

HEDIS Provider Guide: Follow-up After Emergency Department Visit for Mental Illness (FUM)

Measure Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, or intentional self-harm and had a mental health follow-up service. If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.

The Following Two (2) 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), including visits that occur on the date of the ED visit; and
2. The percentage of ED visits for which the member received follow-up within seven (7) days of the ED visit: eight (8) total days, including visits that occur on the date of the ED visit.

Exclusions

- Exclude ED visits that result in an inpatient stay.
- Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 30 days after the ED visit, regardless of the principal diagnosis for the admission.
- Members in hospice

Codes to Identify Eligible Population

ED Visit	CPT: 99281, 99282, 99283, 99284, 99285 UBREV: 0450, 0451, 0452, 0456, 0459, 0981
Mental Illness (principal diagnosis)	ICD10CM: F20-F25, F28-F34, F39-F43, F44.89, F53.1, F60, F63, F68, F84, F90-F91, F93-F94
Intentional Self Harm (principal diagnosis)	ICD10CM: R45.851, T14.91XA, T14.91XD, T14.91XS, T36.0-T65.9, T71.1, X71.0-X83.8

Use Correct Billing Codes

Diagnosis	with	Type of Visit	
Mental Health Diagnosis ICD10CM: F03, F20-F25, F28-F34, F39-F45, F48, F50-F53, F59, F60, F63-F66, F68, F69, F80-F82, F84, F88-F91, F93-F95, F98-F99 Note: Mental health diagnosis does not need to be the primary diagnosis for the follow-up visit to count	with	Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255	with Telehealth POS: 02, 10 with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 27, 33, 49, 50, 71, 72
	with	Behavioral Health (BH) Outpatient Visit CPT: 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983	
	with	Partial Hospitalization/Intensive Outpatient Visit HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913	
	with	Telephone Visits CPT: 98008-98015, 98966-98968, 98979-98981, 99441-99443, 99457, 99458, 99470 HCPCS: G0544	
	with	Online Assessments CPT: 98016, 98970-98972, 99421-99423	

Diagnosis	with	Type of Visit
		HCPCS: G0071, G2010, G2012, G2250-G2252
	with	Peer Support Service HCPCS: G0140, G0177, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017
Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255	with	Intensive Outpatient or Partial Hospitalization POS: 52
	with	Community Mental Health Center POS: 53
	with	Psychiatric Residential Treatment POS: 56
Electroconvulsive Therapy CPT: 90870 ICD10PCS: GZB0ZZZ, GZB2ZZZ, GZB4ZZZ	with	Outpatient POS: 03, 05, 07, 09, 11-20, 22, 24, 27, 33, 49, 50, 52, 53, 71, 72

Other Types of Visits

Description	Codes
Behavioral Healthcare Setting	UBREV: 0513, 0900-0907, 0911-0917, 0919, 1001
Psychiatric Collaborative Care Management	CPT: 99492, 99493 HCPCS: G0512
Residential Behavioral Health Treatment	HCPCS: H0017-H0019, T2048

How to Improve HEDIS® Scores

- Schedule follow-up appointments within seven (7) days of an ED visit (ideally before the patient leaves the emergency department). The follow-up visit may also take place on the date of the ED visit. Any type of practitioner (e.g., medical and/or behavioral healthcare providers) can conduct the follow-up visit via telehealth, telephone, or virtual visit/online assessment.
- Contact patients who cancel or miss appointments to assist them with rescheduling as soon as possible.
- Help patients navigate barriers, such as using their transportation benefit, for follow-up visits.
- Educate patients about the importance of follow-up and adherence to treatment recommendations.
- Use the appropriate diagnosis for mental illness or intentional self-harm at each follow-up visit. Non-mental illness diagnosis will not count.
- Consider referral to a behavioral health provider to engage the patient in ongoing treatment, if appropriate. Ensure the patient signs the appropriate authorization and disclosure forms for sharing information.
- Encourage patients to enroll in Enhanced Care Management (ECM) at <https://www.blueshieldca.com/en/bsp/medi-cal-members/benefits/enhanced-care-management>. Members who are eligible to enroll in ECM are paired with a care team. The care team helps members make a care plan. ECM services can include connecting members with community and social services. ECM is at no cost to you or to the members.
- Recommend patients to receive Community Health Worker (CHW) services at <https://www.blueshieldca.com/en/bsp/providers/programs/community-healthcare-worker>. CHW services are a covered benefit. CHWs can support patients by offering health education, health navigation, screening, and health advocacy. ECM services include CHW services. Members who are currently enrolled in ECM are not eligible to simultaneously receive CHW services.

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