

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

### Why is the FUM Measure Important?

Visiting the emergency department (ED) for mental illness or intentional self-harm can be overwhelming. Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function, and increased compliance with follow-up instructions.<sup>1</sup>

### What is the FUM Measure Looking At?

This measure captures the percentage of emergency department (ED) visits for members ages 6 and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

### What is Included?

- Medicaid and Medicare members age 6+
- The denominator is based on ED visits between January 1 and December 1 of measurement year.
- If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.
- Follow-up visits that occur on the same day as the ED discharge count toward measure compliance

### What is Excluded?

- ED visits that resulted in an acute or nonacute inpatient stay on the day of or within 30 days of the ED visit
- Members in hospice or who died during the measurement period.

### What Can You Do to Help?

- Offer virtual, telehealth and phone visits.
- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making.
- Discuss the benefits of seeing a primary or specialty provider and appropriate ED utilization. Reach out proactively to assist in (re)scheduling appointments within the required timeframes.
- Encourage coordination of care and communication between physical and behavioral health providers. Reinforce the treatment plan and evaluate any medication regimen considering presence/absence of side effects etc.
- Partner with the health plan to address social determinants, health equity, and quality care.
- Provide timely submission of claims and code related diagnosis and visits correctly.

### How is FUM Adherence/Compliance Met?

- The measure is met when the member adheres to a 7-day follow-up visit. The visit can occur with any practitioner for a principal diagnosis of a mental health disorder or a principal diagnosis of intentional self-harm with any mental health disorder on the claim. If the follow-up did not occur within 7 days, it must occur within 30 days of the ED visit.

**\*ICD-10 Diagnosis Codes**

**Mental Health Disorders:**

F03.9x, F20-25.xx, F28-34.xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx

**Intentional Self-Harm:**

example: T14.91XA

**\*\*CPT and HCPCS Visit Codes**

<b><u>Outpatient Unspecified:</u></b> 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255	<b><u>BH Outpatient:</u></b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510	<b><u>Partial Hospitalization/Intensive Outpatient:</u></b> G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485
<b><u>Telephone:</u></b> 98966-98968, 99441-99443	<b><u>Online (virtual) Assessment:</u></b> 98969-98972, 99421-99423, 99444, 99457, G0071, G2010, G2012, G2061- G2063	<b><u>Observation:</u></b> 99217-99220_ <b><u>Electroconvulsive Therapy:</u></b> 90870
<b>POS Visit Codes:</b>		
<b><u>Outpatient:</u></b> 03, 05, 07, 09, 11, 12-20, 22, 33, 49-50, 71-72	<b><u>Community Mental Health Center:</u></b> 53	<b><u>Partial Hospitalization:</u></b> 52
<b><u>Telehealth:</u></b> 02	<b><u>Ambulatory Surgical Center:</u></b> 24	

**Additional Support:**

- National Alliance on Mental Illness - [www.nami.org](http://www.nami.org)
- SMI Adviser, A Clinical Support System for Serious Mental Illness - [www.smiadviser.org](http://www.smiadviser.org)
- Nevada 211 <https://www.nevada211.org/>
- State of Nevada Behavioral Health <https://dhcnp.nv.gov/Pgms/CPT/BHS/>
- Nevada Behavioral Health <https://nvbhs.com/>

We are committed to the care and wellbeing of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website [www.silversummithealthplan.com/providers](http://www.silversummithealthplan.com/providers) for additional tools and local resources or contact a Provider Relations or

Quality Improvement Specialist for assistance.

**References:**

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

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

\*2023 ICD-10 Diagnosis Codes \*\*CPT copyright 2023 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.