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 had an acute inpatient discharge with a principal diagnosis of 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 or psychiatric care visit, electroconvulsive therapy, transitional care management service, a visit in a behavioral healthcare setting, peer support services, 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 or psychiatric care visit, electroconvulsive therapy, transitional care management service, a visit in a behavioral healthcare setting, peer support services, 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

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, 90792, 90832–34, 90836–40, 90845, 90847, 90849, 90853, 90875, 90876, 98000-98015, 98960–62, 98966–98968, 99078, 99202–05, 99211–15, 99221–23, 99231–33, 99238, 99239, 99242–45, 99252–55, 99341–45, 99347–50, 99381–87, 99393–97, 99401–04, 99411, 99412, 99441–43, 99483, 99492–96, 99510
Follow-up visits	HCPCS	G0140, G0155, G0176, G0177, G0409–G0411, G0463, G0512, G0560, H0002, H0004, H0017–H0019, H0024, H0025, H0031, H0034–40, H2000, H2010–20, H2023, S0201, S9445, S9480, S9484, S9485, T1012, T1015, T1017, T2048

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year 2026: 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.

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