental health center visit with POS 53:

Visit Setting Unspecified CPT Codes:

- 90791, 90792, 90832-90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255

Community Mental Health Center Facility POS Code:

- 53

Psychiatric collaborative care management:

CPT Codes:

- 99492, 99493, 99494

HCPCS Codes:

- G0512

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

FUM Visit Claim Example #1

The claims shown below are an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for FUM.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)											ICD Ind.						
A	F3131			B	F411			C				D				0	
E	Bipolar disorder, current episode depressed, mild			F	Generalized anxiety disorder			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
MM	DD	YY	MM	DD	YY				CPT/HCPCS	MODIFIER							
1	01	15	26				10		G8431	HE					B		
2	01	15	26				10		H0002	HE	TG	UI	GT		A		
3	DOS is 8 days after qualifying ED discharge						Behavioral health screening to determine eligibility for admission to treatment program										
4																	
5																	
6																	

FUM Visit Claim Example #1 – Opportunity for Improvement

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**
 - Telehealth visit with a mental health counselor 8 days following qualifying ED discharge

Key Finding:

-  8-day follow-up visit correctly billed using HCPCS code and ICD-10-CM:
 - H0002 – Behavioral health screening to determine eligibility for admission to treatment program
 - F31.31 – Bipolar disorder, current episode depressed, mild

Opportunity for Improvement:

 Although the 8-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 Example #2

The claims shown below are an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for FUM.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)											ICD Ind.					
A	F411			B				C				D				0
E	Generalized anxiety disorder			F				G				H				
I				J				K				L				
24. A.		DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.			
		From		To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		MODIFIER		DIAGNOSIS POINTER			
MM	DD	YY	MM	DD	YY			CPT/HCPCS								
1	02	12	26			02		H0004	HE	GT		A				
2	DOS is 3 days after qualifying ED discharge							Behavioral health counseling and therapy, per 15 minutes								
3																
4																
5																
6																

FUM Visit Claim Example #2 – Best Practice Observed

FUM HEDIS® Measure Components:

- ✓ **Follow up Visit on or 7 days after hospitalization for mental illness**
 - Telehealth visit with a behavioral technician 3 days following the qualifying ED discharge for mental illness
- ✓ This visit **also satisfies the 30-day follow-up requirement for the FUM measure**

Key Finding:

- ✓ 3-day follow-up visit correctly billed using HCPCS and ICD-10-CM codes:
 - H0004 – Behavioral health counseling and therapy, per 15 minutes
 - F41.1 – Generalized anxiety disorder

Best Practice Observed:

 Member successfully completed a follow-up visit within **both** the 7-day and 30-day timeframes with the 7-day follow-up visit after being discharged from ED 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 health disorder (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, mental illness).
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®

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

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

Quick Reference Guide HEDIS®

FOR MORE INFORMATION, VISIT [NCQA.ORG](https://www.ncqa.org)

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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

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}	<p>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.</p> <p>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.</p>	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}	<p>Episodes for members 3 years of age and older where the member is:</p> <ul style="list-style-type: none"> • Diagnosed with pharyngitis • Dispensed an antibiotic • Received a group A strep test <p>Note: Test for Group A Strep before dispensing an antibiotic.</p>	<p>Group A Strep Test: 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p>Pharyngitis: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p>
 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: ¹ Medicaid ² Marketplace		
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).		
OklahomaCompleteHealth.com		
<p><i>Oklahoma Complete Health and Ambetter are affiliated products serving Medicaid and Health Insurance Marketplace members, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.</i></p>		
		 

Feedback Survey



Coding for Success Feedback Survey - Behavioral Health HEDIS® Measures



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



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