

# Outcomes Acceleration for Kids (OAK) Data Workgroup

## Expanded Methodology Document for OAK BH ED Follow-Up Measures

Contacts: Mark Rizzutti and Zamda Lumbi

Issued: October 24, 2024

Last Revised: March 19, 2025

## Follow-up After Mental Health (MH) Emergency Department (ED) Visit (EDM)

Description: Rate of MH ED visits with a qualifying follow-up visit within 1-7 days of the ED visit.

Denominator: ED visits during the measurement period with a primary diagnosis of a MH condition (see **Table 1**). The member must be 17 years of age or younger on the date of the ED visit.

Numerator: A visit with a date of service between 1 and 7 days after the ED visit that is billed on a professional medical or outpatient claim with a primary MH (**Table 1**) or SUD (**Table 2**) diagnosis that also meets **at least one of the following criteria**:

- One of the following Billing or rendering provider types: \*
  - o 42 (psychologist)
  - o 84 (CMHC)
  - o 95 (SUD Tx Center)
  - o 37 (Social Worker)
  - o 47 (Clinical Counselor)
  - o 52 (Marriage and Family Therapist)
  - o 96 (Behavioral Health Paraprofessional)
- One of the following POS codes: \*
  - o 55 (SUD residential treatment center)
  - o 56 (psychiatric residential treatment center) \*
- One of the following service codes (no restrictions on place of service or provider type): \*\*
  - o Mental health or SUD revenue code (**Table 3**)
  - o BH Procedure code (**Table 4**)
  - o E&M Procedure code (**Table 5**)

Continuous Enrollment: The member must be continuously enrolled in managed care on the date of the visit through 7 days following the date of the visit.

Exclusions: Exclude ED visits that meet any of the following criteria:

- Followed within 7 days by another ED visit.
- Followed within 7 days by an acute inpatient admission for any diagnosis.
- With an observation stay on the same day (CPT 99221 – 99223, 99231 – 99236, 99238 – 99239; HCPCS G0378).

Data Source: Medicaid enrollment, Medicaid claims

*\* If the only procedure code on a claim meeting this criterion is a drug screen (procedure code H0048, 80307 or 80305), exclude it.*

*\*\* Services in FQHCs, primary care settings, and school-based clinics will qualify as follow-up if billed with an included procedure code.*

## Follow-up After Substance Use Disorder (SUD) Emergency Department (ED) Visit (EDS)

Description: Rate of SUD ED visits with a qualifying follow-up visit within 1-7 days of the ED visit.

Denominator: ED visits during the measurement period with a primary diagnosis of an SUD condition (see **Table 2**). The member must be between 10 - 17 years of age on the date of the ED visit.

Numerator: A prescription for medication for SUD treatment dispensed between 1 and 7 days after the ED visit, or a visit with a date of service between 1 and 7 days after the ED visit that is billed on a professional medical or outpatient claim with a primary MH (**Table 1**) or SUD (**Table 2**) diagnosis that meets **at least one of the following criteria:**

- One of the following Billing or rendering provider types: \*
  - o 42 (psychologist)
  - o 84 (CMHC)
  - o 95 (SUD Tx Center)
  - o 37 (Social Worker)
  - o 47 (Clinical Counselor)
  - o 52 (Marriage and Family Therapist)
  - o 96 (Behavioral Health Paraprofessional)
- One of the following POS codes: \*
  - o 55 (SUD residential treatment center)
  - o 56 (psychiatric residential treatment center) \*
- One of the following service codes (no restrictions on place of service or provider type): \*\*
  - o Mental health or SUD revenue code (**Table 3**)
  - o BH Procedure code (**Table 4**)
  - o E&M Procedure code (**Table 5**)
- An office administered medication for OUD (**Table 6**)

Continuous Enrollment: The member must be continuously enrolled in managed care on the date of the visit through 7 days following the date of the visit.

Exclusions: Exclude ED visits that meet any of the following criteria:

- Followed within 7 days by another ED visit.
- Followed within 7 days by an acute inpatient admission for any diagnosis.
- With an observation stay on the same day (CPT 99221 – 99223, 99231 – 99236, 99238 – 99239; HCPCS G0378).

Data Source: Medicaid enrollment, Medicaid claims

*\* If the only procedure code on a claim meeting this criterion is a drug screen (procedure code H0048, 80307 or 80305), exclude it.*

*\*\* Services in FQHCs, primary care settings, and school-based clinics will qualify as follow-up if billed with an included procedure code.*

**Table 1:** MH Diagnosis Codes

<b>Codes</b>	<b>Description</b>
Select F01.x – F03.x	Dementias with BH disturbance
F04.x – F09.x	Mental disorders due to known physiologic condition
F20 – F29	Schizoaffective disorders
F30.x – F39.x	Bipolar disorder, depressive disorders
F40.x – F49.x	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F50.x – F59.x	Behavioral syndromes associated with physiological disturbances and physical factors
F60.x – F69.x	Disorders of adult personality and behavior
F84.x, F88	Autism spectrum & other disorders of psychological development
F90.x – F98.x	BH & emotional disorders, childhood-adolescence onset
F99	Unspecified behavioral disorder
R45.851, T14.91x, Z91.52	Suicidal ideations; suicide attempt
X71.x – X83.x; Z91.51, R45.88	Intentional self-harm; Non-suicidal self-harm
Z72.810, Z72.811; R45.850	Antisocial behavior; homicidal ideations

**Table 2:** SUD Diagnosis Codes

<b>Codes</b>	<b>Description</b>
F10.x	Alcohol related disorders
F11.x	Opioid related disorders
F12.x	Cannabis related disorders
F13.x	Sedative, hypnotic, or anxiolytic related disorders
F14.x	Cocaine related disorders
F15.x	Other stimulant related disorders
F16.x	Hallucinogen related disorders
F18.x	Inhalant related disorders
F19.x	Other psychoactive substance related disorders
T36.x – T50.x (specific sub-codes; 6 <sup>th</sup> character of 1, 2, 3, 4)	Overdose: accidental, intentional, assault, or undetermined intent.

**Table 3: Revenue Code Descriptions**

Revenue Codes	Description	Revenue Codes	Description
0114	Pstay (Psych)/PVT	0906	Intensive Outpt Services - Chem Dep
0116	Detox/PVT	0907	Community Behavioral Health Program
0124	Pstay (Psych)/2 BED	0911	BH/Rehabilitation
0126	Detox/2 BED	0912	BH/Partial Hosp - Less Intensive
0134	Pstay (Psych)/3&4 BED	0913	BH/Partial Hosp - Intensive
0136	Detox/3&4 BED	0914	BH/Individual Therapy
0144	Pstay (Psych)/DLX	0915	BH/Group Therapy
0146	Detox/DLX	0916	BH/Family Therapy
0154	Pstay (Psych)/WARD	0917	BH/Biofeedback
0156	Detox/WARD	0918	BH/Testing
0204	ICU/Psychiatric	0919	Other Behavioral Health Service
0513	Psychiatric Clinic	0961	Pro Fee/Psych
0671	OP Spec Res/Hosp Based	1000	Behavioral Health Room and Board
0900	Behavioral Health	1001	BH R&B Residential - Psych
0901	Electroshock Treatment	1002	BH R&B Residential - Chem Dep
0902	Milieu Therapy	1004	BH R&B Supervised Living
0903	Play Therapy	1005	BH R&B Halfway House
0904	Activity Therapy	1006	BH R&B Group Home
0905	Intensive Outpt Services - Psych		

**Table 4: BH Procedure Code Descriptions**

Code	Procedure Description
T2022	Case management, per month (OhioRISE moderate care coordination)
T2023	Targeted case management, per month (OhioRISE intensive care coordination)
S9484	Crisis intervention mental health svc, per hour (MRSS)
S9485	Crisis intervention mental health services (MRSS)
S9482	Family stabilization services, per 15 minutes (MRSS)
S0201	Partial hospitalization svcs <24 hrs per diem
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN

90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY
90853	GROUP PSYCHOTHERAPY
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE
96101	PSYCHOLOGICAL TESTING PR HR WITH PATIENT
96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM
96111	DEVELOPMENTAL TESTING W/INTERP & REPORT
96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR
96117	NEUROPSYCHOLOGICAL TESTING BATTERY, W/INTERPRETATION & REPORT, PER HR
96127	BEHAV ASSMT W/SCORE & DOC/STAND INSTRUMENT
H0015	Alcohol/drug svc-intensive outpatient program
H0035	Intensive outpatient services
H0036	Community psych supp tx, face-to-face per 15 min
H0038	Self-help/peer services per 15 minutes
H0040	Assertive community tx program per diem
H0046	Mental health services not otherwise specified
H0047	Alcohol/drug abuse svc not otherwise specified
H2012	Behavioral health day treatment per hour
H2015	Comprehensive community supp svc per 15 min (IHBT w/o modifier, FFT w/ TF modifier)
H2017	Psychosocial rehab services per 15 minutes
H2019	Therapeutic behavioral services per 15 minutes
H2020	Therapeutic behavioral services per diem
H2033	Multisystemic therapy (MST) for juveniles per 15 min
H2034	Residential Treatment, ASAM 3.1
H2036	Residential Treatment, ASAM 3.3 – 3.7

**Table 5: E&M Procedure Code Descriptions**

<b>Code</b>	<b>Procedure Description</b>
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES
99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES
99341	HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES
99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES
99343	HOME/RES VISIT NEW PATIENT MOD MDM 45 MINUTES
99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES
99345	HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES
99401	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN
99402	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN
99403	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN
99404	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN
T1015	Clinic visit/encounter, all-inclusive

**Table 6: Medication for OUD administered in office or outpatient settings**

<b>Code</b>	<b>Procedure Description</b>
H0020	Methadone
J2315	Naltrexone (intramuscular)
J0571	Buprenorphine oral 1mg
J0572	Buprenorphine /naloxone up to 3mg buprenorphine
J0573	Buprenorphine /naloxone 3.1 to 6mg buprenorphine
J0574	Buprenorphine /naloxone 6.1 to 10mg buprenorphine
J0575	Buprenorphine /naloxone over 10mg buprenorphine
T1502	Buprenorphine; Must be billed with PT 95 or buprenorphine NDC
S5000	Buprenorphine; Must be billed with PT 95
S5001	Buprenorphine; Must be billed with PT 95
J8499	Buprenorphine or naltrexone; Must be billed with buprenorphine or naltrexone NDC
Q9991	Buprenorphine (intramuscular, 30 day)
Q9992	Buprenorphine (intramuscular, 30 day)