HEDIS® MEASURE
Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Measure Overview

The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures are used across the country to measure population health outcomes. These measures help support efforts to improve mental and physical health services, as well as care provided to patients. **Follow-Up After Emergency Department Visit for Mental Illness** (FUM) is a HEDIS measure that looks at the percentage of emergency department (ED) visits for patients six years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Research shows that people with mental health conditions have more reoccurring ED visits in comparison to those with physical ailments. High ED utilization may indicate a lack of access to health care, not being established with a behavioral health (BH) provider, or an issue with continuity of care. Young patients are less likely than adults to receive reliable care upon discharge. In addition, young patients seen in the ED with undiagnosed mental illness are at an increased risk for suicidality. FUM measures the patient's access to outpatient services for continuity and coordination of care in the appropriate community-based treatment settings, rather than using the ED for ongoing mental health services.

Two rates are reported for FUM:

- The percentage of ED visits for which the patient received follow-up within seven days of the ED visit (eight total days including visits that occur on the date of the ED visit)

- The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days including visits that occur on the date of the ED visit)

For both indicators, any of the following meet criteria for a follow-up visit:

- An outpatient visit, an intensive outpatient encounter, a community mental health center visit, partial hospitalization, electroconvulsive therapy, a telehealth visit, an e-visit or virtual check-in, or an observation visit with a principal diagnosis of a mental health disorder or a principal diagnosis of intentional self-harm, and any diagnosis of a mental health disorder.

- The patient can be seen by any provider and the visit can occur on the same day as the ED visit.

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Ways to Improve Measure Performance

Emergency Departments

- Educate the patient on the need for follow-up appointments and empower them to share in the decision-making with their providers.
- Assist patients with scheduling an in-person or telehealth visit within seven days of discharge.
- Send discharge paperwork to the appropriate outpatient provider within 24 hours of discharge and encourage the patient to bring discharge paperwork to their first appointment.
- Provide transition services and offer resources available in the community, such as transportation.
- Check on the patient's social drivers of health and refer to CareSource Life Services®, if indicated.

Providers

- Encourage the patient to bring their discharge paperwork to their appointment.
- Educate the patient about the importance of follow-up and adherence to treatment recommendations.
- Use the same diagnosis code for mental illness at each follow up (a non-mental illness diagnosis code will not fulfill this measure).
- Coordinate care between behavioral health and primary care providers by:
  - Sharing progress notes and updates
  - Including the diagnosis for mental illness and substance use, with appropriate consent
  - Reaching out to patients who cancel appointments and assisting them with rescheduling as soon as possible
- Utilizing telehealth services when appropriate, if a seven-day follow-up appointment is not available.

CareSource Resources

Post-discharge care is essential to providing high-quality care and avoiding readmission. CareSource has a number of programs, such as Integrated Care Management, Transitions of Care, and CareSource JobConnect™, which are designed to positively impact the patient's restoration to health. Please visit **CareSource.com** > Patient Care or contact Indiana Health Partner Services at **1-844-607-2831** for more information.

Follow-Up Visit Compliance Codes

INDIVIDUAL CODES	COMBINATION CODES		
CPT: 98960-2, 98966-72, 99078, 99201-5, 99211-5, 99217-20, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99421-3, 99441-4, 99456-8, 99483, 99492-4, 99510 **HCPCS:** G0071, G0155, G0176, G0177, G0409-11, G0463, G0512, G2010, G2012, G2061-3, G2250-2, H0002, H0004, H0031, H0034-7, H0039-40, H2000-1, H2010-2, H2013-20, S0201, S9480, S9484-5, T1015	**CPT:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5 ***With*** **Place of Service:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72	**CPT:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90870, 90875-6 ***With*** **Place of Service:** 02, 03, 05, 07, 09- 20, 22, 24, 33, 49, 50, 52, 53, 71, 72	**Revenue Code:** 0510, 0513, 0515-7, 0519-23, 0526-9, 0900, 0902-5, 0907, 0911-17, 0919, 0982-3

Please Note: The codes in this document are derived from the NCQA HEDIS Volume 2 Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Submitting claims using these codes helps improve reporting of quality measure performance. This is not an all-inclusive list of codes and billing these codes does not guarantee payment.

Providers should check the Indiana Medicaid Fee Schedule prior to claim submission.

Reference:

NCQA HEDIS® 2022 Follow-up After Emergency Department Visit for Mental Illness
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Centers for Disease Control and Prevention – Morbidity and Mortality Weekly Report
Mental Health Surveillance Among Children – United States, 2005-2011

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