



FOLLOW UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

MEETING THE HEDIS MEASURE

The FUM measure assesses the percentage of emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 and 30 days. Two rates are reported:

- The percentage of Emergency Department visits for which the member received follow-up for mental illness within the 7 days after the visit (8 days total)
- The percentage of Emergency Department visits for which the member received follow-up for mental illness within the 30 days after the visit (31 days total)

WHY IS THE MEASURE IMPORTANT?

In the United States, 13%–20% of children under 18 years of age experience mental illness. Follow-up care within 7 days after being seen in the ED with mental illness has shown a decrease in repeat ED visits, better physical and mental function, and increased compliance with follow-up instructions.

Timely follow-up with a mental health provider helps lower the risk of repeat trips to the hospital.

- The period immediately following a trip to the ED is the most vulnerable time for members with mental illness.
- Transition back to the home and work environment is supported and barriers more quickly identified.
- Follow up provides an opportunity to reconcile medications and monitor for side effects or incorrect dosing.

TYPES OF VISITS INCLUDED IN THE MEASURE

Types of Visits That Count

- Behavioral Health Outpatient Visit With Any Practitioner Type
- Intensive Outpatient or Partial Hospitalization With Any Practitioner Type
- Observation Visit With Any Practitioner Type
- Outpatient Visit With Any Practitioner Type and With Appropriate Place of Service Code
- Intensive Outpatient Visit or Partial Hospitalization With Any Practitioner Type and With Appropriate Place of Service Code
- Community Mental Health Center Visit With Any Provider Type and With Appropriate Place of Service Code
- Electroconvulsive Therapy With Any Practitioner Type and With Appropriate Place of Service Code
- Telehealth Visit With Any Practitioner Type and the Appropriate Place of Service Code
- Telephone Visit With Any Practitioner Type
- E-Visit or Virtual Check-In With Any Practitioner Type

WHAT CAN BE DONE TO HELP MEET THE MEASURE?

When notified of a member's discharge, proactively outreach to a member to set up a follow-up appointment with a Mental Health Provider within the first 5 days of discharge.

Consider dedicated staff or keep 1-2 open office appointments to help meet member's needs.

Educate your members on the importance of follow-up appointments.

For children and adolescents, engage parents and/or caregivers in the treatment plan.

Reassure your member that they are not alone – an estimated 50% of all Americans are diagnosed with a mental illness or disorder at some point in their lifetime.

Health Information Exchange (HIE) participation to assist with earlier identification of members when they are admitted.

Identify Barriers for Follow-Up Care.


- Transportation
- Interpreter needs
- Incorrect provider name, address, phone number

WHAT CAN BE DONE TO HELP MEET THE MEASURE? continued

Consider hosting events to promote building relationships with local hospitals and inpatient facilities to foster communication and care coordination (high risk utilization reviewers, discharge planners, etc.).

Consider offering telehealth visits.


Be more aggressive with tracking and high-risk members to ensure their needs are met.



Important Notes

Visits that result in an inpatient stay are not included

Telehealth visits are acceptable to address the care opportunity



Required Exclusions:

Members in hospice or using hospice services

Members who died

Timeframe: Any time during the measurement year

ANY OF THE FOLLOWING WILL MEET THE CRITERIA FOR THE MEASURE WITH:

- A principal diagnosis of mental health disorder
- A principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

CPT® / CPT® II	
Behavioral Health Outpatient Visits Intensive Outpatient Visit or Partial Hospitalization	98960 -62, 99078, 99201- 05, 99211 -15, 99241 -45, 99341 -45, 99347 -50, 99381 -87, 99391 -97, 99401 -04, 99411 -12, 99483, 99492 -94, 99510 Place of Service Code: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 24, 33, 49, 50, 52, 71, 72
Outpatient Visit Visit Setting Unspecified	90791 -92, 90832 -34, 90836 -40, 90845, 90847, 90849, 90853, 90875 -76, 99221 -23, 99231 -33, 99238 -39, 99251 -55 Place of Service Code: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Observation Visit	99217 – 20 Place of Service Code: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

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Intensive Outpatient Visit or Partial Hospitalization	90791 -92, 90832 -34, 90836 -40, 90845, 90847, 90849, 90853, 90875 -76, 99221 -23, 99231 -33, 99238 -39, 99251 -55 Place of Service Code: 52
Community Mental Health Center Visit	90791 -92, 90832 -34, 90836 -40, 90845, 90847, 90849, 90853, 90875 -76, 99221 -23, 99231 -33, 99238 -39, 99251 -55 Place of Service Code: 53
Telehealth Visit	90791 -92, 90832 -34, 90836 -40, 90845, 90847, 90849, 90853, 90875 -76, 99221 -23, 99231 -33, 99238 -39, 99251 -55 Place of Service Code: 02, 10
Telehealth Visit	90791 -92, 90832 -34, 90836 -40, 90845, 90847, 90849, 90853, 90875 -76, 99221 -23, 99231 -33, 99238 -39, 99251 -55 Place of Service Code: 02, 10
Electroconvulsive Therapy	90870 Place of Service Code: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telephone Visit	98966 -68, 99441 -43
FUM Online Assessment e-visit /virtual check in	98969 -72, 99421 -23, 99444, 99457 -58

Place of Service Codes

Code	Location	Code	Location
02	Telehealth	18	Place of employment – worksite
03	School	19	Off-campus outpatient hospital
05	Indian Health Service free-standing facility	20	Urgent care facility
07	Tribal 638 free-standing facility	22	On-campus outpatient hospital
09	Prison/Correctional facility	24	Ambulatory surgical center
10	Telehealth	33	Custodial care facility
11	Office	49	Independent clinic
12	Home	50	Federally qualified health center
13	Assisted living facility	52	Psychiatric facility – partial hospitalization
14	Group home	53	Community mental health center
15	Mobile unit	71	Public health clinic
16	Temporary lodging	72	Rural health clinic
17	Walk-in retail health clinic		

REFERENCES

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