

# Antidepressant Medication Management (AMM)

The National Committee for Quality Assurance (NCQA) collects Healthcare Effectiveness Data and Information Set (HEDIS®) measurements. We collect HEDIS data from our providers to measure and improve the quality of care our members receive. The NCQA recommends tracking the HEDIS AMM measure for our members.

## Why is the HEDIS AMM measure important?

Major depression is a serious mental illness with a significant burden of symptoms and the most common psychiatric disorder in individuals who die from suicide.<sup>1</sup> Integrating the right antidepressant medication with appropriate behavioral therapy routinely leads to positive benefits and outcomes for members. Compliance with antidepressant medication is an essential component in treatment guidelines for major depression.<sup>2</sup>

## AMM Measure Description

The AMM measure<sup>3</sup> applies to our members with major depression who are 18 years and older. HEDIS requires an adequate course of newly<sup>4</sup> started medication. Providers should document two phases of medication compliance.

The start date for each phase is when the prescription was first filled:

- **Effective Acute Treatment Phase:** 84 days (12 weeks) minimum with gaps in treatment up to a total of 30 days
- **Effective Continuation Treatment Phase:** 180 days (6 months) minimum with gaps in treatment up to a total of 51 days during the two phases combined

## Medical Record Documentation and Best Practices

- Include all the following in documentation:
  - Date of service
  - Diagnosis of major depression
  - Clear evidence that an antidepressant medication was prescribed
- Help our members understand that most antidepressants take 4 to 6 weeks to work. The severity of the episode and number of reoccurrences determine duration of treatment.
- Encourage members to continue any prescribed medication, even if they feel better. Inform them of the danger of discontinuing suddenly. If they take the medication for less than six months, they are at a higher risk of recurrence.
- Give members written instructions to reinforce teaching about the proper use of medication and what to do if they experience side effects.
- Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy.
- Assess members within 30 days from when the prescription is first filled for any side effects and their response to treatment.
- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates.
- Reach out to members who cancel appointments and assist them with rescheduling as soon as possible.

## Behavioral Health Codes

### Coding Instructions

Use ICD-10, CPT® and HCPCS to close gaps.

### BH Outpatient

**CPT:** 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510

**HCPCS:** G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039-H0040, H2000, H2001, H2010-H2011, M0064, T1015

### Emergency Department

**CPT:** 99281-99285

**UB Rev:** 0450-0452, 0456, 0459, 0981

### Major Depression

**ICD-10 CM:** F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9

### Telephone Visits

**CPT:** 98966-98968, 99441-99443

**Telephone Modifier Value Set:** 95 GT

**POS:** 02

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1 <https://www.ncbi.nlm.nih.gov/pubmed/23411024>; Accessed 1/21/20

2 <https://www.ncqa.org/hedis/measures/antidepressant-medication-management/>; Accessed 1/21/20

3 NCQA HEDIS 2020 Technical specifications for health plans, volume 2, Washington DC, 2020

4 Defined as no antidepressant medication filled in past 105 days

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