

## The heath of millennials: trends in behavioral health conditions

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The Blue Cross Blue Shield Association recently [published an updated study](#)<sup>1</sup> that showed a downward trend in the physical health of millennials (those born between 1981 and 1996) driven largely by behavioral health conditions. There were notable increases in major depression (12%), alcohol use disorder (7%) and tobacco and substance use disorders (5%).

Article Attachments

[millennial image.jpg](#)  
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### Millennials with behavioral health conditions were at twice the risk of having a chronic physical condition.

The study included the analysis of millennials' medical claims over a five year period. Those with ongoing behavioral health conditions were twice as likely to have a chronic physical condition as their peers without a behavioral health diagnosis.

### Behavioral health conditions driving adverse health for millennials

Condition	Years of Healthy Life Lost	Prevalence Rate per 100, 2018	1-Year Change 2017-2018	5-Year Change 2014-2018
ADHD	1.8	6.9	1%	39%
Tobacco Use Disorder	0.7	5.9	5%	10%
Major Depression	7.8	5.6	12%	43%
Substance Use Disorder	10.2	2.1	5%	17%
Alcohol Use Disorder	10.0	1.6	7%	5%
Psychotic Disorders	15.4	0.9	0%	26%

Reprinted from Blue Cross Blue Shield Association's [2019 report on the Health of Millennials](#).

It's important to follow-up with your patients - millennial, gen X, gen Z or baby boomer, who are prescribed antidepressant medications or who have been hospitalized for mental illness or substance use disorders. Not only will patients have better behavioral health outcomes, their physical health could be significantly impacted as well. Follow these HEDIS® measures for additional guidance in closing the gaps in behavioral health conditions for all ages.

### **A note about telehealth**

NCQA now accepts telehealth codes for behavioral health and some physical health measures. The modifiers 95 and GT are defined as telehealth services rendered via interactive audio and video telecommunications system. CPT Codes 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 98960-98962, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 99307-99310, 99406-99409 and 99495-99496 may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95.

**Antidepressant medication management (AMM):** The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective acute phase treatment.** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective continuation phase treatment.** The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

### **AIM billing codes:**

- **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
- **Telehealth:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962
- **Telehealth modifier:** 95 or GT
- **Telehealth POS:** 02

**Follow-up after hospitalization for mental illness (FUH):** The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- *The percentage of discharges for which the member received follow-up within **30 days after discharge**.*
- *The percentage of discharges for which the member received follow-up within **7 days after discharge**.*

The follow-up visits, within 7 days and 30 days after hospitalization can both be telehealth visits. Telephone visits alone do not meet this criterion.

#### **FUH billing codes:**

- **Follow-up visits CPT:** 90791-2, 90832-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510 HCPCS: G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015
- **Mental illness diagnosis codes ICD-10:** F03.9x, F20-F25.xx, F28-F34.xx, F39-F45.xx, F48.xx, F50-F53.xx, F59-

F60.xx, F63-F66.xx, F68-F69.xx, F80-F82.xx, F84.xx, F88-F93.xx, F95.xx, F98-F99.xx

- **Telehealth visits:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962

**Telehealth modifier:** 95 or GT

**Telehealth POS: 02**

### **Follow-up after emergency department visit for mental illness**

**(FUM):** The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

- *The percentage of ED visits for which the member received follow-up within **30 days of the ED visit (31 total days)**.*
- *The percentage of ED visits for which the member received follow-up within **7 days of the ED visit (8 total days)**.*

The follow-up visits, within 7 days and 30 days after hospitalization, can both be telehealth visits. Telephone visits alone do not meet this criterion.

### **FUM billing codes:**

- **Outpatient follow-up visits CPT:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510
- **HCPCS:** G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015
- **Mental illness diagnosis codes ICD-10:**9x, F20-25.xx, F28-34. xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx
- **Intentional self-harm diagnosis codes ICD-10**  
**example:**92XA

- Other visits: 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962
- **Telehealth modifier:** 95 or GT
- **Telehealth modifier POS:** 02

**Follow-up after emergency department visit for alcohol and other drug abuse or dependence (FUA):** The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

- *The percentage of ED visits for which the member received follow-up within **30 days of the ED visit (31 total days).***
- *The percentage of ED visits for which the member received follow-up within **7 days of the ED visit (8 total days).***

The follow-up visits, within 7 days and 30 days after hospitalization, can both be telehealth visits. Telephone visits alone do not meet this criterion.

#### **FUA billing codes:**

- **Initiation, engagement and treatment follow-up visits**  
**CPT:** 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-50, 99384-7, 99394-7, 99401-4, 99408-9 99411-2, 99483, 99510
- **Alcohol counseling or other follow-up visits** **CPT:** 99408-9  
**HCPCS:** G0396-7, G0443, H0005, H0007, H0016, H0022, H0050, H2035-6, T1006, T1012 **AOD**
- **Medication treatment** **HCPCS:** G2067-77, G2080, G2086-7, H0020, H0033, J0570, J0571-5, J2315, Q9991-2, S0109
- **Substance use disorder diagnosis codes** **ICD-10:** F10-16.xx, F18-19.xx
- **Telehealth modifier:** 95 or GT
- **Telephone visits:** 98966 - 98968, 99441- 99443
- **Other visits:** 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233,

99241-99245, 99251-99255, 99408-99409, 98960-98962

- **Telehealth modifier POS: 02**

### **Follow-up after high-intensity care for substance use disorder**

**(FUI):** The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

- *The percentage of visits or discharges for which the member received follow-up for substance use disorder within the **30 days after the visit or discharge.***
- *The percentage of visits or discharges for which the member received follow-up for substance use disorder within the **7 days after the visit or discharge.***

### **FUI billing codes:**

- **Opioid abuse and dependence ICD-10:**10; F11.120; F11.121; F11.122; F11.129
- **Other drug abuse and dependence ICD-10:**10; F12.120; F12.121; F12.122; F12.129
- **Alcohol abuse and dependence ICD-10:**10; F10.120; F10.121; F10.14; F10.150
- **Telephone visits CPT:** 98966-98968; 99411-99443
- **Online assessments CPT:** 98969-98972; 99421-99423; 99444; 99458
- **IET stand-alone visits CPT:** 98960-98962; 99201-99205; 99211-99215

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1Millennial Health: Trends in Behavioral Health Conditions. <https://www.bcbs.com/the-health-of-america/reports/millennial-health-trends-behavioral-health-conditions>

1078-0421-PN-GA

**URL:** <https://providernews.anthem.com/georgia/article/the-health-of-millennials-trends-in-behavioral-health-conditions>

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