

## Follow-Up After Emergency Department Visit for Mental Illness (FUM)

### Patient Profile

MVP members age 6 or older with a principal diagnosis of mental illness or intentional self-harm, who have had an emergency department (ED) visit and need a follow-up visit for mental illness within 7 days of the ED visit (8 total days) and then again in 30 days of the ED visit (31 total days).

### Measure Details

The 7-day follow-up appointment can occur on the same date as the ED visit. Telehealth visits, e-visits, and virtual check-ins count for both the 7- and 30-day follow-up visit for this measure. Follow-up visits can be with any provider as long as the principal diagnosis is for mental health disorder or intentional self-harm.

### How to Implement Best Practices and Improve Performance

- Reach out to patients as soon as you are notified of their ED visit to schedule a follow-up appointment. Follow-up care for people with mental health conditions can lead to fewer repeat ED visits, as well as improved physical and mental function and increased compliance with follow-up instructions.
- Receiving timely information from hospitals can assist in faster follow-up. Consider utilizing your health information exchange (HIE) to gain more information on ED discharges or by working collaboratively with hospital ED's to obtain data exchange reports on your patients seen in the ED for better care coordination.
- Consider maintaining regular appointment availability in your schedule for patients with recent ED visits to ensure they have the ability to get an appointment in the designated time frame. This can be especially important around weekends or near holidays when access to a provider's office is more difficult.
- Evaluate your office procedure when a patient calls to cancel an appointment. Consider implementing a workflow that encourages staff to outreach to patients who cancel appointments and to reschedule as soon as possible.
- All providers are encouraged to improve transitions of care by connecting patients with appropriate behavioral health providers in their area.
- Encourage patients to sign data sharing agreements that facilitate integrated health care between providers.

*Information related to all 2021 HEDIS measures has been extracted from the NCQA 2021 HEDIS Technical Specifications Volume 2.*

**2021 Coding for Follow-Up After Emergency Department Visit for Mental Illness (FUM)**

<b>Codes for FUM</b>	<b>Use of these codes will make the member a pass for FUM</b>
<b>Ambulatory Surgical Center</b>	<b>POS:</b> 24
<b>BH Outpatient</b>	<b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510
	<b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2021, M0064, T1015
	<b>SNOMED CT US:</b> 17436001, 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
	<b>UB Rev:</b> 0510, 0513, 0515, 0900, 0911, 0919, 0982, 0516, 0517, 0526-0529, 0902-0904, 0914-0917
<b>Community Mental Health Center</b>	<b>POS:</b> 53
<b>ED Visit</b>	<b>CPT:</b> 99281-99285
	<b>SNOMED CT US:</b> 4525004
	<b>UB Rev:</b> 0450-0452, 0456, 0459, 0981
<b>Electroconvulsive Therapy</b>	<b>CPT:</b> 90870
	<b>ICD-10 PCS:</b> GZB0ZZZ-GZB4ZZZ
	<b>SNOMED CT US:</b> 10470002, 11075005, 23835007, 231079005, 231080008, 284468008, 313019002, 313020008
<b>Intentional Self-Harm</b>	<b>ICD-10 CM:</b> T14.91XA, T14.91XD, T14.91XS; and all codes ending with 2A, 2D, or 2S from T36.OX-T71.23.
<b>Mental Health Diagnosis/Mental Illness</b>	<b>ICD-10 CM:</b> F03.90, F03.91, F20.0-F20.9, F21-F24, F25.0-F25.9, F28, F29, F30.10-F30.9, F31.0-F31.9, F32.0-F32.9, F33.0-F33.9, F34.0-F34.9, F39, F40.00-F40.9, F41.0-F41.0, F42-F42.9, F43.0-F43.9, F44.0-F44.9, F45.0-F45.9, F48.1-F48.9, F50.00-F50.9, F51.01-F51.9, F52.0-F52.9, F53-F53.01, F59, F60.0-F60.9, F63.0-F63.9, F64.0-F64.9, F65.0-F65.9, F66, F68.10-F68.A, F69, F80.0-F80.9, F81.0-F81.9, F82, F84.0-F84.9, F88, F89, F90.0-F90.9, F91.0-F91.9, F93.0-F93.9, F94.0-F94.9, F95.0-F95.9, F98.0-F98.9, F99
<b>Observation</b>	<b>CPT:</b> 99217-99220
<b>Outpatient</b>	<b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72
<b>Partial Hospitalization</b>	<b>POS:</b> 52
	<b>HCPCS:</b> G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485
	<b>SNOMED CT US:</b> 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391223001, 391226009, 391228005, 391229002, 391232004, 391233009, 391237005, 391252003, 391254002, 391255001, 391256000, 391257009
	<b>UB Rev:</b> 0905, 0907, 0912, 0913
<b>Telehealth</b>	<b>POS:</b> 02
<b>Telephone Visits</b>	<b>CPT:</b> 99941-99443, 98966-98968
<b>Visit Setting Unspecified</b>	<b>CPT:</b> 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255

<b>2021 Coding for Follow-Up After Emergency Department Visit for Mental Illness (FUM) (continued)</b>	
<b>Exclusion from FUM</b>	<b>The following codes excludes members from passing this measure.</b>
<b>Hospice Encounter</b>	<b>HCPCS:</b> G9474-79, Q5003-8, Q5010, S9126, T2042-6
	<b>SNOMED CT US:</b> 183919006, 183920000, 183921001, 305336008, 305911006
	<b>UB Rev:</b> 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
<b>Hospice Intervention</b>	<b>CPT:</b> 99377-8
	<b>HCPCS:</b> G08182
	<b>SNOMED CT US:</b> 170935008, 170936009
<b>Inpatient Stay</b>	<b>UB Rev:</b> 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002