Follow Up After Hospitalization for Mental Illness (FUH)
HEDIS Tip Sheet MY 2024

WellSense
HEALTH PLAN

Measure definition

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 diagnoses and who had a follow up visit with a mental health provider

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicaid Medicare	CMS Quality Rating System NCQA Health Plan Ratings	Administrative: Claim/Encounter Data

Two rates are reported:
- The percentage of discharges for which the member received follow up within 7 days after discharge.
- The percentage of discharges for which the member received follow up within 30 days after discharge.

Best practices for quality of care
- Facilitate appointments for timely follow up care.
  - Prior to discharge, schedule the member's follow-up appointments with a behavioral health provider within 7 days and 30 days after discharge.
  - If a member is unable to be seen within seven days, prioritize scheduling an appointment within 30 days of discharge.
  - Encourage the use of telehealth appointments when in-person visits are not feasible or preferred by the member, ensuring continued access to care.
  - Provide reminder calls to confirm appointments.
  - Reach out proactively within 24 hours if the member does not keep a scheduled appointment to schedule another.
  - Be aware of barriers affecting the member's ability to keep appointments, such as transportation, interpreter needs or equipment needed for telehealth visit (cell phone etc.).
- Engage care management to target high-risk members and coordinate care.
- Confirm who the member's PCP is and keep them informed.
  - Ensure communication between the PCP and the behavioral health practitioner.
  - Share care transition plans with the PCP.
  - If the member does not have a PCP, instruct them to select one by contacting WellSense Member Services using the phone number on their WellSense ID card.

Quality score improvement tips.
- Encourage members to bring their discharge paperwork to their first appointment.
- Even members receiving medication from their primary care provider still need post-discharge supportive therapy with a licensed behavioral health provider.

HEDIS Tip Sheets are designed to help WellSense Providers improve and record the quality of care delivered to WellSense members across key metrics.

- Telehealth and telephone visits with a behavioral health provider are acceptable, so encourage their use when appropriate.
- Visits that occur on the date of discharge will not count towards compliance.

Exclusions
- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members who died any time during the measurement year.
- Members who were discharged and either readmitted or directly transferred to a nonacute inpatient care setting within the 30-day follow-up period.

Numerator codes
There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT	99495	Moderate medical complexity requiring a face-to-face visit within 14 days of discharge. (Transitional care management services)
CPT	99496	High medical complexity requiring a face-to-face visit within 7 days of discharge. (Transitional care management services)
CPT	99201 – 99205	Mental health services new patient
CPT	99212 – 99215	Mental health services established patient
CPT	99241 - 99245	Outpatient consultations
CPT	99401 - 99404	Preventive medicine counseling
CPT	99492 – 99494	Psychiatric collaborative care management
CPT	99217 – 99220	Observation care
CPT	90870	Electroconvulsive therapy (includes necessary monitoring)
HCPCS	G2214	Psychiatric collaborative care management
HCPCS	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting
HCPCS	G0411	Interactive group psychotherapy, in a partial hospitalization setting
HCPCS	H0002	Behavioral health screening to determine eligibility for admission to treatment program
HCPCS	H0004	Behavioral health counseling and therapy
HCPCS	H0031	Mental health assessment, by non-physician
HCPCS	H0035	Mental health partial hospitalization, treatment,
HCPCS	H0036, H0037	Community psychiatric supportive treatment

HCPCS	H2011	Crisis intervention service
HCPCS	H2012	Behavioral health day treatment
HCPCS	H2013	Psychiatric health facility service
HCPCS	H2015, H2016	Comprehensive community support services
HCPCS	H2017, H2018	Psychosocial rehabilitation services
HCPCS	H2019, H2020	Therapeutic behavioral services
HCPCS	S0201	Partial hospitalization services
HCPCS	S9480	Intensive outpatient psychiatric services
HCPCS	S9484, S9485	Crisis intervention mental health services
ICD 10	F20 – F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
ICD 10	F30 – F39	Mood [affective] disorders
ICD 10	F40 – F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
ICD 10	F50 – F59	Behavioral syndromes associated with physiological disturbances and physical factors
ICD 10	F60 – F69	Disorders of adults personality and behavioral
ICD 10	F80 – F89	Pervasive and specific developmental disorders
ICD 10	F90 – F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescent
ICD 10	T14.91	Suicide attempt
ICD 10	T36 – T50	Poisoning codes have an associated intent as accidental, intentional self-harm, assault and underdetermined.
ICD 10	T51 – T65.9	Toxic effect codes have an associated intent as accidental, intentional self-harm, assault and underdetermined.
ICD 10	T71 – T71.9	Asphyxiation

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.