



Medical and Behavioral Health Integration

A Behavioral Health Support Tool
Kit for Primary Care

2019



Increased costs and poor health outcomes among Medicaid recipients demonstrate the need for an integrated system of care that can properly identify, assess and address behavioral, medical and psychosocial needs.

According to a June 2015 report from the Medicaid and CHIP Payment and Access Commission, approximately one in five Medicaid enrollees lives with a diagnosed mental health condition or substance-use disorder.¹ Recent data released by the Government Accountability Office shows that more than half of Medicaid-only enrollees in the top-5 percent of expenditures had a mental health condition.¹ Approximately 71 percent of enrollees with high expenditures who had a substance-use disorder also lived with one or more co-occurring mental health conditions.¹ Behavioral health is a key driver of Medicaid spending and healthcare utilization.¹

Humana recognizes this need and is dedicated to fostering and growing the relationship between primary care and behavioral care through its medical and behavioral health integration program.

We hope this document helps support physicians in their efforts to address behavioral health and substance abuse needs for our Humana members.

With the growing need for care integration, it is our intent to provide information to bridge efforts and increase collaboration for the treatment of members in our community.

For inquiries, please contact Humana Customer Service at 1-800-477-6931.

¹Physical and Mental Health Integration: <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/physical-and-mental-health-integration/physical-and-mental-health-integration.html>



Meet your Humana Behavioral Health Support Team

Humana Covered Benefits

- ✓ Inpatient hospital services for behavioral health conditions
- ✓ Outpatient hospital services for behavioral health conditions
- ✓ Outpatient medication management
- ✓ Outpatient substance abuse treatment services

*ABH's Mission:
Helping people throughout
life's journey by connecting
them to hope and recovery.*

Access Behavioral Health (ABH) has provided behavioral and substance abuse services to Medicaid recipients in northwestern Florida since 2001. ABH offers a wide variety of behavioral health and substance abuse services for both adults and children, utilizing a comprehensive and community-based system of care.

Humana contracted with ABH to address the behavioral healthcare needs of Humana members and support the collaboration of primary care, behavioral care and the health plan to deliver necessary services and avoid gaps in care. We encourage physicians to reach out to us for behavioral health and substance abuse support for Humana members.

Referring Patients to ABH

If a physician identifies a behavioral healthcare need, such as a member with severe depression, anxiety, history of serious mental illness or substance abuse, the physician can refer the member to ABH for coordination of care by calling ABH customer service toll free at 1-866-477-6725, or by accessing our TDD/TYY services through the Florida Relay number at 1-800-955-1339. Referrals also may be faxed to 1-850-469-3597.

Information about available behavioral health programs and a full list of in-network providers are available on the ABH website at www.abhfl.org.

Provider Hotline Available for Psychiatric Questions

Humana and ABH strongly support communication between primary care physicians and behavioral healthcare providers. We encourage physicians to address questions related to antidepressants, antipsychotics or general behavioral/substance abuse treatment to ABH's medical director for a peer consultation.

Dr. Ed Mobley: 1-866-477-6725

Email: ed.mobley@bhcpns.org

(Please include "PCP Consultation" in the email's subject line)

Behavioral Health Performance Measures

It is our goal to collaborate with behavioral healthcare providers, primary care physicians and Humana to improve behavioral health performance measures, as outlined by the Healthcare Effectiveness Data and Information Set (HEDIS®) and the Florida Agency for Healthcare Administration (AHCA). Given the high rates of medical and behavioral comorbidity, and overall chronic illness, it is imperative that an open line of communication is in place between all parties involved in a member's care while addressing such measures. (Please see Pages 5 to 22 for the details of the measures.)

For additional questions regarding performance measures, please contact the ABH director of Quality Management at 1-866-477-6725.

Thank you for assisting in our efforts to improve the quality of care and services to our members.

Antidepressant Medication Management (AMM)

Antidepressants are frequently prescribed in the primary care setting but patients often don't take their medications as prescribed. To improve adherence, it is important to educate patients regarding common side effects, how long the side effects may last and how to manage those side effects.

Primary care physicians need to encourage patients to schedule their medication management appointments after their initial psychiatric evaluation and before they leave the office.

Measure description	Service needed	What to report
Percentage of members 18 and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication and remained on an antidepressant medication treatment.	Encourage and monitor compliance with antidepressant medications for members 18 and older and newly diagnosed with major depression.	<p><u>Pharmacy claims for appropriate antidepressant medications</u></p> <p>Codes to identify major depression: ICD-10-CM diagnosis: F32.0 – F32.4, F32.9, F33.0 – F33.3, F33.41, F33.9</p> <p>Reference the Medicaid formulary: https://www.humana.com/medicaid/florida/mma</p>

AMM Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> Antidepressant medication management	Encourage and monitor compliance with antidepressant medications for members 18 and older and newly diagnosed with major depression.	___/___/___

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Failure to adhere to medication as prescribed can have a major impact on the course of illness and treatment outcomes in patients with schizophrenia. Even relatively short gaps in medication coverage increase the risk of relapse. It is important for primary care physicians and behavioral health providers to be vigilant for signs of adherence problems. To improve adherence, it is important to educate the patient regarding common side effects, how long the side effects may last and how to manage those side effects.

Measure description	Service needed	What to report
Percentage of members 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period	<ul style="list-style-type: none"> • Adhere to the antipsychotic medication treatment regimen for all members 19 to 64 who are diagnosed with schizophrenia • Consider medications within the following drug classes, per the AHCA formulary: <ul style="list-style-type: none"> - Phenothiazine antipsychotics (oral) - Psychotherapeutic combinations (oral) - Psychotherapeutics combinations (oral) - Thioxanthenes (oral) - Long-acting injections 	<p><u>Pharmacy claims for appropriate antipsychotic medications</u></p> <p>Reference the Medicaid formulary: https://www.humana.com/medicaid/florida/mma</p> <p><u>Codes to identify schizophrenia</u> ICD-10-CM diagnosis: F20.0 – F20.3, F20.5, F20.81, F20.89, F20.9, F25.0 – F25.1, F25.8 – F25.9</p> <p><u>ICD-10-CM diagnosis codes to identify required exclusions:</u></p> <p>Dementia: F01.50 – F01.51, F02.80 – F02.81, F03.90 – F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0 – G30.1, G30.8 – G30.9, G31.83</p>

SAA Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> Adherence to antipsychotic medications for individuals with schizophrenia	Encourage and monitor compliance with antipsychotic medications for members 19 to 64 with schizophrenia	____/____/____

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Antipsychotics can effectively treat psychiatric disorders in children and adolescents, but some of these medications increase the risk for weight gain and diabetes. Young people with metabolic disorders are at greater risk of negative outcomes. Therefore, it is important to closely monitor young people taking antipsychotics. It is important to educate parents/guardians and ensure annual blood tests are performed.

Measure description	Service needed	What to report
Percentage of children and adolescents 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year	<ul style="list-style-type: none"> • At least one blood glucose or HbA1c test in 2019 for all eligible members ages 1 to 17 <p style="text-align: center;">and</p> <ul style="list-style-type: none"> • At least one LDL-C or cholesterol test in 2019 for all eligible members ages 1 to 17 	<p><u>Pharmacy claims for antipsychotic medications</u></p> <p><u>Code to identify glucose test:</u> CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7</p> <p><u>Code to identify HbA1c test:</u> CPT: 83036, 83037 CPT Category II: 3044F, 3045F, 3046F LOINC: 17856-6, 4548-4, 4549-2</p> <p><u>Code to identify LDL-C test:</u> CPT: 80061, 83700, 83701, 83704, 83721 CPT Category II: 3048F, 3049F, 3050F LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2</p> <p><u>Code to identify cholesterol test:</u> CPT: 82465, 83718, 84478 LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1</p>

APM Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> Metabolic monitoring for children and adolescents on antipsychotics	One blood glucose or HbA1c test and one LDL-C or cholesterol test for children/adolescents 1 to 17 who had two or more antipsychotic prescriptions before Dec. 31, 2019.	Glucose/HbA1c: ___/___/___ LDL-C/Cholesterol: ___/___/___

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

The practice of prescribing antipsychotics to children and adolescents has rapidly expanded in recent years. Antipsychotics have serious side effects, including weight gain, diabetes and metabolic disturbance. Primary care physicians need to refer patients to behavioral health providers for consultation when prescribing antipsychotics to children and adolescents.

Measure description	Service needed	What to report
<p>Percentage of children and adolescents 1 to 17 who were on two or more concurrent antipsychotic medications during the measurement year</p> <p><i>Note: A lower rate indicates better performance.</i></p>	<p>Eligible members who are on two or more concurrent antipsychotic medications for at least 90 consecutive days</p>	<p><u>Pharmacy claims for antipsychotic medications</u></p> <ul style="list-style-type: none"> • First generation antipsychotic medication • Second generation antipsychotic medication <p>Reference the Medicaid formulary: https://www.humana.com/medicaid/florida/mma</p>

APC Action Checklist:

Behavioral health management	Description of requirement	Date completed
<p><input type="checkbox"/> Use of multiple concurrent antipsychotics in children and adolescents</p>	<p>Monitor members 1 to 17 who were on antipsychotic medications</p>	<p>___/___/___</p>

Follow-up Care for Children Prescribed ADHD Medication (ADD) Initiation and Continuation Phase

Attention-deficit hyperactivity disorder (ADHD) is one of the most commonly diagnosed childhood behavioral health disorders. The treatment of childhood ADHD works best with a team approach that includes care collaboration between psychiatrists, clinicians, pediatricians, teachers, parents/legal guardians and other healthcare professionals. It is important to educate the patient’s parents or guardians on medication adherence and medication management visits, which are essential to monitor the child’s progress.

Performance measure	Service needed	What to report
Percentage of children 6 to 12 with newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed	<p>For members 6 to 12 with newly prescribed attention deficit disorder (ADD)/ADHD medications:</p> <ul style="list-style-type: none"> • An in-person outpatient visit <u>with practitioner with prescribing authority</u> within 30 days of prescription fill <p style="text-align: center;">and</p> <ul style="list-style-type: none"> • Two additional in-person outpatient follow-up visits between days 31 and 300 of prescription fill 	<p>Codes to identify visits: CPT: 90791 – 90792, 90832 – 90834, 90936 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 96150 – 96154, 98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99217 – 99223, 99231 – 99233, 99238 – 99239, 99241 – 99245, 99251 – 99255, 99341 – 99345, 99347 – 99350, 99381 – 99384, 99391 – 99394, 99401 – 99404, 99411, 99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409 – G0411, G0463, H0002, H0004, H0031, H0034 – H0037, H0039, H0040, H2000, H2001, H2010 – H2020, M0064, S0201, S9480, S9484, S9485, T1015</p>

ADD Action Checklist:

Behavioral health management	Description of requirement	Date Completed
<input type="checkbox"/> Follow-up management for children 6 to 12 with newly prescribed ADD/ADHD medications	<ul style="list-style-type: none"> • In-person outpatient visit within 30 days of prescription fill • Two additional in-person outpatient follow-up visits between days 31 and 300 of prescription fill 	<p>Initial: ____/____/____</p> <p>Follow-up: ____/____/____ ____/____/____</p>

Follow-up After Hospitalization for Mental Illness (FHM) Seven days and 30 days

Effective discharge planning from an acute-care facility helps facilitate continuous and coordinated behavioral health care treatment for patients. Timely follow-up after an inpatient psychiatric hospitalization promotes continuity of behavioral health care.

Measure description	Service needed	What to report
Percentage of discharges for members 6 and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit with a mental health practitioner within seven and 30 days after discharge	An outpatient visit with a mental health practitioner <ul style="list-style-type: none"> • Within seven days and • Within 30 days <p><i>Note: Follow-up visits that occur on the date of discharge do not count toward compliance.</i></p>	<p>Codes to identify visits:</p> <p>CPT**: 90791, 90792, 90832 – 98034, 90836 – 90840, 90847, 90849, 90853, 90867 – 90870, 90875 – 90876, 98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99217 – 99223, 99231 – 99233, 99238, 99239, 99241 – 99245, 99251 – 99255, 99341 – 99345, 99347 – 99350, 99383 – 99387, 99393 – 99397, 99401 – 99404, 99411, 99412, 99510</p> <p>HCPCS**:</p> <p>G0155, G0176, G0177, G0409 – G0411, G0463, H0002, H0004, H0031, H0031 HO, H0031 HO GT, H0031 TS, H0031 HN, H0031 HN GT, H0032, H0032 TS, H0034 – H0037, H0039, H0040, H0046, H0046 GT, H2000, H2000 HP, H2000 HP GT, H2000 HO, H2001, H2010, H2010 HO, H2010 HO GT, H2010 HE, H2010 HE GT, H2010 HQ, H2011 – H2019, H2019 HR, H2019 HR GT, H2019 HQ, H2019 HO, H2019 HN, H2020, H2020 HA, H2030, M0064, S0201, S9480, S9484, S9485, T1015, T1015 GT, T1015 HE, T1023</p> <p><i>**Follow-up visits identified by these CPT and HCPCS codes must be with a mental health practitioner.</i></p>

FHM Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> Follow-up after hospitalization for mental illness	Confirm follow-up outpatient visit with a mental health practitioner within seven days and 30 days after discharge.	<div style="text-align: center;"> ___/___/___ ___/___/___ </div>

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Identifying individuals with alcohol and other drug disorders (AOD) is an important first step in the process of care; however, identification often does not lead to the initiation of care. The measure is designed to ensure that treatment is initiated once the need has been identified.

Many times, the primary care physician (PCP) is the first professional to encounter a patient with alcohol or other drug abuse or dependence issues. The following is a list of PCP interventions:

- Assess the patient about his or her alcohol and/or other drug use. Screen for a program, if applicable. (Please refer to Page 23 for the recommended screening tools.)
- Make sure that the diagnosis is listed in the chart and on the patient’s claims.
- Encourage the patient to follow through with treatment. Schedule a follow-up visit.
- Refer the patient to ABH for appointment scheduling with a behavioral healthcare provider.

Performance measure	Service needed	What to report
<p>Percentage of adolescent and adult members (13 and older) with a new episode of alcohol or other drug dependence (AOD)</p>	<p>Initiation of treatment: Initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization with a diagnosis of AOD or other drug abuse or dependence; or medication treatment with diagnosis of alcohol/opioid abuse or dependence within 14 days of diagnosis</p> <p style="text-align: center;"><i>See the patient for this diagnosis.</i></p> <p style="text-align: center;">and</p> <p>Engagement of treatment: Initiate treatment (as stated above) and have two or more additional services with a diagnosis of AOD or other drug abuse and dependence; or at least one medication treatment with a diagnosis of alcohol/opioid abuse or dependence within 34 days of the initial visit</p> <p style="text-align: center;"><i>See the patient for this diagnosis.</i></p>	<p><i>One of the following diagnosis codes must be billed with the appropriate visit code.</i></p> <p>ICD-10-CM diagnosis: F10.10, F10.120 – 121, F10.129, F10.14, F10.150 – 151, F10.159, F10.180 – 182, F10.188, F10.19 – 20, F10.220 – 221, F10.229 – 232, F10.239, F10.24, F10.250 – 251, F10.259, F10.26 – 27, F10.280 – 282, F10.288, F10.29, F10.920 – 921, F10.929, F10.94, F10.950 – 951, F10.959, F10.96 – 97, F10.980 – 982, F10.988, F10.99, F11.10, F11.120 – 122, F11.129, F11.14, F11.150 – 151, F11.159, F11.181 – 182, F11.188, F11.19 – 20, F11.220 – 222, F11.229, F11.23 – 24, F11.250 – 251, F11.259, F11.281 – 282, F11.288, F11.29, F12.10, F12.120 – 122, F12.129, F12.150 – 151, F12.159, F12.180, F12.188, F12.19 – 20, F12.220 – 222, F12.229, F12.250 – 251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120 – 121, F13.129, F13.14, F13.150 – 151, F13.159, F13.180 – 182, F13.188, F13.19 – 20, F13.220 – 221, F13.229 – 232, F13.239, F13.24, F13.250 – 251, F13.259, F13.26 – 27, F13.280 – 282, F13.288, F13.29, F14.10, F14.120 – 122, F14.129, F14.14, F14.150 – 151, F14.159, F14.180 – 182, F14.188, F14.19 – 20, F14.220 – 222, F14.229, F14.23 – 24, F14.250 – 251, F14.259, F14.280 – 282, F14.288, F14.29, F15.14, F15.150 – 151, F15.159, F15.180 – 182, F15.188, F15.19 – 20, F15.220 – 222, F15.229, F15.23 – 24, F15.250 – 251, F15.259, F15.280 – 282, F15.288, F15.29, F16.10, F16.120 – 122, F16.129, F16.14, F16.150 – 151, F16.159, F16.180, F16.183, F16.188, F16.19 – 20, F16.220 – 221, F16.229, F16.24, F16.250 – 251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120 – 121, F18.129, F18.14, F18.150 – 151, F18.159, F18.17, F18.180, F18.188, F18.19 – 20, F18.220 – 221, F18.229, F18.24,</p>

		<p>F18.250 – 251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120 – 122, F19.129, F19.14, F19.150 – 151, F19.159, F19.16 – 17, F19.180 – 182, F19.188, F19.19 – 20, F19.220 – 222, F19.229 – 232, F19.239, F19.24, F19.250 – 251, F19.259, F19.26 – 27, F19.280 – 282, F19.288, F19.29</p> <p><u>Code to identify visits:</u></p> <p>CPT: 90791, 90792, 90832 – 90834, 90836 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99217 – 99223, 99238, 99239, 99241 – 99245, 99251 – 99255, 99341 – 99345, 99347 – 99350, 99384 – 99387, 99394 – 99397, 99401 – 99404, 99408, 99409, 99411, 99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034 – H0037, H0039, H0040, H0047, H2000, H2001, H2010 – H2020, H2035, H2036, H0047, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p>UB revenue: 0510, 0513, 0515 – 0517, 0519 – 0523, 0526 – 0529, 0900, 0902 – 0907, 0911 – 0919, 0944, 0945, 0982, 0983</p> <p>POS: 02, 03, 05, 07, 09, 11 – 20, 22, 33, 49, 50, 52, 53, 57, 71, 72</p> <p>OPTION 3 – <i>At least one CPT code plus a POS code must be billed.</i></p> <p>CPT: 99221 – 99223, 99231 – 99233, 99238, 99239, 99251 – 99255</p> <p>For one of the following diagnoses of alcohol abuse or dependence or a diagnosis of opioid abuse or dependence, a medication treatment dispensing claim also could meet the requirement:</p> <p>ICD-10-CM diagnosis: F10.10, F10.120 – 121, F10.129, F10.14, F10.150 – 151, F10.159, F10.180 – 182, F10.188, F10.19 – 20, F10.220 – 221, F10.229 – 232, F10.239, F10.24, F10.250 – 251, F10.259, F10.26 – 27, F10.280 – 282, F10.288, F10.29, F11.10, F11.120 – 122, F11.129, F11.14, F11.150 – 151, F11.159, F11.181 – 182, F11.188, F11.19 – 20, F11.220 – 222, F11.229, F11.23 – 24, F11.250 – 251, F11.259, F11.281 – 282, F11.288, F11.29</p> <p>HCPCS: H0020, H0033, J0571, J0572, H0573, H0574, J0575, J2315, S0109</p>
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IET Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> Initiation and engagement of alcohol and drug dependence treatment	<p>Initiate treatment through an inpatient alcohol or other drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization with a diagnosis of AOD or other drug abuse or dependence; or medication treatment with diagnosis of alcohol/opioid abuse or dependence within 14 days of diagnosis.</p> <p style="text-align: center;">And</p> <p>Have two or more additional services with a diagnosis of AOD or other drug abuse and dependence; or at least one medication treatment with a diagnosis of alcohol/opioid abuse or dependence within 34 days of initial visit.</p>	<p>Initial: <div style="text-align: center;">_/_/___</div> </p> <p>Follow-up: <div style="text-align: center;">_/_/___</div> <div style="text-align: center;">_/_/___</div> </p> <p>Medication Treatment: <div style="text-align: center;">_/_/___</div> <div style="text-align: center;">_/_/___</div> <div style="text-align: center;">_/_/___</div> </p>

Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) – Seven days and 30 days

Identifying individuals discharged from the emergency room (ER) with a mental illness diagnosis is an important first step in the process of care. Timely follow-up visits help facilitate continuous and coordinated care for patients.

Measure description	Service needed	What to report
Percentage of ER visits for members 13 and older with a principle diagnosis of alcohol or other drug (AOD) abuse or dependence, who had an outpatient visit within 7 and 30 days	<p>An outpatient visit with any practitioner that is billed with a principle diagnosis of AOD abuse or dependence:</p> <ul style="list-style-type: none"> • Within seven days • Within 30 days <p>Note: Outpatient visit <u>can</u> occur on the same day of the ER visit.</p>	<p>One of the following codes must be billed as the principle diagnosis with the outpatient visit:</p> <p>ICD-10-CM diagnosis: F10.10, F10.120 – 121, F10.129, F10.14, F10.150 – 151, F10.159, F10.180 – 182, F10.188, F10.19-20, F10.220 – 221, F10.229 – 232, F10.239, F10.24, F10.250 – 251, F10.259, F10.26 – 27, F10.280 – 282, F10.288, F10.29, F11.10, F11.120 – 122, F11.129, F11.14, F11.150 – 151, F11.159, F11.181 – 182, F11.188, F11.19 – 20, F11.220 – 222, F11.229, F11.23 – 24, F11.250 – 251, F11.259, F11.281 – 282, F11.288, F11.29, F12.10, F12.120 – 122, F12.129, F12.13, F12.150 – 151, F12.159, F12.180, F12.188, F12.19 – 20, F12.220 – 222, F12.229, F12.250 – 251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120 – 121, F13.129, F13.14, F13.150 – 151, F13.159, F13.180 – 182, F13.188, F13.19 – 20, F13.220 – 221, F13.229 – 232, F13.239, F13.24, F13.250 – 251, F13.259, F13.26 – 27, F13.280 – 282, F13.288, F13.29, F14.10, F14.120 – 122, F14.129, F14.14, F14.150 – 151, F14.159, F14.180 – 182, F14.188, F14.19 – 20, F14.220 – 222, F14.229, F14.23 – 24, F14.250 – 251, F14.259, F14.280 – 282, F14.288, F14.29, F15.10, F15.120 – 122, F15.129, F15.14, F15.150 – 151, F15.159, F15.180 – 182, F15.188, F15.19-20, F15.220 – 222, F15.229, F15.23 – 24, F15.250 – 251, F15.259, F15.280 – 282, F15.288, F15.29, F16.10, F16.120 – 122, F16.129, F16.14, F16.150 – 151, F16.159, F16.180, F16.183, F16.188, F16.19 – 20, F16.220 – 221, F16.229, F16.24, F16.250 – 251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120 – 121, F18.129, F18.14, F18.150 – 151, F18.159, F18.17, F18.180, F18.188, F18.19 – 20, F18.220 – 221, F18.229, F18.24, F18.250 – 251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120 – 122, F19.129, F19.14, F19.150 – 151, F19.159, F19.16 – 17, F19.180 – 182, F19.188, F19.19 – 20, F19.220 – 222, F19.229 – 232, F19.239, F19.24, F19.250 – 251, F19.259, F19.26 – 27, F19.280 – 282, F19.288, F19.29</p> <p>Codes to identify visits:</p> <p>CPT: 90791, 90792, 90832 – 98034, 90836 – 90840, 90845, 90847, 90849, 90853, 90875 – 90876, 98960 - 98962, 99078, 99201 – 99205, 99211 – 99215, 99217 – 99223, 99231 – 99233, 99238, 99239, 99241 – 99245, 99251 – 99255, 99341 – 99345, 99347 –</p>

		<p>99350, 99384 – 99387, 99394 – 99397, 99401 – 99404, 99408, 99409, 99411, 99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409 – G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0031, H0034 – H0037, H0039, H0040, H0047, H2000, H2000 HP, H2000 HP GT, H2000 HO, H2001, H2010 – H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p>
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FUA Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> Follow-up after ER visit for alcohol and other drug abuse and dependence	Confirm follow-up outpatient visit within seven days and 30 days of the ER visit.	<p style="text-align: center;">_/_/_</p> <p style="text-align: center;">_/_/_</p>

Follow-up after Emergency Department Visit for Mental Illness (FUM)

Seven days and 30 days

Identifying individuals discharged from the emergency room (ER) with a mental illness diagnosis is an important first step in the process of care. Timely follow-up visit helps facilitate continuous and coordinated care for patients.

Measure description	Service needed	What to report
Percentage of ER visits for members 6 and older with a principal diagnosis of mental health illness or intentional self-harm who had an outpatient visit within seven to 30 days	<p>An outpatient visit with any practitioner that is billed with a principal diagnosis of mental illness or intentional self-harm</p> <ul style="list-style-type: none"> • Within seven days • Within 30 days of the ER visit <p>Note: Outpatient visit <u>can</u> occur on the same day of the ER visit.</p>	<p>One of the following codes must be billed as the principle diagnosis with the outpatient visit:</p> <p>Mental illness ICD-10-CM diagnosis: F03.90-91, F20.0-3, F20.5, F20.81, F20.89, F20.9, F21 – F24, F25.0-1, F25.8-9, F28 – F29, F30.10-13, F30.2-4, F30.8 – F31.0, F31.10-13, F31.2, F31.30-32, F31.4-5, F31.60-64, F31.70-78, F31.81, F31.89, F31.9 – F32.5, F32.8, F32.81, F32.89, F32.9, F33.0-3, F33.40-42, F33.8 – F34.1, F34.8, F34.81, F34.89, F34.9, F39, F40.00-02, F40.10-11, F40.210, F40.218, F40.220, F40.228, F40.230-233, F40.240-243, F40.249, F40.290-291, F40.298, F40.8 – F41.1, F41.3, F41.8-9, F42, F42.2-4, F42.8-9, F43.0, F43.10-12, F43.20-25, F43.29, F43.8-9, F44.0-2, F44.4-7, F44.81, F44.89, F44.9, F45.0-1, F45.20-22, F45.29, F45.41-42, F45.8-9, F48.1-2, F48.8-9, F50.00-02, F50.8, F50.81-89, F50.9, F51.01-05, F51.09, F51.11-13, F51.19, F51.3-5, F51.8-9, F52.0-1, F52.21-22, F52.31-32, F52.4-6, F52.8-9, F53, F59, F60.0-7, F60.81, F60.89, F60.9, F63.0-3, F63.81, F63.89, F63.9, F64.0-2, F64.8-9, F65.0-4, F65.50-52, F65.81, F65.89, F65.9, F66, F68.10-13, F68.8, F69, F80.0-2, F80.4, F80.81-82, F80.89, F80.9-81.0, F81.2, F81.81, F81.89, F82, F84.0, F84.2-3, F84.5, F84.8-9, F88, F89, F90.0-2, F90.8 – F91.3, F91.8-9, F93.0, F93.8 – F94.2, F94.8-9, F95.0-2, F95.8-9, F98.0-1, F98.21, F98.29, F98.3-5, F98.8-9, F99</p> <p>Intentional self-harm ICD-10-CM diagnosis: T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A,</p>

		<p>T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T55.6X2A, T55.6X2D, T55.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A,</p>
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		<p>T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2S, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, T47.7X2D, T47.7X2S, T47.8X2A, T47.8X2D, T47.8X2S, T47.92XA, T47.92XD, T47.92XS, T48.0X2A, T48.0X2D, T48.0X2S, T48.1X2A, T48.1X2D, T48.1X2S, T48.1X2D, T48.1X2S, T48.202A, T48.202D, T48.202S, T48.292A, T48.292D, T48.292S, T48.3X2A, T48.3X2D, T48.3X2S, T48.4X2A, T48.4X2D, T48.4X2S, T48.5X2A, T48.5X2D, T48.6X2A, T48.6X2D, T48.6X2S, T48.902A, T48.902D, T48.902S, T48.992A, T48.992D, T48.992S, T49.0X2A, T49.0X2D, T49.0X2S, T49.1X2A, T49.1X2D, T49.1X2S, T49.2X2A, T49.2X2D, T49.2X2S, T49.3X2A, T49.3X2D, T49.3X2S, T49.4X2A, T49.4X2D, T49.4X2S, T49.5X2A, T49.5X2D, T49.5X2S, T49.6X2A, T49.6X2D, T49.6X2S, T49.7X2A, T49.7X2D, T49.7X2S, T49.8X2A, T49.8X2D, T49.8X2S, T49.92XA, T49.92XD, T49.92XS, T50.0X2A, T50.0X2D, T50.0X2S, T50.2X2A, T50.2X2D, T50.2X2S, T50.3X2A, T50.3X2D, T50.3X2S, T50.4X2A, T50.4X2D, T50.4X2S, T50.5X2A, T50.5X2D, T50.5X2S, T50.6X2A, T50.6X2D, T50.6X2S, T50.7X2A, T50.7X2D, T50.7X2S, T50.8X2A, T50.8X2D, T50.8X2S, T50.902A, T50.902D, T50.902S, T50.992A, T50.992D, T50.992S, T50.A12A, T50.A12D, T50.A12S, T50.A22A, T50.A22D, T50.A22S, T50.A92A, T50.A92D, T50.A92S, T50.A92D, T50.A92S, T50.B12A, T50.B12D, T50.B12S, T50.B92A, T50.B92D, T50.B92S, T50.Z12A, T50.Z12D, T50.Z12S, T50.Z92A, T50.Z92D, T50.Z92S, T51.0X2A, T51.0X2D, T51.0X2S, T51.1X2A, T51.1X2D, T51.1X2S, T51.2X2A, T51.2X2D, T51.2X2S, T51.3X2A, T51.3X2D, T51.3X2S, T51.8X2A, T51.8X2D, T51.8X2S, T51.92XA, T51.92XD, T51.92XS, T52.0X2A, T52.0X2D, T52.0X2S, T52.1X2A, T52.1X2D, T52.1X2S, T52.2X2A, T52.2X2D, T52.2X2S, T52.3X2A, T52.3X2D, T52.3X2S, T52.4X2A, T52.4X2D, T52.4X2S, T52.8X2A, T52.8X2D, T52.8X2S, T52.92XA, T52.92XD, T52.92XS, T53.0X2A, T53.0X2D, T53.0X2S, T53.1X2A, T53.1X2D, T53.1X2S, T53.2X2A, T53.2X2D, T53.2X2S, T53.3X2A, T53.3X2D, T53.3X2S, T53.4X2A, T53.4X2D, T53.4X2S, T53.5X2A, T53.5X2D, T53.5X2S, T53.6X2A, T53.6X2D, T53.6X2S, T53.7X2A, T53.7X2D, T53.7X2S, T53.92XA, T53.92XD, T53.92XS, T54.0X2A, T54.0X2D, T54.0X2S, T54.1X2A, T54.1X2D, T54.1X2S, T54.2X2A, T54.2X2D, T54.2X2S, T54.3X2A, T54.3X2D, T54.3X2S, T54.92XA, T54.92XD, T54.92XS, T55.0X2A, T55.0X2D, T55.0X2S, T55.1X2A, T55.1X2D, T55.1X2S, T56.0X2A, T56.0X2D, T56.0X2S, T56.1X2A, T56.1X2D, T56.1X2S, T56.2X2A, T56.2X2D, T56.2X2S, T56.3X2A, T56.3X2D, T56.3X2S, T56.4X2A, T56.4X2D, T56.4X2S, T56.5X2A, T56.5X2D, T56.5X2S, T56.6X2A, T56.6X2D, T56.6X2S, T56.7X2A, T56.7X2D, T56.7X2S, T56.812A, T56.812D, T56.812S, T56.892A, T56.892D, T56.892S, T56.92XA, T56.92XD, T56.92XS, T57.0X2A, T57.0X2D, T57.0X2S, T57.1X2A, T57.1X2D, T57.1X2S, T57.2X2A, T57.2X2D, T57.2X2S, T57.3X2A, T57.3X2D, T57.3X2S,</p>
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FUM Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> Follow-up after ER visit for mental illness	Confirm follow-up outpatient visit within seven days and 30 days of the ER visit.	____/____/____ ____/____/____

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

Antipsychotics are powerful medications used to treat a limited range of mental health problems in children. Antipsychotic medications come with serious potential side effects with potential to create life-long consequences. Psychosocial interventions are recommended as a first-line treatment. Antipsychotics are recommended as a second-line treatment option only after psychosocial interventions are tried and symptoms are persistent and severe. It is important to increase psychosocial treatment prior to initiating medication treatment to avoid unnecessary usage of antipsychotic medication.

Measure description	Service needed	What to report
<p>Percentage of patients 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment</p> <p><i>Note: Patients with an inpatient encounter or two outpatient encounters with a diagnosis of schizophrenia, bipolar or other psychotic disorder are excluded, as antipsychotic medication may be clinically appropriate.</i></p>	<p>Psychosocial care as first-line treatment either 90 days prior or 30 days after the first prescription of antipsychotic medication in 2019</p>	<p><u>Pharmacy claims for antipsychotic medications</u></p> <p><u>Code to identify psychosocial care:</u> CPT: 90832 – 90834, 90836 – 90840, 90845 – 90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409 – G0411, H0004, H0035 – H0040, H2000, H2001, H2011-H2014, H2017 – H2020, S0201, S9480, S9484, S9485</p>

APP Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> A new prescription (four months negative medication history) for an antipsychotic medication	Documentation of psychosocial care 90 days prior or within 30 days from the prescription fill	____/____/____

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

People with schizophrenia are at a greater risk of metabolic syndrome due to their serious mental illness. Therefore, it is important to educate your patients about possible side effects and to ensure appropriate diabetes screenings are performed. The screening may lead to earlier identification and treatment of diabetes.

Measure description	Service needed	What to report
Percentage of patients 18 to 64 with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	<ul style="list-style-type: none"> At least one blood glucose or HbA1c test in 2019 for all eligible members 	<p><u>Pharmacy claims for antipsychotic medications</u></p> <p><u>Code to identify glucose test:</u> CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7</p> <p><u>Code to identify HbA1c test:</u> CPT: 83036, 83037 CPT Category II: 3044F, 3045F, 3046F LOINC: 17856-6, 4548-4, 4549-2</p>

SSD Action Checklist:

Behavioral health management	Description of requirement	Date completed
<input type="checkbox"/> Diabetes screening test for patients on antipsychotics	One blood glucose or HbA1c test before Dec. 31, 2019.	Glucose/HbA1c: ____/____/____

There are hundreds of screening tools available today to aid clinicians in identifying patients with alcohol problems. Many are presented in the guide *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*, 2nd Edition, which may be accessed online at <http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/index.htm>.

Following are several brief recommended screenings:

CAGE:

- C** Have you ever felt that you should **cut down** on your drinking or drug use?
- A** Have people **annoyed** you by criticizing your drinking or drug use?
- G** Have you ever felt **guilty** about your drinking or drug use?
- E** **Eye opener:** Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

Please note: CAGE can identify alcohol problems over a lifetime. Two positive responses are considered a positive test. Further assessment is warranted.

T-ACE

- T** **Tolerance:** How many drinks does it take to make you feel high?
- A** Have people **annoyed** you by criticizing your drinking or drug use?
- C** Have you ever felt you ought to **cut down** on your drinking or drug use?
- E** **Eye-opener:** Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?

Please note: T-ACE, which is based on CAGE, is valuable for identifying a range of uses, including lifetime use and prenatal use, based on DSM-III-R criteria. A score of two or more is considered positive. Affirmative answers to questions A, C or E = one point each. Reporting tolerance to more than two drinks (the T question) = two points.

Alcohol-use Disorders Identification Test (AUDIT)

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?

Never Monthly or less Two to four times a month Two to three times per week Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often do you have six or more drinks on one occasion?

Never Less than monthly Two to three times per week Four or more times a week

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never Less than monthly Monthly Two to three times per week Four or more times a week

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never Less than monthly Monthly Two to three times per week Four or more times a week

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never Less than monthly Monthly Two to three times per week Four or more times a week

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never Less than monthly Monthly Two to three times per week Four or more times a week

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less than monthly Monthly Two to three times per week Four or more times a week

9. Have you or someone else been injured as a result of your drinking?

No Yes, but not in the last year Yes, during the last year

10. Has a relative, friend, doctor or other healthcare worker been concerned about your drinking?

No Yes, but not in the last year Yes, during the last year

Note: The Alcohol-use Disorders Identification Test (AUDIT) can detect alcohol problems experienced in the last year. A score of 8+ on the AUDIT generally indicates harmful or hazardous drinking. Questions 1 – 8 = 0, 1, 2, 3 or 4 points. Questions 9 and 10 are scored 0, 2 or 4 only.

Psychotropic Medication Clinical Guidelines

Medication management is a collaborative effort between all prescribing practitioners. It is our goal to provide the necessary tools to support current guidelines for the use of psychotherapeutic medication among children and adults. Listed below are resources to obtain *Florida's Best Practice Psychotherapeutic Medication Guidelines for Children* and *Florida's Best Practice Psychotherapeutic Medication Guidelines for Adults*.

Questions regarding these guidelines may be directed to ABH Medical Director Ed Mobley at 1-866-477-6725.

You may also visit <https://medicaidmentalhealth.fmhi.usf.edu/>.

Clinical guidelines	Resource link
2017 – 2018 Florida Best Practice Psychotherapeutic Medication Guidelines for Adults	http://www.medicaidmentalhealth.org/_assets/file/Guidelines/2018-Psychotherapeutic Medication Guidelines for Adults with References.pdf
2016 – 2017 Florida Psychotherapeutic Medication Guidelines for Children and Adolescents	http://www.medicaidmentalhealth.org/_assets/file/Guidelines/2016 Florida Best Practice Medication Child - Adolescent Guidelines.pdf

Website: www.abhfl.org

Medical and Behavioral Integration Additional Resources

For more resources regarding medical and behavioral integration, please visit:

<https://www.samhsa.gov/integrated-health-solutions>

<http://www.fdhc.state.fl.us/Medicaid/SBIRT/index.shtml>

<http://www.integration.samhsa.gov/integrated-care-models>