

SD CMHC Health Home Outcome Indicators – CY2020

Item 1 Health Home ID

Description	Health Home ID is a 4 digit clinic number ending in 1 assigned to the clinic location. If you do not know your clinic ID, please contact the state office for assistance.
Format/Input options	Alpha Numeric
Field Length	4

Item 2 Designated Provider Number

Description	The designated provider number is the 7 digit number assigned to the provider or clinic to use with the Medicaid claims payment system. If you do not know the Designated Provider Number, please contact the state.
Format/Input options	Alpha Numeric
Field Length	7

Item 3 Provider Billing NPI

Description	The Billing NPI is the 10 digit number associated with the clinic location for billing purposes. If you do not know the Billing NPI for the clinic, please contact your billing office.
Format/Input options	Alpha Numeric
Field Length	10

Item 4 Provider Servicing NPI

Description	The Servicing NPI is the unique 10 digit number associated with the designated provider. If you do not know the Billing NPI for the clinic, please contact your enrollment office.
Format/Input options	Alpha Numeric
Field Length	10

SD CMHC Health Home Outcome Indicators – CY2020

Item 5 Provider Taxonomy

Description	The Taxonomy is the 10 digit code associated with the designated provider's specialty. If you do not know the Taxonomy for the provider, please contact your enrollment office.
Format/Input options	Alpha Numeric
Field Length	10

Item 6 Recipient ID

Description	The Recipient ID is the 9 digit Medicaid number associated with the recipient. This number can be found on the caseload report provided at the beginning of each month.
Format/Input options	Alpha Numeric
Field Length	9

Item 7 Recipient Date of Birth

Description	The Recipient Date of Birth is the date the recipient was born.
Format/Input options	Alpha Numeric mmdyyyy
Field Length	8

Item 8 Recipient Gender

Description	Please list the recipient gender.
Format/Input options	Alpha Numeric M= Male, F=Female
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 9 Recipient Status

Description	Active recipients are those provided a core service during the defined reporting period.
Format/Input options	Alpha Numeric A = Active, N = Non Active
Field Length	1

Recipients with an N should not be included in the report.

Item 10 Collection Start Date

Description	The Collection Start Date is the beginning of the defined period of data that is being reporting.
Format/Input options	Alpha Numeric mmddyyyy. Options include 0101YYYY and 0701YYYY
Field Length	8

Item 11 Collection End Date

Description	The Collection End Date is the end date of the defined period of data that is being reporting.
Format/Input options	Alpha Numeric mmddyyyy. Options include 0630YYYY and 1231YYYY.
Field Length	8

SD CMHC Health Home Outcome Indicators – CY2020

*Item 12a Depression Screening Measure – Screen Completed

Description	<p>The percentage of recipients age 12 and older who were screened for clinical depression using a standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen within the last 12 months. (See Appendix C for what makes these a positive Depression Screen for each of these tools.)</p> <p>Adolescent Screening Tools : (ages 12 to 17): could include but are not limited to the following</p> <ul style="list-style-type: none"> • Patient Health Questionnaire for Adolescents (PHQ-A), • Beck Depression Inventory-Primary Care Version (BDI-PC), • Mood Feeling Questionnaire, • Center for Epidemiologic Studies Depression Scale (CES-D) • PRIME MD-PHQ2. <p>Adult Screening Tools (age 18 and older)could include but are not limited to the following:</p> <ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ9), • Beck Depression Inventory (BDI or BDI-II), • Center for Epidemiologic Studies Depression Scale (CES-D), • Depression Scale (DEPS), • Duke Anxiety-Depression Scale (DADS), • Geriatric Depression Scale (SDS), • Cornell Scale Screening and • PRIME MD-PHQ2.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for each recipient in the denominator who during the measurement period was screened for clinical depression on the date of the encounter
Denominator	All recipients age 12 or older who during the measurement period had an outpatient visit. (see CMS specified encounter codes for Depression in the Appendix B)
Format/Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable, R=refused
Allowable Exclusions	Patient refuses to participate; recipients under the age of 12; Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status; Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court-appointed cases or cases of delirium. Patient has an active diagnosis of depression or bipolar disorder
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 12b Depression Screening Measure – Positive Screen

Description	<p>The percentage of recipients age 12 and older who were screened for clinical depression using a standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen within the last 12 months. (See Appendix C for what makes these a positive Depression Screen for each of these tools.)</p> <p>Adolescent Screening Tools : (ages 12 to 17): could include but are not limited to the following</p> <ul style="list-style-type: none"> • Patient Health Questionnaire for Adolescents (PHQ-A), • Beck Depression Inventory-Primary Care Version (BDI-PC), • Mood Feeling Questionnaire, • Center for Epidemiologic Studies Depression Scale (CES-D) • PRIME MD-PHQ2. <p>Adult Screening Tools (age 18 and older)could include but are not limited to the following:</p> <ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ9), • Beck Depression Inventory (BDI or BDI-II), • Center for Epidemiologic Studies Depression Scale (CES-D), • Depression Scale (DEPS), • Duke Anxiety-Depression Scale (DADS), • Geriatric Depression Scale (SDS), • Cornell Scale Screening and • PRIME MD-PHQ2.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for each recipient in the denominator who during the measurement period who had a positive depression screen.
Denominator	Those patients with a “Y” as found in Item 12a
Format/Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	Patient refuses to participate; recipients under the age of 12; Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status; Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court-appointed cases or cases of delirium. Patient has an active diagnosis of depression or bipolar disorder
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 12c Depression Screening Measure – Follow-up Plan Documented

Description	<p>The percentage of recipients age 12 and older who were screened for clinical depression using a standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen within the last 12 months. (See Appendix C for what makes these a positive Depression Screen for each of these tools.)</p> <p>Adolescent Screening Tools : (ages 12 to 17): could include but are not limited to the following</p> <ul style="list-style-type: none"> • Patient Health Questionnaire for Adolescents (PHQ-A), • Beck Depression Inventory-Primary Care Version (BDI-PC), • Mood Feeling Questionnaire, • Center for Epidemiologic Studies Depression Scale (CES-D) • PRIME MD-PHQ2. <p>Adult Screening Tools (age 18 and older)could include but are not limited to the following:</p> <ul style="list-style-type: none"> • Patient Health Questionnaire (PHQ9), • Beck Depression Inventory (BDI or BDI-II), • Center for Epidemiologic Studies Depression Scale (CES-D), • Depression Scale (DEPS), • Duke Anxiety-Depression Scale (DADS), • Geriatric Depression Scale (SDS), • Cornell Scale Screening and • PRIME MD-PHQ2.
Measurement Period	Defined reporting period and period and six months prior
Numerator	Select an input option for each recipient in the denominator who during the measurement period who had follow-plan documented on the date of the positive screen
Denominator	Those patients with a “Y” as found in Item 12b
Format/Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	Patient refuses to participate; recipients under the age of 12; Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status; Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court-appointed cases or cases of delirium. Patient has an active diagnosis of depression or bipolar disorder
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 13 Substance Abuse Screening

Description	Percentage of recipients 12 years and older who were screened for tobacco, alcohol and/or other drug dependencies within the last 12 months
Measurement Period	Defined measurement period and six months prior
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient screened for tobacco, alcohol and/or other drug dependencies within the last 12 months?
Denominator	All recipients 12 years and older.
Format/Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	Recipients under the age of 12
Field Length	1

Item 13a Substance Abuse Screening Positive

Description	Percentage of recipients 12 years and older who had a positive screen for tobacco, alcohol and/or other drug dependencies within the last 12 months.
Measurement Period	Defined measurement period and six months prior
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient have a positive screen for tobacco, alcohol and/or other drug dependencies within the last 12 months?
Denominator	All recipients where a Y was indicated as a response to Item 13
Format/Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	Recipients under the age of 12
Field Length	1

Item 13b Substance Abuse Positive Screen Referred

Description	Percentage of recipients 12 years and older who had a positive screen and were referred for cessation counseling or other treatment options for tobacco; or referred for assessment for alcohol and/or other drug dependencies within the last 12 months.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient referred for cessation counseling or other treatment options for tobacco, or referred for assessment for alcohol and/or other drug dependencies within the last 12 months?
Denominator	All recipients where a Y was indicated as the response to Item 13a
Format/Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	Recipients under the age of 12
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

*Item 14 - Substance Abuse - New

Description	Percentage of recipients age 12 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) within the last 12 months.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for recipients within the denominator to answer the following question. Did the recipient have a new episode of AOD dependency (see Appendix A Item 14) during a visit (see item 40) within the last 12 months?
Denominator	Recipients 12 years of age and older
Format/Input options	Alpha Numeric/ Y=Yes, N=No, U=Unknown, A= Not applicable
Allowable Exclusions	Recipients under the age of 12; Patients with a previous active diagnosis of AOD dependence in the 60 days prior to the first episode of alcohol or drug dependence.
Field Length	1

*Item 15 - Substance Abuse - Initiation of AOD Treatment

Description	Percentage of recipients age 12 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received initiation of AOD treatment within the last 12 months
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for recipients within the denominator to answer the following question. Did the recipient have an initiation of AOD treatment through an inpatient admission, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis? (See Appendix B)
Denominator	Recipients where Y was indicated as the input option for item 14.
Format/Input options	Alpha Numeric/ Y=Yes, N=No, U=Unknown, A= Not applicable
Allowable Exclusions	Recipients under the age 12
Field Length	1

*Item 16 - Substance Abuse - Engagement of AOD

Description	Percentage of recipients' age 12 years and older (adolescents and adults) with a new episode of alcohol or other drug (AOD) dependence who received *Engagement of AOD treatment within the last 12 months.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for recipients within the denominator to answer the following question. Did the recipient have two or more additional services within 30 days? (See Appendix B) Multiple engagement visits may occur on the same day, but they must be with different providers in order to be counted.
Denominator	Recipients where Y was reported as the input option in Item 15.

SD CMHC Health Home Outcome Indicators – CY2020

Format/Input options	Alpha Numeric/ Y=Yes, N=No, U=Unknown, A= Not applicable
Allowable Exclusions	Recipients under age 12.
Field Length	1

Item 17 Asthma

Description	Percentage of recipients with an active asthma problem with the most recent condition of “Persistent” documented in medical chart through the Measurement Period with one or more face to face visits for asthma within the last year.
Measurement Period	Defined reporting period and six months prior.
Numerator	Choose one of the input options for each recipient in the denominator to answer the following question. Did the recipient have an active asthma problem with the most recent condition of “Persistent” documented in medical chart?
Denominator	Recipients between the ages of 5 and 50 who have a diagnosis of one of asthma found in the Appendix A for item 17 who have had a face to face visit for asthma within the last year.
Input options	Character: Y=Yes, N=No, U=Unknown, A= Not applicable
Allowable Exclusions	Individuals outside the age range.
Field Length	1

Item 17a Asthma Controller

Description	Percentage of recipients between the ages of 5 and 50 with a diagnosis of “Persistent” asthma through the measurement period that were on a prescription drug to control Asthma during the measurement period?
Measurement Period	Defined reporting period and six months prior.
Numerator	Choose one of the input options for each recipient in the denominator to answer the following question. Was the HH recipient on a prescription drug to control Asthma during the measurement period?
Denominator	Recipients between the ages of 5 and 50 who have an asthma diagnosis and are on one an oral or inhaled Medication on a daily basis.
Format/Input options	Character/Y=Yes, N=No, U=Unknown, A= Not applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

SD CMHC Health Home Outcome Indicators – CY2020

Item 18 – Hospitalization for Chronic Obstructive Pulmonary Disease

Description	Percentage of recipients who have been hospitalized due to their diagnosis of Chronic Obstructive Pulmonary Disease(COPD)in the Measurement Period.
Measurement Period	Defined reporting period and the six months prior
Numerator	For each recipient, enter the total number discharges with a principal diagnosis of COPD
Denominator	All recipients
Input options	Numeric/enter number A=Not applicable
Allowable Exclusions	None
Field Length	2

Item 18a - Discharge follow-up within 72 hours

Description	Percentage of hospitalizations for COPD where the recipient received a follow-up contact within 72 hours?
Measurement Period	Defined reporting period and six months prior
Numerator	For each recipient where the value of Item 18 is not = 0, enter the total number discharges that had a follow-up contact within 72 hours of discharge
Denominator	Recipients where the value of Item 18 was not =0
Format/Input options	Numeric/enter number A=Not applicable
Allowable Exclusions	None
Field Length	2

SD CMHC Health Home Outcome Indicators – CY2020

Item 19 Diabetes Diagnosis with Eligible Encounter

Description	Percentage of recipients aged 18-75 who had an encounter during the last 12 months. (See Item 40) with a diagnosis of diabetes as indicated the codes listed in (Appendix A Item 19)?
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for each recipient in the denominator to answer the following question. Did the recipient have a diagnosis of diabetes (Appendix A Item 19)
Denominator	Recipients aged 18-75 who have who had an eligible encounter (See Item 40)
Format/Input options	Alpha Numeric/ Y=Yes N=No, or A – Not applicable
Allowable Exclusions	Documentation of Pregnancy during the measurement period
Field Length	1

Item 20 Diabetes Hemoglobin Value

Description	Provide the value of the most recent HgA1C for recipients where Y was selected as an input option in Item 19.
Measurement Period	Defined reporting period and six months prior
Input options	Numeric with decimals/e.g. 8.1 8.0 6.3 11.2 -- field has 1 decimal point -- blank or 0 = no value
Allowable Exclusions	None
Field Length	4,1

Item 21 Diabetes Systolic Value

(Note: if multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit. The following blood pressures should not be included for the measure: patient reported BP checks, BPs taken in the following settings: Inpatient Settings, ER, other surgical or diagnostic procedures)

Description	Provide the value of the most recent Blood Pressure Systolic Value for recipients where Y was selected as an input option in Item 19.
Measurement Period	Defined reporting period and six months prior
Format/Input options	Numeric/3 digits with no decimals (use leading zero if necessary). A= not applicable
Allowable Exclusions	None
Field Length	3

SD CMHC Health Home Outcome Indicators – CY2020

Item 22 Diabetes Diastolic Measure

(Note: if multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit. The following blood pressures should not be included for the measure: patient reported BP checks, BPs taken in the following settings: Inpatient Settings, ER, other surgical or diagnostic procedures)

Description	Provide the value of the most recent Blood Pressure Diastolic Measure for recipients where Y was selected as an input option in Item 19.
Measurement Period	Defined reporting period and six months prior
Format/Input options	Numeric/3 digits with no decimals (use leading zero if necessary). A= not applicable
Allowable Exclusions	None
Field Length	3

*Item 23 Obesity Body Mass Index

Description	BMI: Percentage of recipients age 6 - 74 years who had an outpatient visit and whom had their BMI documented during the last 12 months
Measurement Period	Defined reporting period and six months prior
Numerator	BMI: Select an input option for all recipients in the denominator to answer the following question. Does the recipient have a documented BMI during the last 12 months?
Denominator	BMI: PCP- recipients 6-74 years of age who had an outpatient visit (See Item 40).
Format/ Input options	Alpha Numeric/ Y = Yes, N = No or A = Not applicable
Allowable Exclusions	None
Field Length	1

Item 24 Body Mass Index

Description	Most recent Body Mass Index when a value of Y was entered for Item 23
Measurement Period	Defined reporting period and six months prior
Format/ Input options	Numeric with decimals/Enter the Body Mass Index. Number with one decimal point e.g. 8.1 8.0 12.2 A= not applicable
Allowable Exclusions	None
Field Length	4,1

SD CMHC Health Home Outcome Indicators – CY2020

Item 25 Breast Cancer Screening

Description	Percentage of women age 50-75 who were up-to-date on their Breast Cancer Screening by use of a Mammogram or MRI.
Measurement Period	Defined reporting period and six months prior.
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient up-to-date on their Breast Cancer Screening by use of Mammogram or MRI?
Denominator	Women ages of 50-75
Format/Input options	Alpha Numeric/ Y=Yes, N=No, A = Not Applicable, R = Refused
Allowable Exclusions	Recipient outside the age range, Bilateral Mastectomy or two unilateral Mastectomies.
Field Length	1

Item 26 Colorectal Screen

Description	Percentage of recipients up to date on appropriate screenings for colorectal cancer (colonoscopy – every 10 years or a Fit test – every year
Measurement Period	Defined reporting period and six months prior.
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient up to date with their colorectal cancer screenings.
Denominator	Recipients between the ages of 50-75.
Format/Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable, R= Refused
Allowable Exclusions	Recipients outside of the age range. Colorectal cancer, total colectomy
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 27 Chronic Pain

Description	Percentage of recipients with a Chronic Pain Diagnoses where during the past 12 months where documentation of a Pain assessment exists?
Measurement Period	Defined reporting period and six months prior
Numerator	Select one of the input options for each recipient in the denominator to answer the following question. Does documentation of a Pain Assessment exist?
Denominator	Recipients over the age of 18 who had an encounter who have a diagnosis listed in the Appendix A for Item 27 and 28.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, or A = Not applicable
Allowable Exclusions	None
Field Length	1

Item 28 Chronic Pain Follow-Up

Description	Percentage of recipients with a Chronic Pain Diagnoses where pain exists during the assessment with a documented follow-up plan.
Measurement Period	Defined reporting period and six months prior
Numerator	Select one of the input options for each recipient in the denominator to answer the following question. If pain exists, is there a documented follow-up plan?
Denominator	Recipients with a “Y” in Item 27
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, or A = Not applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

*Item 29 Hypertension

Description	Percentage of recipients ages 18 to 85 who had an encounter during the last 12 months. (See Item 40) who have a diagnosis of Hypertension.
Measurement Period	Defined measurement period and six months prior
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient have a diagnosis of Hypertension? (Appendix A Item 29)
Denominator	Recipients ages 18 to 85 who had an encounter during the last 12 months. (See Item 40)
Input options	Alpha Numeric/Y = Yes, N = No, A=Not applicable
Allowable Exclusions	Recipients outside Age range, Pregnant Women

Item 30 Hypertension BP Systolic Value

(Note: if multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit. The following blood pressures should not be included for the measure: patient reported BP checks, BPs taken in the following settings: Inpatient Settings, ER, other surgical or diagnostic procedures)

Description	Most recent blood pressure systolic value for recipients where a Y was indicated in Item 29.
Measurement Period	Defined reporting period and six months prior
Format/Input options	Numeric no decimals/ 3 digits If 29 = N, should be 000
Allowable Exclusions	Pregnant Women
Field Length	3

Item 31 Hypertension BP Diastolic Value

(See Note in Item 30)

Description	Most recent blood pressure diastolic value for recipients where a Y was indicated in Item 29
Measurement Period	Defined reporting period and six months prior
Format/Input options	Numeric no decimals/ 3 digits, If 29 = N, should be 000
Allowable Exclusions	Pregnant Women
Field Length	3

SD CMHC Health Home Outcome Indicators – CY2020

Item 32 - Medication List in 'EHR'

Description	Percentage of recipients who have had an encounter within the last 12 months, whose list of current medications is documented in the Electronic Health Record. This list should include all prescription, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements and must contain the medications' name, dosage, frequency and route of administration.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for all recipients in the denominator to answer the following question. Does the recipient have a current medication list documented in the EHR?
Denominator	Recipients that have had an encounter (See Item 40) in the past 12 months.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	None
Field Length	1

Item 33 - Pro-Active Patient Management

Description	Percentage of recipients where recipient information, clinical data and evidence based guidelines were used to generate lists of recipients and proactively remind recipients or families and clinicians of services needed. The practice demonstrates that during the past year it has proactively identified and provided outreach to recipients in need of services.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for all recipients in the denominator to answer the following question. Does the electronic health record or electronic care management system identify recipient visits scheduled and remind recipients of said encounters and/or services?
Denominator	All recipients
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A=Not applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 34 Referrals Tracked

Description	Percentage of recipients where referrals to other providers or community services tracked in the EHR?
Measurement Period	Defined reporting period and six months prior..
Numerator	Select an input option from below to answer the question above for each recipient in the denominator to answer the following question. Were the referrals to other providers or community service tracked in the EHR?
Denominator	All recipients
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	None
Field Length	1

*Item 35 Care Transition Follow-up Number of Discharges

Description	Percentage of recipients, regardless of age, discharged from an inpatient facility (hospital inpatient or observation, skilled nursing facility or rehabilitation facility) to home or any of other sites of care.
Measurement Period	Defined Reporting Period and six months prior.
Numerator	Enter the value indicating the number of discharges for each recipient
Denominator	All Recipients
Format/ Input options	Numeric/ Enter Number, A=Not applicable
Allowable Exclusions	None
Field Length	2

*Item 36 Care Transition Follow-up Number of Discharges with a contact within 72 hours of discharge

Description	Percentage of recipients, regardless of age, discharged from an inpatient facility (hospital inpatient or observation, skilled nursing facility or rehabilitation facility) to home or any of other sites of care, who received professional or follow-up care within 72 hours of discharge.
Measurement Period	Defined Reporting Period and 6 months prior
Numerator	Enter the value indicating the number of discharges identified in Item 35a that had a follow-up within 72 hours of discharge.
Denominator	Recipients where a numerical value was not equal to 0 in Item 35a.
Format/ Input options	Numeric/ Enter Number, A= Not Applicable
Allowable Exclusions	None
Field Length	2

SD CMHC Health Home Outcome Indicators – CY2020

Item 37 - Counseled on Healthy Behaviors associated with the disease

Description	Percentage of recipients or family members counseled to adopt healthy behaviors associated with disease risk during the past 12 months
Measurement Period	Defined reporting period and six months prior
Numerator	Recipients aged 18 and over who received education or counseled to adopt healthy behaviors associated with disease risk?
Denominator	All recipients
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A=Not applicable should be used for individuals unable to understand counseling due to age and/or mental status.
Allowable Exclusions	None
Field Length	1

Item 38 Care Plan

Description	Percentage of recipients with an active care plan that has been updated at least once in the last year.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option to answer the question on all recipients in the denominator. Does the recipient have a written care plan present that includes ALL of the following: <ul style="list-style-type: none"> • Care team • Agreement of plan by participant • Emergency plan of care • Reviewed/creation date during the measurement period.
Denominator	All recipients with at least one encounter during the past 12 months (See Item 40)
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A=Not applicable
Allowable Exclusions	None
Field Length	1

Health Coach Care plan created off care plan template

SD CMHC Health Home Outcome Indicators – CY2020

Item 39 Face to Face Visit

Description	Percentage of recipients who had a face-to-face visit with a provider during the last 12 months
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option to answer the following question for each of the recipients in the Denominator. Did the recipient have a face to face visit during the measurement period? (See Appendix B)
Denominator.	All recipients
Format/ Input options	Alpha Numeric/ Y=Yes, N=No; A=Not applicable
Allowable Exclusions	None
Field Length	1

Item 40 Face to Face Visits Scheduled

Description	How many face-to- face visits with a provider were scheduled in the measurement period?
Measurement Period	Defined reporting period and the 6 months prior
Numerator	The number of scheduled face-to-face visits with a Provider (do not include cancelled appointments)
Denominator	All recipients with ≥ 1 encounter. (See Item 40)
Format/ Input options	Numeric/ 4digit with no decimals
Allowable Exclusions	None
Field Length	4

SD CMHC Health Home Outcome Indicators – CY2020

Item 41 Face to Face Visits Missed

Description	During the Measurement period, how many scheduled face-to-face visits with a provider did the patient “no-show” (i.e. not cancelled)?
Measurement Period	Defined reporting period and the 6 months prior
Numerator	The number of scheduled face-to-face provider visits that resulted in a “no-show” (i.e. not cancelled)
Denominator	The number of scheduled face-to-face visits with a Provider (do not include cancelled appointments) (See Item 40)
Format/ Input options	Numeric/ 4 digit with no decimals; if none enter “0” NO BLANKS
Allowable Exclusions	None
Field Length	4

Item 42 Referral for Other Community Services

Description	Was recipient referred for other community services: this includes resources regarding education, activity, employment, financial assistance, health associations/community groups, housing, insurance, tax, medical equipment supplies, nutrition (60’s plus, meals on wheels, Salvation Army, meal delivery , pantry, Banquet, etc.), protective services, support groups, clothing needs, transportation
Measurement Period	Defined reporting period and six months prior
Numerator	All recipients who received a referral for other community services as defined above.
Denominator	All recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A=Not applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 43 Recipient Self-Management Ability

Description	Percentage of recipients who have the capability to self – manage their condition. This refers to their ability to care for themselves on their own. If a recipient is a child unable to manage their own care), in a nursing home, assisted living, or group home where their care is supervised, the answer would be A for not applicable.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for recipients in the denominator to answer the following question. Is the recipient capable of self-managing their condition?
Denominator	All recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	Child (unable to manage their own care), in a nursing home, assisted living, or group home
Field Length	1

Item 44 Recipient Self-Management Ability Tools

Description	Percentage of recipients using self-management tools to record self-care results: Examples of self-management tools include tools to check blood pressure, blood sugars, weight, etc. at home.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option from below for all recipients in the Denominator to answer the following question. Was the recipient using self-management tools to record self-care results?
Denominator	All recipients where Y was indicated in item 44.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A=Not applicable
Allowable Exclusions	Use A when there are no tools available to manage the recipient's condition
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 45 Referral to a Specialist or Primary Care Provider

Description	Percentage of recipients referred to a specialist or other provider: this measure is regarding referrals to health care professionals/specialties? This would include referrals to specialist such as a primary care provider, neuro, nephro, ortho, rheumatology, oncology, pysch, ophthalmology etc.
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient referred to a specialist or other provider during the same reporting period?
Denominator	All recipients.
Format/ Input options	Alpha Numeric/ Y = Yes N = No , A=Not applicable
Allowable Exclusions	None
Field Length	1

Item 46 Electronic Summary of Care Transferred to Referred Provider

Description	Percent of recipients who have been referred where the Summary of care was transferred electronically to all referred providers: when the referral was made to the specialist or other provider, was their summary of care transferred electronically—i.e., fax, via electronic medical records, etc.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option from below for all recipients in the denominator to answer the following question. Was the summary of care transferred electronically to all referred providers when a referral was made?
Denominator	All recipients where Y was indicated for item 46.
Format/ Input options	Alpha Numeric/ Y = Yes N = No A=Not applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 47 Diagnosed with a Severe Mental Illness or Emotional Disturbance

Description	Percentage of recipients with a diagnosis of Severe Mental Illness or Emotional Disturbance within the last 12 months.
Measurement Period	Defined reporting period
Numerator	Select the appropriate input option for all recipients in the denominator to answer the following question. Did the recipient have a diagnosis of Severe Mental Illness or Emotional Disturbance within the last 12 months?
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y = Yes, N = No, U=Unknown
Allowable Exclusions	None
Field Length	1

Item 48 Recipients Prescriptions Filled 85% of the Time

Description	Percentage of recipients with SMI or SED where the prescriptions filled 85% of the time
Measurement Period	Defined reporting period
Numerator	Select an input indicator on all recipients in the denominator to answer the following question. Were the prescriptions for treatment of SMI or SED filled 85% of the time?
Denominator	All CMHC-HH recipients where a Y was indicated in item 48
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, U=Unknown
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 49 Recipients Screened for Mental Illness and Substance Abuse within 30 Days of Intake

Description	Percentage of recipients screened for Mental Illness and Substance Abuse within 30 days of intake.
Measurement Period	Defined reporting period
Numerator	Select an input indicator on all recipients in the denominator to answer the following question. Was the recipient screened for Mental Illness and Substance Abuse within 30 days of intake?
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, U=Unknown, A= Not applicable
Allowable Exclusions	None
Field Length	1

Item 50 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.32 "I like the services I received here?" Youth Service Outcome Tool Question 7h "I like the services I received here?"; Family Service Outcome Tool Question 7h "I like the services I received here?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to the Adult Service Outcome Tool Question 7.32 "I like the services I received here?"; Youth Service Outcome Tool Question 7h "I like the services I received here?"; or the Family Service Outcome Tool Question 7h "I like the services I received here?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 51 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.33 "If I had other choices, I would still get services here?"; Youth Service Outcome Tool Question 7h "If I had other options, I would still get services from this agency?"; Family Service Outcome Tool Question 7h "if we had other options, our family would still get services from this agency?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to the Adult Service Outcome Tool Question 7.33 "If I had other choices, I would still get services here?"; Youth Service Outcome Tool Question 7h "If I had other options, I would still get services from this agency?"; Family Service Outcome Tool Question 7h "if we had other options, our family would still get services from this agency?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 52 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.34 "I would recommend the agency to a friend or a family member?"; Youth Service Outcome Tool Question 7j; Family Service Outcome Tool Question 7j
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to Adult Service Outcome Tool Question 7.34 "I would recommend the agency to a friend or a family member?"; Youth Service Outcome Tool Question 7j; Family Service Outcome Tool Question 7j. Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

Item 53 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.13 "I was able to get all the services I thought I needed?"; Youth Service Outcome Tool Question 7i; Family Service Outcome Tool Question 7i "We were able to get the services our family thought our child needed?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to Adult Service Outcome Tool Question 7.13 "I was able to get all the services I thought I needed?"; Youth Service Outcome Tool Question 7i; Family Service Outcome Tool Question 7i "We were able to get the services our family thought our child needed?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 54 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.23 "I am better able to control my life?"; Youth Service Outcome Tool Question 6e "I am able to manage my life?"; Family Service Outcome Tool Question 6e "Our family is able to manage our family life?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to Adult Service Outcome Tool Question 7.23 "I am better able to control my life?"; Youth Service Outcome Tool Question 6e "I am able to manage my life?"; Family Service Outcome Tool Question 6e "Our family is able to manage our family life?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

Item 55 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.25 "I am getting along better with my family?" Youth Service Outcome Tool Question 6f "My family relationships are improving?"; Family Service Outcome Tool Question 6f "Our family relationships are improving?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to Adult Service Outcome Tool Question 7.25 "I am getting along better with my family?" Youth Service Outcome Tool Question 6f "My family relationships are improving?" Family Service Outcome Tool Question 6f "Our family relationships are improving?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 56 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.27 "I do better in school or work?" Youth Service Outcome Tool Question 6g "I am improving in school and/or work?"; Family Service Outcome Tool Question 6g "My child is improving in school and/or work?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to Adult Service Outcome Tool Question 7.27 "I do better in school or work?" Youth Service Outcome Tool Question 6g "I am improving in school and/or work?" Family Service Outcome Tool Question 6g "My child is improving in school and/or work?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

Item 57 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.29 "My housing situation has improved?"; Youth Service Outcome Tool Question 6h "I feel safe in my home?"; Family Service Outcome Tool Question 6h "My child feels safe in his/her home?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to Adult Service Outcome Tool Question 7.29 "My housing situation has improved?" Youth Service Outcome Tool Question 6h "I feel safe in my home?"; Family Service Outcome Tool Question 6h "My child feels safe in his/her home?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

SD CMHC Health Home Outcome Indicators – CY2020

Item 58 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.22 "I can deal more effectively with daily problems?" Youth Service Outcome Tool Question 6i "I feel I can manage daily situations more effectively?"; Family Service Outcome Tool Question 6i "I feel my child can manage daily situations more effectively?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to Adult Service Outcome Tool Question 7.22 "I can deal more effectively with daily problems?" Youth Service Outcome Tool Question 6i "I feel I can manage daily situations more effectively?"; Family Service Outcome Tool Question 6i "I feel my child can manage daily situations more effectively?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

Item 59 Recipient Response to the Adult/Youth/Family Service Outcome Tool

Description	Percentage of recipients who provided an optimal response to Adult Service Outcome Tool Question 7.12 "Services were available at times that were good for me?"; Youth Service Outcome Tool Question 7k "Services were flexible and convenient for me?"; Family Service Outcome Tool Question 7k "Services were flexible and convenient for our family?"
Measurement Period	Defined reporting period
Numerator	Select an input option for all recipients in the denominator to answer the following question. Did the recipient give an optimal response to Adult Service Outcome Tool Question 7.12 "Services were available at times that were good for me?"; Youth Service Outcome Tool Question 7k "Services were flexible and convenient for me?"; Family Service Outcome Tool Question 7k "Services were flexible and convenient for our family?" Optimal responses are "agree" or "strongly agree" from the Outcome Tools.
Denominator	All CMHC-HH recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, R=Refused, A = Not Applicable
Allowable Exclusions	None
Field Length	1

Appendix A – Diagnosis codes

Item 14-16 – Initiation of Engagement of Alcohol and Other Drug Dependence Treatment

ICD-9-CM [for use 1/1/2015 – 9/30/2015] 291-292, 303.00-303.02, 303.90-303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.3, and 571.1

Item 17 – Asthma Codes

ICD-9-CM [for use 1/1/2015 – 9/30/2015]: 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, and 493.92

ICD-10-CM [for use 10/1/2015 – 12/31/9999]: J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, and J45.52

Item 19 – Diabetes Codes

ICD-9-CM [for use 1/1/2015 – 9/30/2015]: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

ICD-10-CM [for use 10/1/2015 – 12/31/9999]: E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E08.36, E08.39, E08.40, E08.41, E08.42, E08.43, E08.44, E08.49, E08.51, E08.52, E08.59, E08.610, E08.618, E08.620, E08.621, E08.622, E08.628, E08.630, E08.638, E08.641, E08.649, E08.65, E08.69, E08.8, E08.9, E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E09.36, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9, E10.10, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, and E13.9

If Pregnant O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13

Item 27 and 28 – Pain Codes

ICD-9-CM [for use 1/1/2015 – 9/30/2015]: 338.28, 338.21, 338.22, 338.29, and 338.4

ICD-10-CM [for use 10/1/2015 – 12/31/9999]: G89.21, G89.22, G89.28, G89.29, and G89.4

Item 29 – Hypertension

ICD-9-CM [for use 1/1/2015 – 9/30/2015]: 401.0, 401.10, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93

ICD-10-CM [for use 10/1/2015 – 12/31/9999]: I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2

Appendix B: patient encounter or office visit codes (use for everything but Depression)

99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456, G0402, G0438, G0439

Item 12 - Depression Measure –patient encounter or office visit codes.

CPT: 90791, 90792, 90832, 90834, 90837, 90837, 90839, , 92625, , 96116, 96118, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 or HCPCS: G0101, G0402, G0438, G0439, G0444

Item 16- AOD Visits

SD CMHC Health Home Outcome Indicators – CY2020

***Programmer Note – When looking for these codes, they need to be by different providers.**

Table IET.B. Codes to Identify Outpatient, Intensive Outpatient and Partial Hospitalization Visits

CPT	HCPCS	UB Revenue
90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983
CPT	.	POS
90801, 90802, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	WITH	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72
90816-90819, 90821-90824, 90826-90829, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53

Appendix C: Depression Screen tool Severity Assessment Criteria

Adolescent Screening Tools: (ages 12 to 17): could include but are not limited to the following:

- **Patient Health Questionnaire for Adolescents (PHQ-A)**

- For adolescents, depression severity is correlated with PHQ-A scores as follows:
 - 20–27: Severe major depression
 - 15–19: Moderately severe major depression
 - 10–14: Moderate major depression
 - 5–9: Indeterminate or mild depression (People with this score could have had major depression that is now improved, chronic mild depression [dysthymia], or transient mild depression. The PHQ-A cannot distinguish among these. Use clinical judgment to determine appropriate next steps.)

- **Beck Depression Inventory-Primary Care Version (BDI-PC)**

<u>Score</u>	<u>Range</u>
0-9	No depression
10-18	Mild – Moderate Depression
19-29	Moderate – Severe Depression
30-63	Severe Depression

- **Mood Feeling Questionnaire**

- Score of 12 or more indicates depressive disorder

- **Center for Epidemiologic Studies Depression Scale (CES-D)**

- Do not score the tool if it is missing more than 4 responses.
- For each item, look up your response and corresponding score (0-3).
- Fill in the score for each item under the last column labeled Score.
- Calculate the Total Score by adding up all 20 scores.
- A total Score of 16 or higher is considered depressed.

- **PRIME MD-PHQ2.**

- If the response is "yes" to either question, consider administering the PHQ-9 questionnaire or asking the patient more questions about possible depression.
- If the response to both questions is "no", the screen is negative.

SD PCP Health Home Outcomes Measure

Adult Screening Tools (age 18 and older) could include but are not limited to the following:

- **Patient Health Questionnaire (PHQ9)**

- For adults age 18 and older, depression severity is correlated with PHQ9 scores as follows:

- 20–27: Severe major depression
- 15–19: Moderately severe major depression
- 10–14: Moderate major depression
- 5–9: Indeterminate or mild depression (People with this score could have had major depression that is now improved, chronic mild depression [dysthymia], or transient mild depression. The PHQ9 cannot distinguish among these. Use clinical judgment to determine appropriate next steps.)

- **Beck Depression Inventory (BDI or BDI-II)**

- **Beck Depression Inventory – BDI I**

<u>Score</u>	<u>Range</u>
0-9	No depression
10-18	Mild – Moderate Depression
19-29	Moderate – Severe Depression
30-63	Severe Depression

- **Beck Depression Inventory – BDI II**

<u>Score</u>	<u>Range</u>
0-13	Minimal
14-19	Mild
20-28	Moderate
29-63	Severe

- **Center for Epidemiologic Studies Depression Scale (CES-D)**

- Do not score the tool if it is missing more than 4 responses. 1) For each item, look up your response and corresponding score (0-3). 2) Fill in the score for each item under the last column labeled Score. 3) Calculate the Total Score by adding up all 20 scores.
- A total Score of 16 or higher is considered depressed.

- **Depression Scale (DEPS)**

- Scores of 9-10 indicate a level of depressive syndrome
- Scores of 11-12 indicate a level of clinical depression.

- **Duke Anxiety-Depression Scale (DADS)**

- Add the scores next to each of the blanks you checked. ^(SEP)
- If your total score is 5 or greater, then your symptoms of anxiety and/or depression may be excessive. ^(SEP)
- For exact scoring, multiply the total score by 7.143 to obtain the DUKE-AD score on a scale of 0 for lowest to 100 for highest symptom level.
- A raw score of 5 or greater (out of a possible 14) indicates high risk for anxiety or depression.

SD PCP Health Home Outcomes Measure

The Duke Anxiety-Depression Scale (DUKE-AD) has been shown to be an effective brief screener for both clinical anxiety and depression as diagnosed by the psychiatric criteria of the Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition (DSM-III-R). The DUKE-AD can be administered as part of the 17-item Duke Health Profile (DUKE) or independently.

- **Geriatric Depression Scale (SDS)**
 - A score of > 5 suggests depression

- **Cornell Scale Screening**
 - Scoring System:
 - a = Unable to evaluate
 - 0 = Absent
 - 1 = Mild to Intermittent
 - 2 = Severe

Scores above 10 indicate a probable major depression. Scores above 18 indicate a definite major depression. Scores below 6 as a rule are associated with absence of significant depressive symptoms.

- **PRIME MD-PHQ2**
 - If the response is "yes" to either question, consider administering the PHQ-9 questionnaire or asking the patient more questions about possible depression.
 - If the response to both questions is "no", the screen is negative.