

Follow-Up After Hospitalization for Mental Illness (FUH)

Measure Description

The percentage of discharges for members six years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and who had mental health follow-up service. Visits must occur after the date of discharge. Two rates are reported:

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

Product Lines: Commercial, Medicaid, Medicare, Exchange

Codes Included in the Current HEDIS® Measure

Codes to Identify Follow-up Visits

Description	Code
Mental Health Diagnosis	ICD-10: F03.xxx, 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.x, F88-F95.xx, F98-99.xx
Mental Illness	ICD-10: F20-F25.xx, F28-F34.xx, F39-F44.xx, F53.xx, F60.xx, F63.xx, F68.xx, F84.xx, F90-F91.xx, F93-94.xx
Intentional Self-Harm	ICD-10CM: R45.851, T14.xxxx, T36-65.xxx, T71.xxxx, X71-83.xxx
Outpatient Visit <u>with</u> a mental health provider	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72
Outpatient Visit <u>with</u> any diagnosis of mental health disorder	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72
Behavioral Healthcare Outpatient Visit <u>with</u> a mental health provider	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Behavioral Healthcare Outpatient Visit <u>with</u> any diagnosis of mental health disorder	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Partial Hospitalization or Intensive Outpatient	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS: 52 HCPCS Partial Hospitalization: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 UBREV: 0905, 0907, 0912, 0913

Community Mental Health Center Visit	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-39, 99252-99255 with POS: 53 CPT BH Outpatient: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510 with POS: 53 CPT Transitional Care Management Services: 99495-99496 with POS: 53
Electroconvulsive Therapy	CPT: 90870 ICD-10: GZB0ZZZ-GZB4ZZZ with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 or POS: 24, 52, 53
Telehealth Visit with a mental health provider	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with Telehealth POS: 02, 10
Telehealth Visit with any diagnosis of mental health disorder	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with Telehealth POS: 02, 10
Transitional Care Management Services with a mental health provider	CPT: 99495-99496
Behavioral Healthcare Setting	UBREV: 0513, 0900-0905, 0907, 0911-0917, 0919
Telephone Visit	CPT: 98966-98968, 99441-99443
Psychiatric Collaborative Care Management with a mental health provider	CPT: 99492-99494 HCPCS: G0512
Peer Support Services	HCPCS: G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
Residential Behavioral Health Treatment	HCPCS: H0017-H0019, T2048 CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-39, 99252-99255 with POS: 56

Ways Providers can Improve HEDIS® Performance

- Discharge planning begins upon admission. Begin to identify in-network mental health providers and secure appointments prior to discharge. The first seven days of post-discharge the patient is at greater risk for rehospitalization and, within the first three weeks post-discharge the risk of self-harm is high.
- Ensure that the follow-up appointment is made with a mental health provider before the member leaves the hospital and is scheduled within seven days of discharge.
- **A follow-up visit completed on the same day a patient is discharged does not close the care gap.** If a patient's clinical needs warrants being seen the same day as they are discharged, then to close the care gap the patient needs to be seen again within that 7-day window.
- **Schedule a tele-health or telephone appointment** within seven days of discharge with a mental health provider before the patient leaves the hospital. Contact Molina Case Management if assistance is needed to obtain a follow-up appointment.
- Review medications with patients (**and/or parent/caregiver as appropriate**) to ensure they understand the purpose and appropriate frequency and method of administration. Emphasize the importance of consistency and adherence to the medication regimen

- Follow-up visits must be supported by a claim or encounter to count toward the measure.
- Talk with members about the importance of follow-up care with a behavioral health provider.

Ways Health Plans can Improve HEDIS® Performance

- Coordinate aftercare appointments for child/adolescent members with parent/guardian to ensure member is accompanied to their scheduled appointments and has transportation.
- Assist the member 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 member understands the local community support resources and what to do in an event of a crisis.
- Educate providers on follow-up care which may include an outpatient visit, intensive outpatient visit, or a partial hospital visit, and must be with a behavioral health provider
- Utilize admission, discharge, and transfer (ADT) data for early identification of discharges, if available.
- Establish value-based arrangements with behavioral health practitioners to incentivize timely follow-up visits within the required timeframe
- Talk with members about the importance of follow-up care with a behavioral health provider.
- Emphasize the importance of consistency and adherence to the medication regimen.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.

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