

## Who is eligible?

All members, 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis in measure year.

## Why it matters?

In 2019, nearly one in five adults aged 18 and older in the U.S. had a diagnosed mental health disorder. Despite this, individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.<sup>1</sup>

## Follow-Up After Hospitalization for Mental Illness (FUH)

1. Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 days
2. Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 30 days

## Measure tips

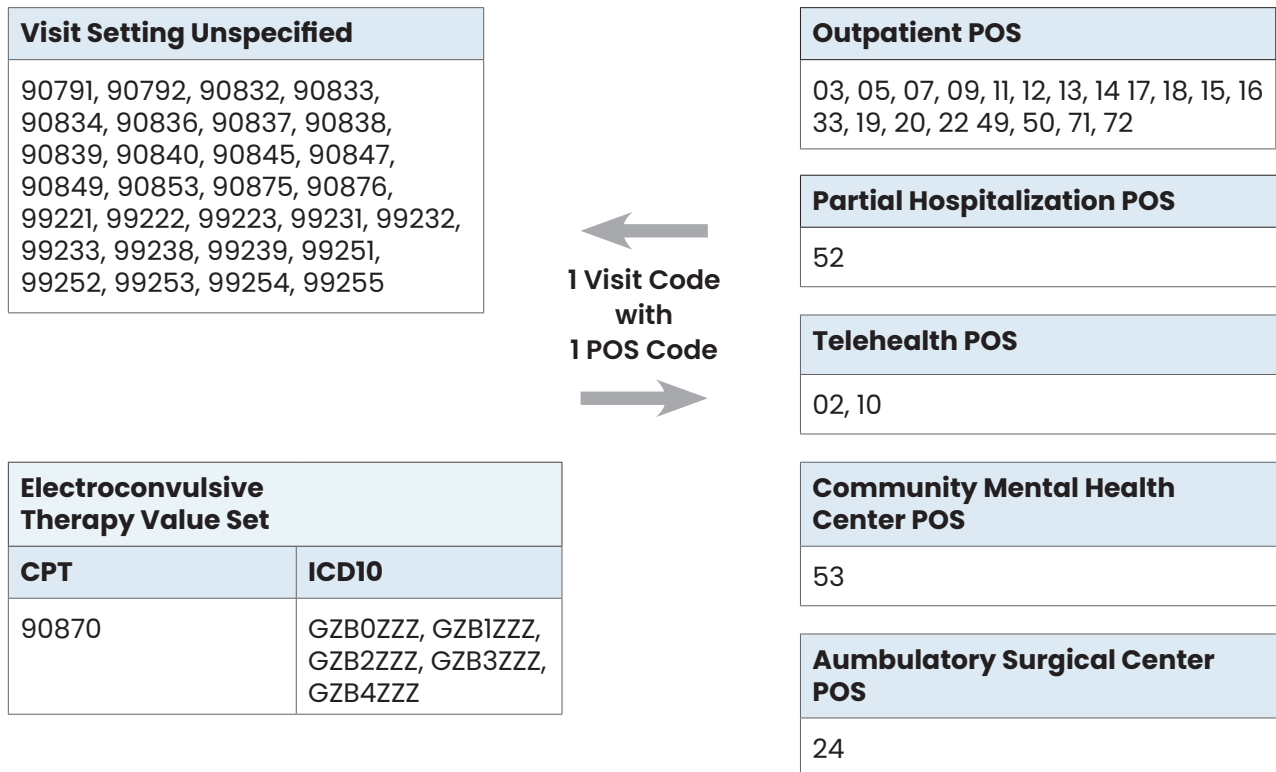
- Visits that occur on the date of discharge will not count toward compliance.
- Readmissions and ER visits following discharge will not count toward compliance.
- Even patients receiving medication from their primary care provider still need post-discharge supportive therapy with a licensed mental health clinician such as a therapist or social worker.
- Telehealth visits with a behavioral health provider are acceptable.
- Behavioral Health visits with licensed providers such as LPC, LMSW or Licensed psychologist are acceptable.
- Behavioral Health visits and psychiatric collaborative care management with an advanced nurse practitioner or psychiatrist count toward compliance.

## Best practices

- Involve the member and family in all stages of discharge planning. Using the "Teach Back Method" educate the member and family on the importance of follow up care and the risk of harm immediately following hospitalization.
- Schedule appointments prior to discharge and on the soonest date possible (1-5 days) in case member needs to reschedule. If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge.
- Confirm and document current contact information including, phone numbers, address, and alternate contacts.
- Provide reminder calls before appointments and after missed appointment to reschedule.
- Identify and address any barriers to member keeping appointment and confirm appointment time works for member's schedule (i.e. obtaining accurate and current contact info, providing resources on transportation or language/translation needs, etc).
- Reach out pro-actively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Follow-up providers maintain appointment availability for members; reserve appointments times for follow up visits.

- Develop outreach systems or assign case managers to encourage recently released patients to keep follow-up appointments or reschedule missed appointments.
- Invite care coordinators to meet members so that aftercare planning can occur.
- Endorse the use of Care Everywhere to increase care coordination between providers. Ensure member's discharge paperwork is sent to the outpatient provider as well within 24 hours.
- Submit claims with appropriate coding in a timely manner.
- Review medications with patients to ensure they understand the purpose, appropriate frequency and method of administration.
- Educate office staff on local resources to assist with barriers such as transportation and needs.
- Establish communication pathways with inpatient discharge coordinators at local facilities.

## FUH Claim Codes



Claim codes continue on next page.

# HEDIS® Quick Reference for Follow-Up After Hospitalization For Mental Illness (FUH)

## FUH Claim Codes

Observation
CPT
99217, 99218, 99219, 99220

Telephone Visit
CPT
98966, 98967, 98968, 99441, 99442, 99443

Transitional Care Management Services
CPT
99495, 99496

Behavioral Health (BH) Outpatient		
CPT	UBREV	HCPCS
98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99205, 99245, 99341, 99342, 99343, 99344, 99345, 99243, 99244, 99350, 99381, 99382, 99383, 99384, 99347, 99348, 99349, 99392, 99393, 99394, 99385, 99386, 99387, 99391, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0522, 0523, 0915, 0916, 0917, 0919, 0982, 0983, 0904, 0911, 0914	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

Partial Hospitalization or Intensive Outpatient	
UBREV	HCPCS
0905, 0907, 0912, 0913	G0410, S9480, S9484, S9485

Behavioral Healthcare Setting
UBREV
0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

<sup>1</sup> Follow-up after hospitalization for mental illness. NCQA. (2023, February 3). <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>