

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

### Patient Profile

MVP members who are 6 years of age and older and who were discharged after an acute in-patient hospitalization for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge and then again within 30 following hospital discharge.

Note: The day of discharge can no longer be considered in this measure.

### How to Implement Best Practices and Improve Performance

- Telehealth and phone visits can be used for this measure.
- Studies have shown that prompt follow-up with patient's post-hospitalization goes a long way in reducing re-hospitalization. It also ensures better compliance with medications and shows a commitment to best practice initiatives.
- Patients who have had a recent mental health admission benefit from a follow-up with their mental health provider within the first 7 days following the mental health admission and then again within 30 days of discharge. Mental health providers would benefit from keeping availability in their schedule to ensure the ability to add in patients with little notice.
- Evaluate your office triage system and come up with a way to promptly triage calls from hospital discharge planners, as they may want to schedule appointments for patients that are hospitalized. If the hospitalization was for mental health, please tell the discharge planner to make an appointment with patient's mental health provider. Hopefully your records have the provider name and contact information, as the discharge planner may not.
- If you are not a mental health provider but are seeing a patient who has been treated by a mental health provider, make sure that as part of your assessment you inquire to whether they have been recently hospitalized. If the answer is yes, ask them when the last time they saw their mental health provider. If they have been hospitalized but have not seen - or do not have an appointment with their mental health provider, attempt to set one up before the patient leaves the office. If they have missed the 7 day follow-up, attempt to schedule a visit to meet the criteria of 30 days within discharge.
- Continuously educate all your patients that if they are hospitalized for any reason, it is important to see their doctors as soon as possible post-hospitalization. Continuous reinforcement may help to establish learned behaviors.

*Information related to all 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.*

2020 Coding for Follow-Up After Hospitalization for Mental Illness (FUH)	
Codes for FUH	Use of any of the following codes WITH a mental health provider will identify the eligible population for FUH.
Ambulatory Surgery Center POS	<b>POS:</b> 24
BH Outpatient	<b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99783, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015
Community Mental Health Center POS	<b>POS:</b> 53
Electroconvulsive Therapy	<b>CPT:</b> 90870 <b>ICD-10 PCS:</b> GZB0ZZZ-GZB4ZZZ
Inpatient Stay	<b>UB Rev:</b> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Intentional Self Harm	<b>ICD-10 CM:</b> T14.91XA, T14.91XD, T14.91XS; and all codes ending with 2A, 2D, or 2S from T36.0X-T71.23.
Mental Health Diagnosis/Mental Illness	<b>ICD-10 CM:</b> F03.90, F03.91, F20.0-F20.9, F21-F24, F25.0-F25.9, F28, F29, F30.10-F30.9, F31.0-F31.9, F32.0-F32.9, F33.0-F33.9, F34.0-F34.9, F39, F40.00-F40.9, F41.0-F41.0, F42-F42.9, F43.0-F43.9, F44.0-F44.9, F45.0-F45.9, F48.1-F48.9, F50.00-F50.9, F51.01-F51.9, F52.0-F52.9, F53-F53.01, F59, F60.0-F60.9, F63.0-F63.9, F64.0-F64.9, F65.0-F65.9, F66, F68.10-F68.A, F69, F80.0-F80.9, F81.0-F81.9, F82, F84.0-F84.9, F88, F89, F90.0-F90.9, F91.0-F91.9, F93.0-F93.9, F94.0-F94.9, F95.0-F95.9, F98.0-F98.9, F99
Observation	<b>CPT:</b> 99217-99220
Outpatient POS	<b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Partial Hospitalization POS	<b>POS:</b> 52
Partial Hospitalization or Intensive Outpatient	<b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 <b>UB Rev:</b> 0905, 0907, 0912, 0913
Telehealth POS	<b>POS:</b> 02
Telephone Visit	<b>CPT:</b> 99441-99443, 98966-98968
Transitional Care Management Services	<b>CPT:</b> 99495, 99496
Visit Setting Unspecified	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255
Exclusions from FUH	The following codes excludes members from this measure.
Hospice Encounter	<b>HCPCS:</b> G9474-79, Q5003-8, Q5010, S9126, T2042-6 <b>UB Rev:</b> 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	<b>CPT:</b> 99377-8 <b>HCPCS:</b> G08182
Nonacute Inpatient Stay	<b>UB Rev:</b> 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0199, 0669, 0190-94, 0524, 0525, 0550-2, 0559-63, 0660-3, 0661-3, 1000-2