



HEDIS® Follow-Up After Hospitalization for Mental Illness (FUH)

What is the FUH measure?

The measure assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 and older that resulted in follow-up care with a mental health provider within 7 and 30 days.

Why is the FUH measure important?

Individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to members after psychiatric hospitalization can improve member outcomes, decrease the likelihood of re-hospitalization and reduce the overall cost of outpatient care.

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization are less likely to be readmitted to an inpatient facility. The ability to provide continuity of care can result in better mental health outcomes and support a patient's return to baseline functioning in a less-restrictive level of care.

How is the FUH measure determined?

Alliance uses provider claims to determine if the FUH measure has been met for each member who has been hospitalized for a mental health disorder or intentional self-harm. First, the measure looks for an inpatient stay and the discharge date. Then the measure looks for a follow-up appointment within 7 days of the discharge, and another within 30 days of discharge.

Continued

How does a member “pass” the measure?

A member passes the measure when they go to a follow up appointment within seven or 30 days after they leave the hospital. The codes to meet this measure include:

Code Class	Codes	Description
CPT	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99392, 99394, 99395, 99396, 99397, 99401, 99404, 99412,	Outpatient evaluation and management codes
HCPCS	H0004, H0031, H0040, H2011, H2014, H2015, H2016, H2017, H2020, T1015	Community codes
CPT	90870	Electroconvulsive therapy
CPT	98966, 98967, 98968, 99441, 99442, 99443	Telephone consults and E&M codes
HCPC	H0035, H2012, S9484	Partial hospitalization of intensive outpatient
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 98221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	These codes can be inpatient codes

Per, HEDIS, the following services do not meet this measure:

- Follow up at a behavioral health urgent care (BHUC)
- Peer support
- Hospital transition team
- Tailored Care Management
- No child enhanced service (intensive in-home, multi-systemic therapy, sexually aggressive youth specific therapy)
- T1023 – diagnostic assessment

It is important to note the diagnosis codes for this measure does not include substance use disorder diagnoses.

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Which services qualify to meet the measure?

Follow-up claims that meet the measure can include claims for any of the following services:

- Outpatient therapy
- Medication management
- Assertive community treatment team (ACTT)
- Community support team (CST)
- Multi-systemic therapy (MST)
- Psychosocial rehabilitation (PSR)
- Peer support services (PSS)
- Intensive in-home services (IIH)
- Intensive outpatient program (IOP)
- Substance abuse intensive outpatient program (SAIOP)
- Substance abuse comprehensive outpatient treatment (SACOT)
- Partial hospitalization (PH)
- Opioid treatment/SA non-medical community residential treatment
- Comprehensive clinical or diagnostic assessment
- Targeted case management (TCM)
- Behavioral health day treatment
- Electroconvulsive therapy (ECT)
- Mental health and/or substance use assessments, screenings, treatment planning
- Community-based wrap-around and/or day treatment services
- Telehealth services with a mental health provider
- Psychiatric ss

Note that claims for Tailored Care Management are not follow-up claims that meet this measure, as TCM is not a clinical service.

Strategies for success

- Ensure flexibility when scheduling appointments for patients who are being discharged from acute care to allow for appointments to be scheduled within 7 days of discharge.
- Make reminder calls to members before appointments and after a missed appointment to reschedule.
- Review medications with patients to ensure they understand the purpose, appropriate frequency and method of administration.
- Educate staff on local resources to assist with barriers such as transportation needs.
- Establish communication pathways with inpatient discharge coordinators at local facilities.
- Submit claims in a timely manner.
- Complete a 90-day post discharge plan with each member who is hospitalized to ensure that the member's appointment needs are identified and scheduled accordingly.
- Encourage the member's participation in the 90-day post discharge planning to ensure appointment dates and times, follow up and transportation needs are agreed upon.

References:

- [NCQA HEDIS measure](#)
- [Beacon Health Options Provider Tip Sheet](#)