



HEDIS[®] MEASURE

Follow-Up After Hospitalization for Mental Illness (FUH)



Measure Overview

The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS[®]) **Follow-Up After Hospitalization for Mental Illness (FUH)** measure looks at the continuity of care for mental illness. It measures the percentage of members six years of age and older who were hospitalized for treatment of selected mental illnesses or intentional self-harm and who had follow-up visits with a mental health provider within seven days and within 30 days after their discharge from the hospital. The specifications for this measure are consistent with guidelines of the National Institute of Mental Health (NIMH) and the Centers for Mental Health Services (CMHS).

An outpatient visit with a mental health practitioner after discharge is the standard of care to help ensure that gains made during hospitalization are not lost to early post-hospitalization reactions or medication problems.

Ways to Improve Measure Performance

- Educate the patient before their hospital stay and at the time of discharge about the importance of seeing a mental health practitioner within seven days and within 30 days from the date of discharge or intentional self-harm diagnoses. The first visit cannot occur on the same day as discharge.
- Use correct HIPAA-compliant codes when billing for the follow-up visit. Please see page 4 of this document for a complete list of codes.
- Promote transitions by addressing social determinants of health and clinical needs such as severe mental illness (SMI) and access to medications that may be barriers to treatment and recovery.
- Collaborate with CareSource on care coordination to connect the patient to needed services, such as transportation.
- Telehealth visits with a qualified mental health professional and billed with the appropriate codes are sufficient to qualify for this measure. Please see page 4 of this document for a complete list of mental health professionals by type.
- Address factors impacting patient's ability to engage in recovery treatment and need for treatment of comorbid physical or mental health conditions.



CareSource Resources

CareSource recognizes that post-discharge care is a best practice and is essential to providing high-quality care and avoiding readmissions. CareSource has a number of care transition programs designed to positively impact the patient's restoration to health. Please visit [CareSource.com](https://www.caresource.com) or contact Indiana Marketplace Provider Services at **1-866-286-9949** for more information.

Providers can refer patients for care management through [CareSource.com](https://www.caresource.com) > Providers > [Provider Portal Log-in](#) or by calling Member Services at **1-877-806-9284**. CareSource also staffs a 24-hour nurse advice line, CareSource24[®], with registered nurses who can help 24/7/365.

Qualified Health Professionals

- An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice.
- A physician assistant (PA) who is certified by the National Commission on Certification of Physician Assistants to practice psychiatry.
- An individual who is licensed as a psychologist in their state of practice, if required by the state of practice.
- An individual who is certified in clinical social work by the American Board of Examiners, who is listed on the National Association of Social Worker's Clinical Register, or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice.
- A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master's degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice.
- An individual (normally with a master's or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.
- An individual (normally with a master's or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC).
- A Certified Community Mental Health Center (CMHC), or the comparable term (e.g., behavioral health organization, mental health agency, behavioral health agency) used within the state in which it is located, or a Certified Community Behavioral Health Clinic (CCBHC). Only authorized CMHCs and CCBHCs are considered mental health providers.

Follow-Up Visit Compliance Codes

INDIVIDUAL CODES	COMBINATION CODES		
CPT: 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-20, 99223, 99231-3, 99238, 99239, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-3, 99441-3, 99483, 99492-6, 99510, 99495-6 (valid for 30-day compliance only)	CPT: 99221-3, 99231-3, 99238, 99239, 99251-5, 99255	CPT: 90791, 90792, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90870, 90875, 90876	Revenue Code: 0510, 0513, 0515-7, 0519-23, 0526-9, 0900-5, 0907, 0911-7, 0919, 0982, 0983
	<i>With</i>		
	Place of Service: 02, 52, 53	<i>With</i>	
		Place of Service: 02, 03, 05, 07, 09-20, 22, 24, 33, 49, 50, 52, 53, 71, 72	
HCPCS: G0155, G0176, G0177, G0409-11, G0463, G0512, H0002, H0004, H0031, H0034-7, H0039, H0040, H2000, H2001, H2010-20, S0201, S9480, S9484, S9485, T1015			

Please Note: The codes in this document are derived from the NCQA HEDIS Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Submitting claims using these codes helps improve reporting of quality measure performance. Billing these codes does not guarantee payment.

Providers should check the Centers for Medicare & Medicaid Services (CMS) fee schedule prior to claim submission.

References

NCQA HEDIS® MY2022 [Follow-Up After Hospitalization for Mental Illness](#)

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