

HEDIS MEASURE OVERVIEW

Follow-Up After Hospitalization for Mental Illness (FUH)

Please note that the information offered in this flyer is based on the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

What is the FUH measure?

Follow-Up After Hospitalization for Mental Illness (FUH) is one of the NCQA's HEDIS measures used to evaluate care of those who are vulnerable after an inpatient stay for mental illness. Prompt follow-up care helps patients transition back to home and work, quickly identify medication concerns and ensure maintenance of progress made during hospitalization.

Who is included in the FUH measure?

Patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses are eligible.

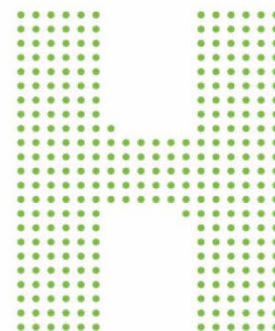
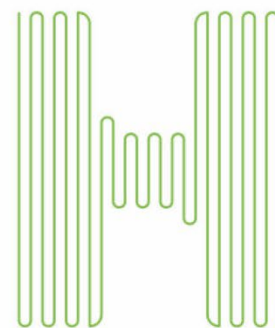
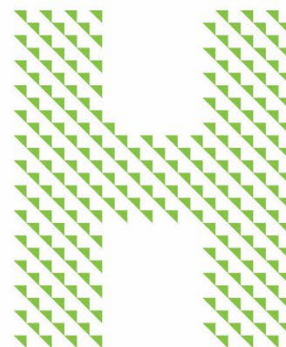
How does a patient become compliant?

- **Seven-day follow-up** – an outpatient visit, telehealth or telephone visit, intensive outpatient encounter or partial hospitalization, community mental health center visit, electroconvulsive therapy, transitional care management service, a visit in a behavioral healthcare setting, or psychiatric collaborative care management with a mental health provider within seven days after the date of discharge
- **30-day follow-up** – an outpatient visit, telehealth or telephone visit, intensive outpatient encounter or partial hospitalization, community mental health center visit, electroconvulsive therapy, transitional care management service, a visit in a behavioral healthcare setting, or psychiatric collaborative care management with a mental health provider within 30 days after the date of discharge

If a patient is seen within the first seven days, both rates are compliant. The measure will not count visits rendered on the date of discharge for compliance.

Exclusions

- Patients using hospice services
- Patients who died anytime during the measurement year



Humana®

Measure best practices

Prior to discharge:

- Identify and address any social determinants of health issues to ensure timely follow-up care visits.
- Refer a patient to the Humana Case Management team, as appropriate.
- Discuss with patients the importance of medication adherence and follow-up care.
- Schedule a follow-up care visit with a mental health provider prior to discharge to prevent relapse.
- Send discharge paperwork to the appropriate outpatient mental health provider within 24 hours of discharge and share with Humana.
- Coordinate care between providers and case management.
- Reach out to patients who cancel appointments to reschedule them as soon as possible.

FUH coding

Follow-up visits	CPT	90791–92, 90832–34, 90836–40, 90845, 90847, 90849, 90853, 90875–76, 98960–62, 99078, 99202–05, 99211–15, 99221–23, 99231–33, 99238–39, 99241–45, 99251–55, 99341–45, 99347–50, 99381–87, 99391–97, 99401–04, 99411–12, 99441–43, 99483, 99492–96, 99510
Follow-up visits	HCPCS	G0155, G0176–77, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036–37, H0039–40, H2000, H2010–20, S0201, S9480, S9484–85, T1015

Information regarding inclusion, compliance, and exclusions for this measure were sourced from the HEDIS Measurement Year 2024: Volume 2: Technical Specifications for Health Plans report.

The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

Current Procedural Terminology (CPT®) and CPT Category II (CPT II) codes are developed by the American Medical Association (AMA). CPT codes are used to communicate services and procedures rendered to patients. CPT II codes are supplemental tracking codes used for quality performance measurement.

HCPCS is the Healthcare Common Procedure Coding System used by CMS and maintained by the AMA.

NCQA copyright notice and disclaimer

The HEDIS measure specifications were developed by and are owned by NCQA. The HEDIS measure specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measure specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. © 2024 NCQA, all rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. NCQA disclaims all liability for use or accuracy of any third-party code values contained in the specifications.

The full text of this notice and disclaimer is available here:

<https://docushare-web.apps.external.pioneer.humana.com/Marketing/docushare-app?file=4274309>



539204KY0824-A (HUMP0539204)

