

## Follow Up After Hospitalization for Mental Illness (FUH) – 7 Days

### What is Measured

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

1. The percentage of discharges\* for which the member received follow-up within 7 days after discharge.
2. The percentage of discharges\* for which the member received follow-up within 30 days after discharge.

\* If members have more than one discharge, all discharges during the first 11 months of the measurement year are included in the denominator.

### Allowable Codes

#### Visit Setting Unspecified

CPT (must be billed by a mental health provider; see list of Mental Health Provider Types and Specialties below):

- 90791 – Psychiatric diagnostic evaluation
- 90792 – Psychiatric diagnostic evaluation with medical services
- 90832-90834 – Psychotherapy
- 90837-90838 – Psychotherapy
- 90839-90840 – Psychotherapy for crisis
- 90845 – Psychoanalysis
- 90847 – Family psychotherapy including patient
- 90849 – Multiple-family group psychotherapy
- 90853 – Group psychotherapy (other than of a multi-family group)
- 90875-90876 – Individual psychophysiological therapy incorporating biofeedback training
- 99221-99223 – Initial hospital inpatient care
- 99231-99233 – Subsequent hospital inpatient care
- 99238-99239 – Hospital discharge day management
- 99251-99255 – New or established patient initial inpatient consultation service

**Visit Setting Unspecified codes must be billed with one of the following Place of Service (POS) codes:**

02 (Telehealth), 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72

### **BH Outpatient**

CPT (must be billed by a mental health provider; see list of Mental Health Provider Types and Specialties below):

- 99201-99205 – Office or other outpatient visit for the evaluation and management of a new patient
- 99211-99215 – Office or other outpatient visit for the evaluation and management of an established patient
- 99241-99245 – Office consultation for a new or established patient
- 99341-99345 – New patient home visit
- 99347-99350 – Established patient home visit
- 99381-99387 – Initial comprehensive preventive medicine evaluation and management of an individual, new patient
- 99391-99397 – Periodic comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient
- 99401-99404 – Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)
- 99411-99412 – Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure)
- 99483 – Cognitive Assessment and Care Planning Services

HCPCS (must be billed by a mental health provider; see list of Mental Health Provider Types and Specialties below):

- H0002 – Behavioral health screening to determine eligibility for admission to treatment program
- H0004 – Behavioral health counseling and therapy, per 15 minutes
- H0031 – Mental health assessment, by non-physician
- H0034 – Medication training and support, per 15 minutes
- H0036-H0037 – Community psychiatric supportive treatment
- H2010 – Comprehensive medication services, per 15 minutes
- H2011 – Crisis intervention service, per 15 minutes
- H2014 – Skills training and development, per 15 minutes
- H2015-H2016 – Comprehensive community support services
- H2017 – Psychosocial rehabilitation services
- H2019-H2020 – Therapeutic behavioral services, per 15 minutes
- T1015 – Clinic visit/encounter, all-inclusive

***If BH Outpatient services were provided by a Community Health Center, bill with POS code 53***

### **Intensive Outpatient Encounter or Partial Hospitalization**

HCPS:

- H2012 – Behavioral health day treatment
- S9480 – Intensive outpatient psychiatric services, per diem
- S9484-S9485 – Crisis intervention mental health services

### **Electroconvulsive Therapy**

CPT:

- 90870 – Electroconvulsive therapy

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**Electroconvulsive Therapy codes must be billed with one of the following Place of Service (POS) codes:**

03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72

**Observation**

CPT (must be billed by a mental health provider; see list of Mental Health Provider Types and Specialties below):

99217-99220 – Hospital observation care

**Telephone Visits**

CPT (must be billed by a mental health provider; see list of Mental Health Provider Types and Specialties below):

98966-98968 – Telephone assessment and management service

99441-99443 – Physician telephone patient service

**Allowable Mental Health Provider Types and Specialties Per AHCCCS**

Provider	Provider Type Code	Provider Type Description
MH Practitioners	02*	HOSPITAL
MH Practitioners	11	PSYCHOLOGIST
MH Practitioners	29	COMMUNITY/RURAL HEALTH CENTER
MH Practitioners	42	HOSPITAL AFFILIATED CLINIC
MH Practitioners	51	BEHAVIORAL HEALTH COUNSELOR
MH Practitioners	52	MENTAL HEALTH CLINIC
MH Practitioners	75	MHS SOCIAL WORKER
MH Practitioners	76	MHS NURSE-PSYCHOLOGISTS
MH Practitioners	77	BH OUTPATIENT CLINIC
MH Practitioners	85	LICENSED CLINICAL SOCIAL WORKER (LCSW)
MH Practitioners	86	LICENSED MARRIAGE & FAMILY THERAPIST LMFT
MH Practitioners	87	LICENSED PROFESSIONAL COUNSELOR (LPC)
MH Practitioners	89	SCHOOL BASED CERTIFIED SCHOOL PSYCHOLOGI
MH Practitioners	A4	LIC INDEP SUBSTANCE ABUSE COUNS (LISAC)
MH Practitioners	C2	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
MH Practitioners	C5	638 FQHC
MH Practitioners	IC	INTEGRATED CLINICS
MH Practitioners	BC	BOARD CERTIFIED BEHAVIORAL ANALYST

*Follow Up After Hospitalization for Mental Illness, cont.*

<b>Provider</b>	<b>Provider Specialty Code</b>	<b>Provider Specialty Description</b>
MH Practitioners	071	MSW SOCIAL WORKER
MH Practitioners	083	PSYCHOLOGIST
MH Practitioners	098	PSYC/MENTAL HEALTH NURSE PRACTITIONER
MH Practitioners	191	PEDIATRIC - PSYCHIATRIST
MH Practitioners	192	PSYCHIATRIST
MH Practitioners	195	PSYCHIATRIST AND NEUROLOGIST
MH Practitioners	880	PEDIATRIC-BEHAVIORAL/DEVELOPMENTAL
MH Practitioners	965	PSYCHOANALYSIS

\* With allowable MH provider/specialty type; hospitals limited to multispecialty interdisciplinary clinics (provider IDs 020123, 020264, 170359 and 400142)