

A Guide for Medical Providers: Significant Changes to Follow-Up After Hospitalization for Mental Illness (FUH)

What's New: As of 2025, medical providers are allowed to close the FUH gap using qualified billing codes and diagnostic codes

How you can help

- Schedule an appointment to occur within 7 days of discharge from an inpatient setting
- Day 1 is the day after discharge
- If a situation arises where a patient is unable to be seen within 7 days, then schedule an appointment within 30 days of discharge
- Virtual visits are allowed

Be sure to include

- A qualified billing code
 - A qualified mental health diagnosis*
- *Note: visits only addressing substance use, intellectual disabilities or some dementia diagnoses will not count unless a mental health diagnosis is included

Resources

- [Behavioral Health Toolkit for Medical Providers](#)
- [Behavioral Health Identification, Treatment and Referral in Primary Care: 3-part On-Demand Series](#) (Training with continuing education credits available)

Qualified Billing Codes: can be used to close HEDIS numerator gaps in care. These are not intended to be a directive of your billing practice.

Behavioral health outpatient visit with a mental health provider OR with any diagnosis of mental health disorder:

CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510

Outpatient visit with a mental health provider OR with any diagnosis of mental health disorder, and with the appropriate service billing code:

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255

Psychiatric Collaborative Care Management:

CPT: 99492, 99493, 99494; HCPCS: G0512

Transitional Care Management: CPT: 99495, 99496

Telephone Visits: (Note: these codes are for existing patients who initiate calls to provider):

CPT: 98966-98968, 99441-99443

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