



FOLLOW UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

MEETING THE HEDIS MEASURE

The FUH measure focuses on 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 provider.

Two rates are reported:

- The percentage of discharges for which the member received follow-up within 7 days after discharge (visits that occur on the date of discharge will not count toward compliance).
- The percentage of discharges for which the member received follow-up within 30 days after discharge.

WHY IS THE MEASURE IMPORTANT?

Nearly one in five adults aged 18 and older in the U.S. had a diagnosed mental health disorder in 2019. Individuals often do not receive adequate follow-up care after hospitalization for mental health disorders. Providing follow-up care to members following psychiatric hospitalization within 7 days of discharge can improve member outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care for psychiatric treatment.

TYPES OF VISITS INCLUDED IN THE MEASURE

Types of Visits That Count

- Behavioral Healthcare Outpatient Visit With a Mental Health Provider
- Intensive Outpatient or Partial Hospitalization
- Outpatient Visit With a Mental Health Provider and With Appropriate Place of Service Code
- Intensive Outpatient Visit or Partial Hospitalization With Appropriate Place of Service Code
- Community Mental Health Center Visit With Appropriate Place of Service Code
- Transitional Care Management Services
- Electroconvulsive Therapy With Appropriate Place of Service Code
- Telehealth **OR** Telephone Visit With a Mental health Provider
- Psychiatric Collaborative Care Management

WHAT CAN BE DONE TO HELP MEET THE MEASURE?

When notified of a member's discharge, proactively outreach to a member to set up a follow-up appointment with a Mental Health Provider within the first 5 days of discharge.

Consider dedicated staff or keep 1-2 open office appointments to help meet member's needs.

Educate your members on the importance of follow-up appointments.

For children and adolescents, engage parents and/or caregivers in the treatment plan.

Reassure your member that they are not alone – an estimated 50% of all Americans are diagnosed with a mental illness or disorder at some point in their lifetime.

Health Information Exchange (HIE) participation to assist with earlier identification of members when they are inpatient.

Identify Barriers for Follow-Up Care

- Transportation
- Interpreter needs
- Incorrect provider name, address, phone number

Consider hosting events to promote building relationships with local hospitals and inpatient facilities to foster communication and care coordination (high risk utilization reviewers, discharge planners, etc.).

Consider offering telehealth visits.

Be more aggressive with tracking high-risk members to ensure their needs are met.

REQUIREMENTS

Acute inpatient discharge with a diagnosis of mental illness or intentional self-harm

SERVICE DATE RANGE

January 1 through December 1 of the measurement year

REQUIRED EXCLUSIONS

- Members in hospice or using hospice services during the measurement year
- Members who have died during the measurement year

	<h3>Important Notes</h3>
<p>Visits that result in an inpatient stay are not included</p>	
<p>Visits that occur on the date of discharge will not count toward compliance</p>	

CPT® / CPT® II Electronic Clinical Data System (ECDS)	
BH Outpatient	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: 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 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Electroconvulsive Therapy	90870 ICD10: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Online Assessment	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Psychiatric Collaborative Care Management	99492, 99493, 99494 HCPCS: G0512
Telehealth Visit with a Mental Health Provider Telehealth POS	98966, 98967, 98968, 99441, 99442, 99443 POS: 02, 10
Telephone Visits	98966, 98967, 98968, 99441, 99442, 99443
Transitional Care Management Services	99495, 99496
Visit Setting Unspecified	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

*Codes are not all inclusive

**Claims data only, cannot accept data through any other supplemental sources such as data feeds and medical record collection methods.

REFERENCES

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

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