

Follow-Up After Hospitalization (FUH) Mental Illness

Why is the FUH Measure Important?

Visiting the hospital for mental illness or intentional self-harm can be overwhelming. Research suggests that timely follow-up care after discharge, can help the member transition back to home, work, or school and can help providers detect early post-hospitalization reactions and medication concerns.

What is the FUH Measure Looking At?

This measure captures the percentage of discharges for members 6 years of age and older, who were hospitalized for treatment of selected mental illness or intentional self-harm, and who had a follow-up visit with a mental health provider. 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 member received follow-up within 7 days after discharge.

What is Included?

- Marketplace members ages 6 and older
- The denominator is based on discharges between January 1 and December 1 of the measurement year. If a member has more than one discharge, include all discharges

What is Excluded?

- Nonacute inpatient stays
- Readmissions and direct transfers to an acute inpatient setting during the 30-day follow-up period.
- Members in hospice

What Can You Do to Help?

- Offer telehealth and phone visits.
- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making.
- Reach out proactively to assist in (re)scheduling appointments within the required time frames.
- Encourage integration, coordination of care and communication between physical and behavioral health providers.
- Reinforce the treatment plan and evaluate any medication regimen considering presence/absence of

side effects etc.

- Partner with the health plan to address social determinants, health equity, and quality care.
- Provide timely submission of claims and code related diagnosis and visits correctly.

How is FUH Adherence/Compliance Met?

The measure is met when the member adheres to a 7-day follow-up visit after discharge. The visit must occur with a mental health provider or at one of the approved settings as outlined by the National Committee for Quality Assurance (NCQA). If the follow-up did not occur within 7 days, it must occur within 30 days after discharge. Follow-up visits that occur on the day of discharge do not count.

Advancements in integrating behavioral healthcare with primary care have created opportunities with the Psychiatric Collaborative Care Model (CoCM). With this model, non-behavioral health providers can utilize a psychiatric consultant to participate in care services. Generally, the psychiatric consultant will not have direct contact with the member but will advise the non-behavioral health provider about diagnosis and options for resolving issues with adherence and recommend treatment adjustments.

Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at www.ambetterofnorthcarolina.com for additional tools and resources. You may also contact a Provider Relations or Quality Improvement Specialist for assistance at **1-833-863-1310 (Relay 711)**.

Additional Resources

- SAMHSA.gov - Substance Abuse and Mental Health Service Administration
- NAMI.org - National Alliance on Mental Illness
- SMIAdviser.org - A Clinical Support System for Serious Mental Illness
- Psychiatry.org - Collaborative Care Model

References

- NCQA.org – Follow-Up After Hospitalization (FUH) for Mental Illness
- This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA Recognizes The Following As Mental Health Providers

Psychiatrist, psychologist, clinical social worker, credentialed psychiatric nurse or mental health clinical nurse specialist, marital and family therapist, professional counselor, physician's assistant certified to practice psychiatry, and community mental health center

ICD-10 Diagnosis Codes¹

Mental Health Disorders:

F03.9x, 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.xx, F88-93.xx, F95.xx, F98-99.xx

Intentional Self-Harm:

Example: T14.91XA

CPT and HCPCS Visit Codes²

<p>Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255</p> <p>With a Mental Health Provider & POS: 03, 05, 07, 09, 11, 12-20, 22, 33, 49-50, 71-72</p> <p>Or with POS: 02, 52, 53</p>	<p>BH Outpatient: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510</p> <p>With a Mental Health Provider Or with POS: 53</p>	<p>Behavioral Healthcare Setting (UB-REV): 0513, 0900-0905, 0907, 0911-0917, 0919</p> <p>Partial Hospitalization/ Intensive Outpatient: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p>	<p>Electroconvulsive Therapy: 90870</p> <p>With a Mental Health Provider or with POS: 03, 05, 07, 09, 11, 12-20, 22, 24, 33, 49-50, 52, 53, 71-72</p>
<p>Telephone with a Mental Health Provider: 98966-98968, 99441-99443</p>	<p>Transitional Care Management: 99495-99496</p> <p>With a Mental Health Provider Or with POS: 53</p>	<p>Observation with a Mental Health Provider: 99217-99220</p>	<p>Psychiatric Collaborative Care Management (initiated by a non-mental health provider): 99492-99494 and G0152</p>

¹ 2022 ICD-10 Diagnosis Codes

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