

Outpatient provider:

Follow-up care after hospitalization leads to successful patient outcomes



One of the best things we can do for a member who has experienced a psychiatric/substance abuse hospitalization is to ensure they *have* and *keep* an aftercare appointment with a **behavioral health provider—preferably within seven days—but may occur within 30 days of discharge**. This important step contributes to aftercare compliance and helps prevent readmissions.

As an outpatient provider, you play a vital role in helping members receive **timely ambulatory follow-up appointments after hospitalization** from an acute care setting:

- See members either in person or via telehealth (when this is a covered method of service) preferably within seven days but may occur within 30 days of discharge from an inpatient facility related to mental illness.
- Provide patient reminder calls within 24 hours to confirm appointments.
- Reach out proactively within 24 hours if the patient does not keep the scheduled appointment and schedule another appointment within seven days but may occur within 30 days of discharge from the inpatient facility.
- Reinforce the treatment plan and evaluate the medication regimen in light of the presence/absence of side effects, etc.
- Remind patients of the need for follow-up mental health treatment.
- Discuss resistance to treatment, if encountered.
- Use correct diagnosis and procedure codes.
- Submit claims and encounter data in a timely manner for all services provided.

Ambulatory Follow-Up Contact: Care Worker/Discharge Team P.O. Box 1926 Maryland Heights, MO 63043 (P) 1-800-201-8316 (F) 1-888-656-1806

Coding outpatient visits

CPT Coding	HCPCS	UB Revenue/Point of Service	
Follow-up visit with a mental health practitioner (with or without the telehealth monitor CPT—95 or GT)			
98960-62, 99078, 99201-5, 99211-15, 99217-19, 99220, 99241-45, 99341-45, 99347-50,	G0155, G0176-77, G0409-11, G0463, H0002, H0004, H0031, H0034-37, H0039-40, H2000-1,	0510, 0513, 0515-0517, 0519-0523, 05260529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982-0983	
99383-87, 99393-97, 99401-04, 99411-12, 99483, 99510	H2010-20, M0064, S0201, S9484-S9485, T1015	POS 02 Telehealth	

99221-23, 99231-33, 99238-39,		0000 0007 0012 2
99251-5, 99495-99496	S0201, G410-1, H0035, H02001, H0 212, 59480, 59484-5	POS 52—Psychiatric Facility—Partial Hospitalization 53—Community Mental Health Center
A visit with a mental health practiti	oner in a BH setting (with or without the telehealth mon	itor CPT—95 or GT)
99495		0513, 0900-0905, 0907, 0911-0917, 0919
Follow-up visits with a mental healt	h practitioner in particular setting	
90791-2, 90832-4, 90836-40, 90845 90847, 90849, 90853, 90867-70, 90875-76		02—Telehealth 03—School 05—Indian Health Service Freestanding Facility 07—Tribal 638 Free-standing Facility 09—Prison/Correctional Facility 11—Office 12—Home 13—Assisted-living Facility 14—Group Home 15—Mobile Unit 16—Temporary Lodging 17—Unassigned 18—Unassigned 19—Unassigned 20—Urgent Care Facility 22—Outpatient Hospital 24—Ambulatory Surgical Center 33—Custodial Care Facility 49—Independent Clinic 50—Federally Qualified Health Center 52—Psychiatric Facility—Partial Hospitalization 53—Community Mental Health Center 71—Public Health Clinic
A telephone visit with a mental hea	itti provider	
98966-8, 99441-3	A harden and the data of disab	and 20 days. The data of the state of
	t begins on the date of discharge and continues for the r d not the date of the face-to-face visit.	next 30 days. The date of service on the

Providers should always bill codes appropriate to the services rendered. Participating providers should consult their contract and the member's benefits to confirm whether a particular code is a covered service.

Thank you for your continued collaboration! The tips above align with NCQA requirements and – more importantly – help members receive the services they need.