Quality ID #391 (NQF 0576): Follow-Up After Hospitalization for Mental Illness (FUH)
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

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

- The percentage of discharges for which the patient received follow-up within 30 days after discharge
- The percentage of discharges for which the patient received follow-up within 7 days after discharge

INSTRUCTIONS:
This measure is to be submitted at **each follow-up visit** occurring within 30 and 7 days after each inpatient setting discharge with a principal diagnosis of mental illness or intentional self-harm. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: *Discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement period. The denominator for this measure is based on discharges, not on patients. If patients have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement period.*

If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of mental health disorder or intentional self-harm within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the patient was transferred.

This measure will be calculated with 2 performance rates:
1) The percentage of discharges for which the patient received follow-up within 30 days after discharge
2) The percentage of discharges for which the patient received follow-up within 7 days after discharge

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:
1) The percentage of discharges for which the patient received follow-up within 30 days after discharge

AND

2) The percentage of discharges for which the patient received follow-up within 7 days after discharge

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SUBMISSION CRITERIA 1: THE PERCENTAGE OF DISCHARGES FOR WHICH THE PATIENT RECEIVED FOLLOW-UP WITHIN 30 DAYS AFTER DISCHARGE

DENOMINATOR (SUBMISSION CRITERIA 1):

Patients 6 years of age and older who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement period

Denominator Criteria (Eligible Cases) 1:

Patients aged 6 years and older as of the date of discharge

AND

Diagnosis for mental illness (ICD-10-CM): F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2,F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

OR

Diagnosis of intentional self-harm (ICD-10-CM): T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.492A, T40.492D, T40.492S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S,

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T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, 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T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A,

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T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S, T50.911A, T50.911D, T50.911S, T50.913A, T50.913D, T50.913S, T50.914A, T50.914D, T50.914S, T50.915A, T50.915D, T50.915S, T50.916A, T50.916D, T50.916S

AND

Patient encounter during the performance period (CPT): 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99291

AND

Patient alive at time of acute inpatient setting discharge

AND

Patient is discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period

AND

Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30- day follow-up period, regardless of principal diagnosis for the readmission

AND

Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health

AND NOT

DENOMINATOR EXCLUSION:

Patients who use hospice services any time during the measurement period: G9760

NOTE: *These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.*

NUMERATOR (SUBMISSION CRITERIA 1): Patient Received Follow-Up within 30 Days after Discharge:

A follow-up visit with a mental health practitioner within 30 days after acute inpatient discharge. Do not include visits that occur on the date of discharge

Numerator Options:

Performance Met:	Patient received follow-up within 30 days after discharge **(G9402)**
OR	
Denominator Exception	Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up) **(G9403)**
OR	
Performance Not Met:	Patient did not receive follow-up within 30 days after discharge **(G9404)**

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SUBMISSION CRITERIA 2: THE PERCENTAGE OF DISCHARGES FOR WHICH THE PATIENT RECEIVED FOLLOW-UP WITHIN 7 DAYS AFTER DISCHARGE

DENOMINATOR (SUBMISSION CRITERIA 2):

Patients 6 years of age and older who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement period

Denominator Criteria (Eligible Cases) 2:

Patients aged 6 years and older as of the date of discharge

AND

Diagnosis for mental illness (ICD-10-CM): F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

OR

Diagnosis of intentional self-harm (ICD-10-CM): T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.492A, T40.492D, T40.492S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D,

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T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, 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T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S, T50.911A, T50.911D, T50.911S, T50.913A, T50.913D, T50.913S, T50.914A, T50.914D, T50.914S, T50.915A, T50.915D, T50.915S, T50.916A, T50.916D, T50.916S

AND

Patient encounter during the performance period (CPT): 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99291

AND

Patient alive at time of acute inpatient setting discharge

AND

Patient is discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period

AND

Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30- day follow-up period, regardless of principal diagnosis for the readmission

AND

Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health

AND NOT

DENOMINATOR EXCLUSION:

Patients who use hospice services any time during the measurement period: G9760

NOTE: *These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.*

NUMERATOR (SUBMISSION CRITERIA 2): Patient Received Follow-Up within 7 Days after Discharge

A follow-up visit with a mental health practitioner within 7 days after acute inpatient discharge. Do not include visits that occur on the date of discharge

Numerator Options:

Performance Met:	Patient received follow-up within 7 days after discharge **(G9405)**
OR	
Denominator Exception:	Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e., patient death prior to follow-up visit, patient non-compliance for visit follow-up) **(G9406)**
OR	
Performance Not Met:	Patient did not receive follow-up within 7 days after discharge **(G9407)**

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RATIONALE:
It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness or intentional self-harm. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care.

This measure is consistent with guidelines of the National Institute of Mental Health and the Centers for Mental Health Services.

CLINICAL RECOMMENDATION STATEMENTS:
According to a guideline developed by the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association, there is a need for regular and timely assessments and documentation of the patient's response to all treatments.

The organization should make a practice of helping schedule follow-up appointments when a patient is discharged, as part of the treatment or case management plan, and should educate patients and practitioners about the importance of follow-up visits. Systems should be established to generate reminder or "reschedule" notices that are mailed to patients in the event that a follow-up visit is missed or canceled. In many cases, it may also be necessary to develop outreach systems or assign case managers to encourage recently released patients to keep follow-up appointments or reschedule missed appointments.

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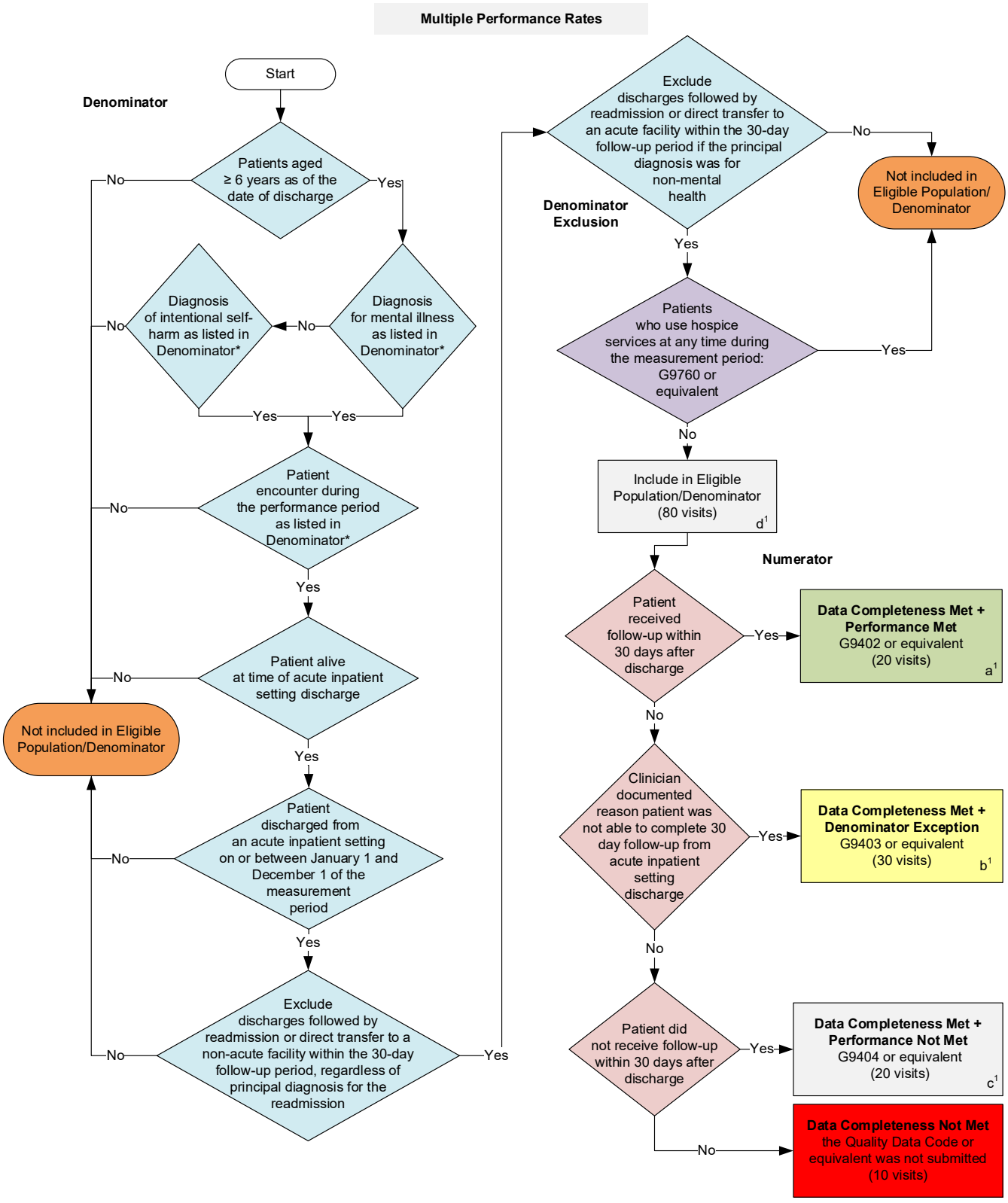
2021 Clinical Quality Measure Flow for Quality ID #391 (NQF 0576): Follow-Up After Hospitalization for Mental Illness (FUH) Submission Criteria One

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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SAMPLE CALCULATIONS SUBMISSION CRITERIA ONE

Data Completeness=

Performance Met (a^1=20 visits) + Denominator Exception (b^1=30 visits) + Performance Not Met (c^1= 20 visits) = 70 visits = **87.50%**

Eligible Population / Denominator (d^1=80 visits) = 80 visits

Performance Rate=

Performance Met (a^1=20 visits) = 20 visits = **50.00%**

Criteria 1 Data Completeness Numerator (70 visits) – Denominator Exception (b^1=30) = 40 visits

*See the posted measure specification for specific coding and instructions to submit this measure

**It is anticipated for registry submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.

This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the data completeness and performance rates are calculated accurately.

NOTE: Submission Frequency: Visit

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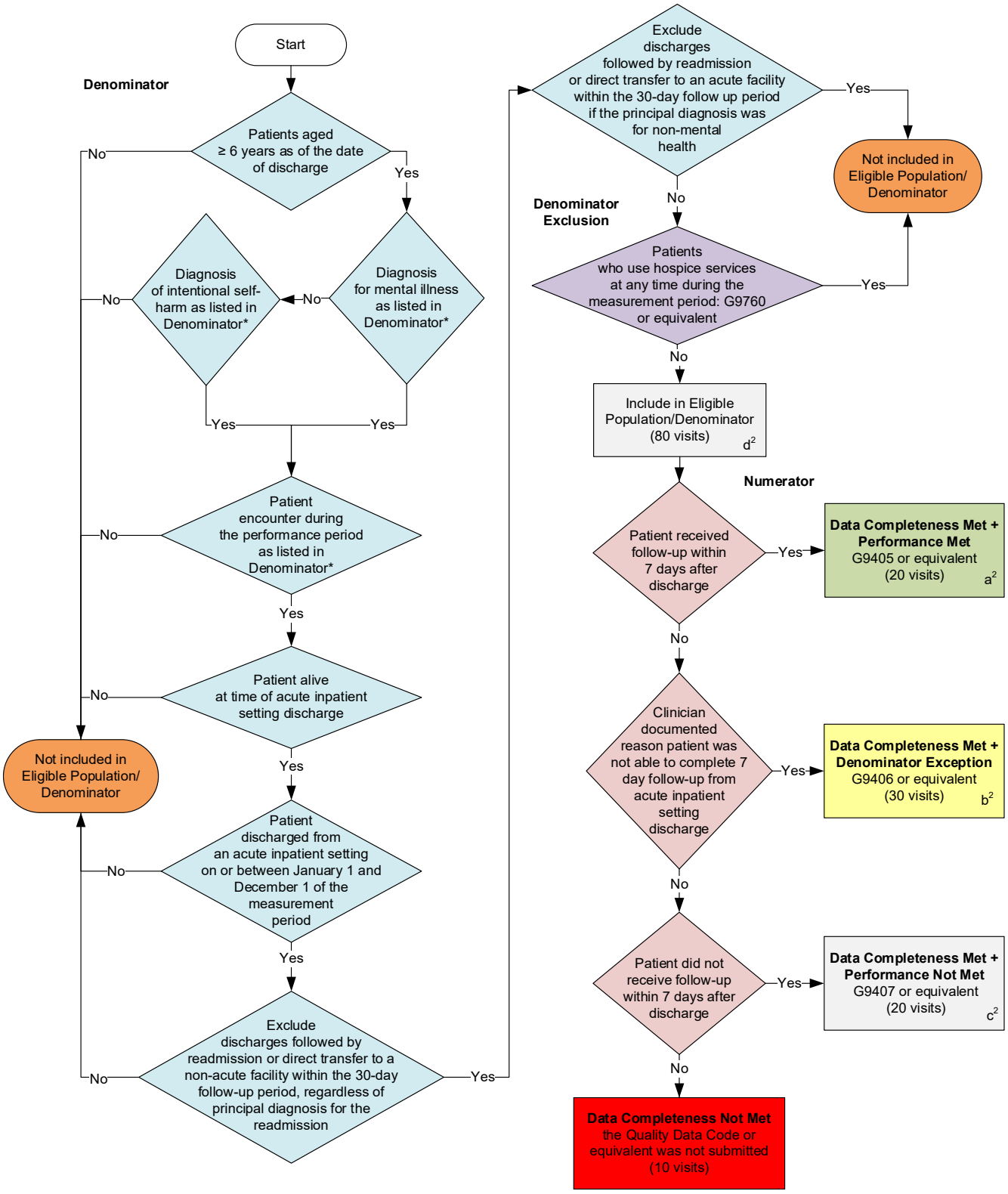
Submission Criteria Two

Multiple Performance Rates



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SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO

Data Completeness=

Performance Met (a^2=20 visits) + Denominator Exception (b^2=30 visits) + Performance Not Met (c^2= 20 visits) = 70 visits = **87.50%**

Eligible Population / Denominator (d^2=80 visits) = 80 visits

Performance Rate=

Performance Met (a^2=20 visits) = 20 visits = **50.00%**

Criteria 2 Data Completeness Numerator (70 visits) – Denominator Exception (b^2=30) = 40 visits

* See the posted measure specification for specific coding and instructions to submit this measure

**It is anticipated for registry submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.

This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the data completeness and performance rates are calculated accurately.

NOTE: Submission Frequency: Visit

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2021 Clinical Quality Measure Flow Narrative for Quality ID #391 (NQF 0576): Follow-Up After Hospitalization for Mental Illness (FUH)

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure*.

Submission Criteria One:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 6 years as of the date of discharge*:
    a. If *Patients aged greater than or equal to 6 years as of the date of discharge* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 6 years as of the date of discharge* equals Yes, proceed to *Diagnosis for mental illness as listed in Denominator**.
3. Check *Diagnosis for mental illness as listed in Denominator**:
    a. If *Diagnosis for mental illness as listed in Denominator** equals No, proceed to *Diagnosis of intentional self-harm as listed in Denominator**.
    b. If *Diagnosis for mental illness as listed in Denominator** equals Yes, proceed to *Patient encounter during the performance period as listed in Denominator**.
4. Check *Diagnosis of intentional self-harm as listed in Denominator**:
    a. If *Diagnosis of intentional self-harm as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis of intentional self-harm as listed in Denominator** equals Yes, proceed to *Patient encounter during the performance period as listed in Denominator**.
5. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to *Patient alive at time of acute inpatient setting discharge*.
6. Check *Patient alive at time of acute inpatient setting discharge*:
    a. If *Patient alive at time of acute inpatient setting discharge* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient alive at time of acute inpatient setting discharge* equals Yes, proceed to *Patient discharged from acute inpatient setting on or between January 1 and December 1 of the measurement period*.
7. Check *Patient discharged from acute inpatient setting on or between January 1 and December 1 of the measurement period*:
    a. If *Patient discharged from acute inpatient setting on or between January 1 and December 1 of the measurement period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient discharged from acute inpatient setting on or between January 1 and December 1 of the*

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measurement period equals Yes, proceed to *Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission*.

8. Check *Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission*:

    a. If *Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission* equals Yes, proceed to *Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health*.

9. *Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health.*

    a. If *Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health* equals Yes, proceed to *Patients who use hospice services at any time during the measurement period.*

10. *Patients who use hospice services at any time during the measurement period*:

    a. If *Patients who use hospice services at any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients who use hospice services at any time during the measurement period* equals No, include in Denominator Population.

11. Denominator Population:

    a. Denominator Population is all Eligible Visits in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^1 equals 80 visits in the Sample Calculation.

12. Start Numerator

13. Check *Patient received follow-up within 30 days after discharge*:

    a. If *Patient received follow-up within 30 days after discharge* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 20 visits in the Sample Calculation.

    b. If *Patient received follow-up within 30 days after discharge* equals No, proceed to *Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge*.

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14. Check *Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge*:

    a. If *Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge* equals Yes, include in *Data Completeness Met and Denominator Exception*.

        - *Data Completeness Met and Denominator Exception* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 30 visits in the Sample Calculation.

    b. If *Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge* equals No, proceed to *Patient did not receive follow-up within 30 days after discharge*.

15. Check *Patient did not receive follow-up within 30 days after discharge*:

    a. If *Patient did not receive follow-up within 30 days after discharge* equals Yes, include in the *Data Completeness Met and Performance Not Met*.

        - *Data Completeness Met and Performance Not Met* letter is represented as Performance Not Met in the Sample Calculation listed at the end of this document. Letter c^1 equals 20 visits in the Sample Calculation.

    b. If *Patient did not receive follow-up within 30 days after discharge* equals No, proceed to *Data Completeness Not Met.*

16. Check *Data Completeness Not Met*:

    a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a^1 equals 20 visits) plus Denominator Exception (b^1 equals 30 visits) plus Performance Not Met (c^1 equals 20 visits) divided by Eligible Population/Denominator (d^1 equals 80 visits). All equals 70 visits divided by 80 visits. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 equals 20 visits) divided by Criteria 1 Data Completeness Numerator (70 visits) minus Denominator Exception (b^1 equals 30). All equals 20 visits divided by 40 visits. All equals 50.00 percent.

*See the posted measure specification for specific coding and instructions to submit this measure

**It is anticipated for registry submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.

This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the data completeness and performance rates are calculated accurately.

NOTE: Submission Frequency: Visit

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Submission Criteria Two:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 6 years as of date of discharge*:
    a. If *Patients aged greater than or equal to 6 years as of date of discharge* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 6 years as of date of discharge* equals Yes, proceed to *Diagnosis for mental illness as listed in Denominator**.
3. Check *Diagnosis for mental illness as listed in Denominator**:
    a. If *Diagnosis for mental illness as listed in Denominator** equals No, proceed to *Diagnosis of intentional self-harm as listed in Denominator**.
    b. If *Diagnosis for mental illness as listed in Denominator** equals Yes, proceed to *Patient encounter during the performance period as listed in Denominator**.
4. Check *Diagnosis of intentional self-harm as listed in Denominator**:
    a. If *Diagnosis of intentional self-harm as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis of intentional self-harm as listed in Denominator** equals Yes, proceed to *Patient encounter during the performance period as listed in Denominator**.
5. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator* * equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in Denominator* * equals Yes, proceed to *Patient alive at time of acute inpatient setting discharge*.
6. Check *Patient alive at time of acute inpatient setting discharge*:
    a. If *Patient alive at time of acute inpatient setting discharge* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient alive at time of acute inpatient setting discharge* equals Yes, proceed to *Patient discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period*.
7. Check *Patient discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period*:
    a. If *Patient discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient discharged from acute inpatient setting on or between January 1 and December 1 of the measurement period* equals Yes, proceed to *Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis of the readmission*.

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8. Check *Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis of the readmission*:

    a. If *Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis of the readmission* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Exclude discharges followed by readmission or direct transfer to a non-acute facility within the 30-day follow-up period, regardless of principal diagnosis of the readmission* equals Yes, proceed to *Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow up period if the principal diagnosis was for non-mental health*.

9. Check *Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow up period if the principal diagnosis was for non-mental health*.

    a. If *Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow up period if the principal diagnosis was for non-mental health* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow up period if the principal diagnosis was for non-mental health* equals No, check *Patients who use hospice services at any time during the measurement period*.

10. Check *Patients who use hospice services at any time during the measurement period*:

    a. If *Patients who use hospice services at any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients who use hospice services at any time during the measurement period* equals No, include in Denominator Population.

11. Denominator Population:

    a. Denominator Population is all Eligible Visits in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^2 equals 80 visits in the Sample Calculation.

12. Start Numerator

13. Check *Patient received follow-up within 7 days after discharge*:

    a. If *Patient received follow-up within 7 days after discharge* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 20 visits in Sample Calculation.

    b. If *Patient received follow-up within 7 days after discharge* equals No, proceed to *Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge*.

14. Check *Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge*:

    a. If *Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient*

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setting discharge equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 30 visits in the Sample Calculation.

b. If *Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge* equals No, proceed to *Patient did not receive follow-up within 7 days after discharge*.

15. Check *Patient did not receive follow-up within 7 days after discharge*:

- If *Patient did not receive follow-up within 7 days after discharge* equals Yes, include in the *Data Completeness Met and Performance Not Met*. *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 20 visits in the Sample Calculation.

b. If *Patient did not receive follow-up within 7 days after discharge* equals No, proceed to *Data Completeness Not Met*.

16. Check *Data Completeness Not Met*:

a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 visits have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a^2 equals 20 visits) plus Denominator Exception (b^2 equals 30 visits) plus Performance Not Met (c^2 equals 20 visits) divided by Eligible Population/Denominator (d^2 equals 80 visits). All equals 70 visits divided by 80 visits. All equals 87.50 percent.

Performance Rate equals Performance Met (a^2 equals 20 visits) divided by Criteria 2 Data Completeness Numerator (70 visits) minus Denominator Exception (b^2 equals 30). All equals 20 visits divided by 40 visits. All equals 50.00 percent.

* See the posted measure specification for specific coding and instructions to submit this measure

**It is anticipated for registry submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.

This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the data completeness and performance rates are calculated accurately.

NOTE: Submission Frequency: Visit

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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