



HEDIS[®] MEASURE

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



Measure Overview

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 and care provided to patients. FUM is a HEDIS measure for the percentage of emergency department (ED) visits for patients 6 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 healthcare 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 member received follow-up within 30 days of the ED visit (31 total days including visits that occur on the date of the ED visit).
- The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days including visits that occur on the date of the ED visit).

30-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days).

7-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 days after the ED visit (8 total days).



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

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

How to Improve Measure Performance

Emergency Departments

- Educate the member on the need for follow up appointments and empower them to share in the decision-making with their providers
- Assisting patients with scheduling an in-person or telehealth visit within 7 days
- 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
- Assess and address social determinants of health affecting the ability to follow up. Refer to support services (including transportation, JobConnect®, housing, and others) as appropriate.

Providers

- Encouraging the patient to bring their discharge paperwork to their appointment
- Educating the patient about the importance of follow-up and adherence to treatment recommendations
- Using the same diagnosis for mental illness at each follow up (a non-mental illness diagnosis code will not fulfill this measure)
- Coordinating care between physical and behavioral health physicians by:
 - Sharing progress notes and updates
 - Including the diagnosis for substance use
 - Reaching out to patients who cancel appointments and assisting them with rescheduling as soon as possible

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 programs, and JobConnect®, which are designed to positively impact the member's restoration to health. Please visit [CareSource.com](https://www.caresource.com) or contact Indiana Provider Services for more information:

- Indiana Marketplace: **1-877-806-9248**
- Indiana D-SNP: **1-800-743-3333**

Follow-Up Visit Compliance Codes

Primary ICD-10 codes: F03.90-F03.91, F20-F53, F59-F68.8, F80.0-F99

Diagnosis of intentional self-harm (multiple possible codes)

with any of the codes listed below

INDIVIDUAL CODES	COMBINATION CODES
CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401	CPT: 90870 Surgical Procedure ICD: GZBxZZZ
HCPCS: G0463, H0004, H0031, H0034-H0036, H2011-H2015, H2017, H2019-H2020, S9480, T1015	With
Revenue Code: 0510, 0513, 0515-0517, 0519-0521, 0523, 0529, 0900, 0905, 0907, 0914-0916	Place of Service: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72

Please Note: The codes in this document are derived from the NCQA HEDIS 2020 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. Billing these codes does not guarantee payment.

Marketplace providers should refer to billing guidance from Centers for Medicare & Medicaid Services (CMS) prior to claim submission.

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Reference: <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

National Committee for Quality Assurance (2020). HEDIS 2020 Volume 2 Technical Specifications for Health Plans. Washington, DC 20005: American Medical Association, pg. 250-253.