HEDIS Provider Guide: Follow-up After Emergency Department Visit for Mental Illness (FUM)

Measure Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, or intentional self-harm and had a mental health follow-up service. If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.

The Following Two (2) rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days), including visits that occur on the date of the ED visit; and
2. The percentage of ED visits for which the member received follow-up within seven (7) days of the ED visit: eight (8) total days, including visits that occur on the date of the ED visit.

Exclusions

- Exclude ED visits that result in an inpatient stay.
- Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 30 days after the ED visit, regardless of the principal diagnosis for the admission.
- Members in hospice

Codes to Identify Eligible Population	
ED Visit	**CPT:** 99281, 99282, 99283, 99284, 99285 **UBREV:** 0450, 0451, 0452, 0456, 0459, 0981
Mental Illness (principal diagnosis)	**ICD10CM:** F20-F25, F28-F34, F39-F43, F44.89, F53.1, F60, F63, F68, F84, F90-F91, F93-F94
Intentional Self Harm (principal diagnosis)	**ICD10CM:** R45.851, T14.91XA, T14.91XD, T14.91XS, T36.0-T65.9, T71.1, X71.0-X83.8

Use Correct Billing Codes

Diagnosis	with	Type of Visit		
Mental Health Diagnosis **ICD10CM:** F03, F20-F25, F28-F34, F39-F45, F48, F50-F53, F59, F60, F63-F66, F68, F69, F80-F82, F84, F88-F91, F93-F95, F98-F99 **Note:** Mental health diagnosis does not need to be the primary diagnosis for the follow-up visit to count	with	**Visit Setting Unspecified** **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255	with	**Telehealth POS:** 02, 10
			with	**Outpatient POS**: 03, 05, 07, 09, 11-20, 22, 27, 33, 49, 50, 71, 72
	with	**Behavioral Health (BH) Outpatient Visit** **CPT:** 98000-98007, 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, 99493, 99510 **HCPCS**: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983		
	with	**Partial Hospitalization/Intensive Outpatient Visit** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913		
	with	**Telephone Visits** **CPT:** 98008-98015, 98966-98968, 98979-98981, 99441-99443, 99457, 99458, 99470 **HCPCS:** G0544		
	with	**Online Assessments** **CPT:** 98016, 98970-98972, 99421-99423		

Diagnosis	with	Type of Visit
		HCPCS: G0071, G2010, G2012, G2250-G2252
	with	**Peer Support Service** **HCPCS:** G0140, G0177, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017
Visit Setting Unspecified **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255	with	**Intensive Outpatient or Partial Hospitalization POS:** 52
	with	**Community Mental Health Center POS:** 53
	with	**Psychiatric Residential Treatment POS**: 56
Electroconvulsive Therapy **CPT:** 90870 **ICD10PCS:** GZB0ZZZ, GZB2ZZZ, GZB4ZZZ	with	**Outpatient POS:** 03, 05, 07, 09, 11-20, 22, 24, 27, 33, 49, 50, 52, 53, 71, 72

Other Types of Visits

Description	Codes
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0907, 0911-0917, 0919, 1001
Psychiatric Collaborative Care Management	**CPT:** 99492, 99493 **HCPCS:** G0512
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048

How to Improve HEDIS® Scores

- Schedule follow-up appointments within seven (7) days of an ED visit (ideally before the patient leaves the emergency department). The follow-up visit may also take place on the date of the ED visit. Any type of practitioner (e.g., medical and/or behavioral healthcare providers) can conduct the follow-up visit via telehealth, telephone, or virtual visit/online assessment.
- Contact patients who cancel or miss appointments to assist them with rescheduling as soon as possible.
- Help patients navigate barriers, such as using their transportation benefit, for follow-up visits.
- Educate patients about the importance of follow-up and adherence to treatment recommendations.
- Use the appropriate diagnosis for mental illness or intentional self-harm at each follow-up visit. Non-mental illness diagnosis will not count.
- Consider referral to a behavioral health provider to engage the patient in ongoing treatment, if appropriate. Ensure the patient signs the appropriate authorization and disclosure forms for sharing information.