

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, 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 members received follow-up within 7 days of the ED visit (8 total days).

Product Lines: Commercial, Medicaid, Medicare

Codes Included in the Current HEDIS® Measure

Follow-up visits 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.

Description	Code
Mental Health Diagnosis	ICD-10: F03.xxx, 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.x, F88-F95.xx, F98-99.xx
Mental Illness	ICD-10: F20-F25.xx, F28-F34.xx, F39-F44.xx, F53.xx, F60.xx, F63.xx, F68.xx, F84.xx, F90-F91.xx, F93-94.xx
Intentional Self Harm	ICD-10: R45.851, T14.xxxx, T36-65.xxxx, T71.xxxx
Outpatient Visit	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49-50, 71-72
Behavioral Healthcare Outpatient Visit	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, 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
Partial Hospitalization or Intensive Outpatient	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS: 52 HCPCS Partial Hospitalization: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 UBREV: 0905, 0907, 0912, 0913
Community Mental Health Center Visit	CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-39, 99252-99255 with POS: 53
Electroconvulsive Therapy	CPT: 90870 ICD-10: GZB0ZZZ-GZB4ZZZ with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 or POS: 24, 52, 53
Telehealth Visit	CPT Visit Setting Unspecified: 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

Telephone Visit	CPT: 98966-98968, 99441-99443
Online Assessment (E-visit or Virtual Check-in)	CPT: 98970-98972, 98980-98981, 99421-99423, 99457-99458 HCPCS: G0071, G2010, G2012, G2250-G2252
Peer Support	HCPCS: G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Collaborative Care Management	CPT: 99492-99494 HCPCS: G0512
Residential Behavioral Health Treatment	HCPCS: H0017-H0019, T2048 CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 <u>with POS:</u> 52
Behavioral Healthcare Setting	UBREV: 0513, 0900-0905, 0907, 0911-0917, 0919, 1001

Ways Providers can Improve HEDIS® Performance

- Schedule follow-up appointments within 7 days of ED discharge with a healthcare practitioner before the patient leaves the hospital to reduce the likelihood of a preventable ED visit or hospital admission. A **telehealth, telephone, e-visit, or virtual check-in** appointment within the required timeframe meets compliance. Contact Molina Case Management if assistance is needed to obtain a follow-up appointment.
- Review medications with patients (**and/or parent/caregiver as appropriate**). Educate your patient on the importance of taking their medication(s) and appropriate frequency.
- Follow-up visits must be supported by a claim, encounter or note from a healthcare practitioner's medical chart to count toward the measure.
- Provide information about the importance of monitoring their emotional well-being and following up with their mental health practitioner.

Ways Health Plans can Improve HEDIS® Performance

- Conduct follow-up phone calls with the member and/or parent/guardian 24 to 72 hours after discharge to verify appointments are scheduled and address additional needs the member may have.
- Assist the member with navigation of the health system to lessen the impact of barriers, such as using their transportation benefit to get to their follow-up appointment.
- Ensure your member understands the local community support resources and what to do in an event of a crisis.
- Utilize admission, discharge, and transfer (ADT) data for early identification of discharges, if available.
- Educate inpatient and outpatient providers about clinical guidelines and what qualifies as a follow-up visit.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.

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