

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).

How to Implement Best Practices and Improve Performance

- Telehealth visits, e-visits, and virtual check-ins count for both the 7- and 30-day follow-up visit for this measure.
- Reach out to patients as soon as you are notified of their ED visit to schedule a follow-up appointment (the 7 day follow-up appointment can be the same day as the ED visit). Studies from the American Medical Association have found that 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.
- Remember the follow-up visits can be with any provider as long as the principal diagnosis is for mental health disorder or intentional self-harm.
- 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 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.

2020 Coding for Follow-Up After Emergency Department Visit for Mental Illness (FUM)	
Codes for FUM	Use of these codes will make the member a pass for FUM
Ambulatory Surgical Center	POS: 24
BH Outpatient	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015 UB Rev: 0510, 0513, 0515, 0900, 0911, 0919, 0982, 0516, 0517, 0526-0529, 0902-0904, 0914-0917
Community Mental Health Center	POS: 53
ED Visit	CPT: 99281-99285 UB Rev: 0450-0452, 0456, 0459, 0981
Electroconvulsive Therapy	CPT: 90870 ICD-10 PCS: GZB0ZZZ-GZB4ZZZ
Intentional Self-Harm	ICD-10 CM: T14.91XA, T14.91XD, T14.91XS; and all codes ending with 2A, 2D, or 2S from T36.0X-T71.23.
Mental Health Diagnosis/Mental Illness	ICD-10 CM: 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
Observation	CPT: 99217-99220
Outpatient	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72
Partial Hospitalization	POS: 52 HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 UB Rev: 0905, 0907, 0912, 0913
Telehealth	POS: 02
Telephone Visits	CPT: 99941-99443, 98966-98968
Visit Setting Unspecified	CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255
Exclusion from FUM	The following codes excludes members from passing this measure.
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-6 UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-8 HCPCS: G08182
Inpatient Stay	UB Rev: 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