



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 Healthcare Outpatient Visit With Any Practitioner Type
- Intensive Outpatient or Partial Hospitalization 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 **OR** Telephone Visit With Any Practitioner Type and the Appropriate Place of Service Code

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

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.

REQUIREMENTS

Date of service and diagnosis of mental health disorder required for all submitted data. Outpatient, partial hospitalization, community health, telehealth or ECT (POS required for ECT)

SERVICE DATE RANGE

January 1 through December 1 of the measurement year

REQUIRED EXCLUSIONS

- Members in hospice or using hospice services during the measurement year
- Members who have died during the measurement year

	<h3>Important Notes</h3>
	<p>Visits that result in an inpatient stay are not included</p> <p>Visits that occur on the date of discharge will not count toward compliance</p>

CPT® / CPT® II Electronic Clinical Data System (ECDS)	
BH Outpatient	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
ED	99281, 99282, 99283, 99284, 99285
Electroconvulsive Therapy	90870 ICD10: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Online Assessments	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telephone Visits	98966, 98967, 98968, 99441, 99442, 99443 POS: 02, 10
Visit Setting Unspecified	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

*Codes are not all inclusive

**Claims data only, cannot accept data through any other supplemental sources such as data feeds and medical record collection methods.

REFERENCES

Follow-up after Emergency Department visit for mental illness. NCQA. (2023b, February 3). <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

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