

Follow-Up after Hospitalization for Mental Illness

Why is Follow-Up Important?

Data from the most recent National Survey on Drug Use and Health showed that almost 5% of U.S. adults have a serious mental illness. Of these, about 45% have a perceived unmet need for mental health care.¹ While evidence-based treatment is effective and available, many people do not receive or complete an intervention.² Members hospitalized for mental health issues are vulnerable after discharge. Follow-up care by trained mental health providers is critical.³

Follow-Up Documentation⁴

Document a timely outpatient follow-up visit with a qualified **mental health provider** (includes telehealth visits) or in a certain outpatient⁵ setting. This applies to members ages 6 years and older discharged from an acute inpatient stay. The principal diagnosis at discharge must be mental illness or intentional self-harm. Document the date of the **first follow-up visit** that is at least one calendar day after discharge. This measure calculates two rates for the first follow-up visit:

- **Within 7 days**
- **Within 30 days**

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

Mental Health Providers

The following providers can perform the FUH: psychologist, psychiatrist, clinical social worker, mental health occupational therapist, psychiatric/mental health nurse practitioner/clinical nurse specialist, neuropsychologist, psychoanalyst, professional counselor, marriage and family therapist

Medical Record Documentation and Best Practices

- Prior to discharge:
 - Identify and remove barriers that prevent our members from follow-up appointments or following recommendations
 - Consider case management to help with our members needs
 - Discuss the importance of seeking follow-up with a mental health provider
 - Ensure our members have adequate access to prescribed medications
- Send discharge paperwork to the appropriate outpatient mental health provider within 24 hours of discharge
- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates
- Reach out to members who cancel appointments to reschedule as soon as possible

Behavioral Health Codes

Coding Instructions

Use CPT®, HCPCS and ICD-10 to close gaps

Follow-Up Visits

CPT: 90791-2, 90832-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510

HCPCS: G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015

Mental Illness Diagnosis Codes

ICD-10: F03.9x, F20-F25.xx, F28-F34.xx, F39-F45.xx, F48.xx, F50-F53.xx, F59-F60.xx, F63-F66.xx, F68-F69.xx, F80-F82.xx, F84.xx, F88-F93.xx, F95.xx, F98-F99.xx

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1 Substance Abuse and Mental Health Services Administration (SAMHSA), Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health; <https://www.samhsa.gov/>

2 Association for Psychological Science, Stigma as a Barrier to Mental Health Care, accessed 7/8/2020; <https://www.psychologicalscience.org/news/releases/stigma-as-a-barrier-to-mental-health-care.html>

3 NCQA HEDIS Measurement Year (MY) 2020 & MY 2021, HEDIS measure for FUH, accessed 7/8/2020; <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>

4 NCQA HEDIS MY 2020 & MY 2021 Technical specifications for health plans, volume 2, Washington DC, 2020

5 NCQA HEDIS MY 2020 & MY 2021 Technical specifications; Community mental health center, electroconvulsive therapy, transitional care management services and includes intensive outpatient or partial hospital programs