

# HEDIS® Tips:

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

### MEASURE DESCRIPTION

The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Visits must occur after the date of discharge. Two rates are reported:

1. The percentage of discharges for which the patient received follow-up within 30 days after discharge.
2. The percentage of discharges for which the patient received follow-up within 7 days after discharge.

### CODES INCLUDED IN THE CURRENT HEDIS MEASURE

#### Codes to Identify Follow-up Visits (*must be with mental health practitioner*)

Description	Codes
Follow-up Visits	<p><b>CPT®:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510</p> <p><b>Transitional Care Management Visits:</b> 99496 (only for 7-day indicator), 99495 (only for 30-day follow-up indicator)</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2012, H2013-H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p><b>UB Rev (visit in a behavioral health setting):</b> 0513, 0900,0902-0905, 0907, 0911,0912-0917, 0919</p> <p><b>UB Rev (visit in a non-behavioral health setting):</b> 0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983</p>

Description	Codes		
Follow-up Visits	<p><b>CPT®:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b>ICD10:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p>	<b>WITH</b>	<p><b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
Telehealth Modifier	95, GT	<b>WITH</b>	<b>POS:</b> 02

### HOW TO IMPROVE HEDIS SCORES

- Discharge planning begins upon admission. Begin to identify in-network mental health providers and securing appointments prior to discharge. The first 7 days post-discharge the patient is at greater risk for re-hospitalization and, within the first 3 weeks post-discharge the risk of self-harm is high.
- Ensure that the follow-up appointment is made with a mental health practitioner before the patient leaves the hospital and is scheduled within 7 days of discharge. A telehealth appointment within the appropriate timeframe meets compliance. Contact Molina case management if assistance is needed to obtain follow-up appointment.
- Coordinate aftercare appointments for child/adolescent patients with parent/guardian to ensure patient is accompanied to their scheduled appointments and has transportation.
- Assist the patient with navigation of the health system to lessen the impact of barriers, such as using their transportation benefit to get to their follow-up appointment. Ensure your patient has an understanding of the local community support resources and what to do in an event of a crisis.
- Review medications with patients (*and/or parent/caregiver as appropriate*) to ensure they understand the purpose and appropriate frequency and method of administration.
- Ensure accurate dates are documented for hospital discharge, scheduled outpatient appointments, and kept appointments. Visits must be with a mental health practitioner.
- Provide information about the importance of monitoring their emotional well-being and following up with their mental health practitioner.
- Follow-up visits must be supported by a claim, encounter or note from the mental health practitioner's medical chart in order to count toward the measure.

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