

Measure Overview

The Follow-Up After Hospitalization for Mental Illness (FUH) measure tracks whether members who were recently discharged from a hospital for a mental illness receive follow-up care **within 7 days or 30 days** after discharge.

Discharge Rates Measured

- 7-Day Follow-Up Rate
- 30-Day Follow-Up Rate

Why Timely Follow-Up Matters

Research shows that timely follow-up care for behavioral health related hospitalizations is associated with fewer readmissions, increased medication adherence, decreased suicidal ideation, and stabilization.^{1,2}

Role of Primary Care Providers

- **Importance of PCP involvement and patient comfort level**
Primary care providers (PCPs) are often the first point of contact after hospital discharge. Because of established relationships, patients may feel more comfortable speaking with their PCP if they do not have an existing behavioral health provider.

- **Ensure connection to long-term behavioral health care**

During a follow-up visit in a primary care setting, PCPs should take an active role in coordinating ongoing behavioral health care by initiating referrals and ensuring a warm handoff to a behavioral health provider.

2025 Updates

- Follow-up care may now be provided by any licensed provider—not only behavioral health specialists—as long as all billing requirements are met. This includes ensuring that a mental health diagnosis appears anywhere on the claim.
- Expanded diagnoses include phobia, anxiety, and intentional self-harm.
- Expanded services include peer support and psychiatric residential treatment.

Best Practices

- Educate patients before discharge on the importance of follow-up.
- Schedule follow-up visits promptly (not on the same day as discharge).
- Address barriers to care such as transportation and medication access.
- Include discharge summaries in the Electronic Medical Record (EMR).
- Connect patients with long-term behavioral health providers.

¹ <https://pubmed.ncbi.nlm.nih.gov/31068399/>

² <https://pubmed.ncbi.nlm.nih.gov/25828981/>

HEDIS Coding Guidance

Definition	Codes	System
Transitional care management with any diagnosis of a mental health disorder	99495, 99496	CPT
Psychotherapy with any diagnosis of a mental health disorder	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 <i>With</i> Place of Service: 3, 5, 7, 9, 11-20, 22, 33, 49-50, 52-53, 56, 71-72	CPT
Electroconvulsive Therapy	90870 <i>With</i> Place of Service: 3, 5, 7, 9, 11-20, 22, 24, 33, 49-50, 52-53, 71-72	CPT
An outpatient visit with any diagnosis of a mental health disorder	98000-98007, 98960-62, 99078, 99202-05, 99211-15, 99242-45, 99341, 99342, 99344, 99345, 99347-50, 99381-87, 99391-97, 99401-04, 99411, 99412, 99483, 99492, 99493, 99494, 99510	CPT
	G0155, G0176-G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H2020, T1015	HCPCS
Telephonic visit with any diagnosis of a mental health disorder	98008-98015, 98966-98968, 99441-99443	CPT
Psychiatric collaborative care management	99492-99494	CPT
	G0512	HCPCS
Peer support services with any diagnosis of a mental health disorder	G0140, G0177, H0024-H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017	HCPCS
Residential behavioral health treatment	H0017-H0019, T2048	HCPCS
An intensive outpatient encounter or partial hospitalization	G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	HCPCS
Behavioral Healthcare Setting	513, 900-905, 907, 911-917, 919, 1001	UBREV
Inpatient or Consultive Care	99221-99223, 99231-99233, 99238-99239, 99252-99255 <i>With</i>	CPT
	Place of Service: 3, 5, 7, 9, 11-20, 22, 33, 49-50, 52-53, 56, 71-72	

Provider Action Steps

- Include discharge summaries in EMR.
- Reinforce discharge instructions.
- Ensure claims include a mental health diagnosis.
- Help patients establish ongoing behavioral health care.

Additional Resources

- Locate in-network behavioral health providers in CCA's Provider Directory
- For more details on FUH and other HEDIS measures, refer to the [2025 HEDIS Quality Measure Reference](#).

Please Note: The codes in this document are derived from the NCQA HEDIS Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Submitting claims using these codes helps improve reporting of quality measure performance. Billing these codes does not guarantee payment. Providers should bill in accordance with their contract.

References

<https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/follow-up-after-hospitalization-for-mental-illness-fuh/>

¹ <https://pubmed.ncbi.nlm.nih.gov/31068399/>

¹ <https://pubmed.ncbi.nlm.nih.gov/25828981/>