

# Follow Up After ED Visit for Mental Illness (FUM)\*

**What is FUM?** FUM assesses the percentage of emergency department (ED) visits for individuals 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm and any diagnosis of a mental health disorder, who had a follow-up visit for mental illness within 7 days minimum and 30 days maximum of the ED visit.

## What is the recommendation for this measure?

Follow-up Treatment with a PCP, Pediatrician, Specialist or Behavioral Health Practitioner with a principal diagnosis of mental illness or intentional self-harm and any diagnosis of a mental health disorder **within 7 days minimum and 30 days maximum of the ED visit**

## Why is this important?

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>



### **Providers can improve their FUM score by:**

- Educating the patient about the importance of follow-up, their discharge paperwork, and adherence to treatment.
- Bridging the patient **virtually or online** with regular check-ins until they can see a specialist
- Coordinating care between behavioral health and PCPs by: 1) sharing progress notes and updates, and 2) reaching out to members who cancel appointments and helping them reschedule as soon as possible



### **Hospitals can improve their FUM score by:**

- Assisting members with scheduling an in-person or telehealth visit within 7 days with their primary care physician or behavioral health provider
- Focusing on member preferences for treatment, allowing the member to take ownership of the treatment process
- Sending discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.

*See next page for technical detail.*



# FUM Technical Details

## How Is The Follow-Up Visit Coded According To Technical Specifications?



*NOTE: The principal diagnosis **does not** have to match the principal diagnosis in the ED.*

## Who Is Included In The FUM Measure?<sup>2</sup>

The measure focuses on follow-up visits for mental illness after an ED visit for a diagnosis of mental illness in **members six years and older**. Two rates are reported for follow-up visits after an ED visit:

- **Within 7 days** of the ED visit (8 total days)
- **Within 30 days** of the ED visit (31 total days)

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

## What Is Excluded From The FUM Measure?

- ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient setting on the date of the ED visit or within 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission (this may prevent an outpatient follow-up visit from taking place).
- Hospice or using hospice services anytime during the measurement year.
- Individuals who died any time during the measurement year

\* Measurement Year (MY) 2023

1 NCQA HEDIS MY 2023, HEDIS measure for FUM; <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

2 NCQA HEDIS MY 2023 Technical specifications for health plans, volume 2, Washington DC, 2023.

## HEDIS FUM: Behavioral Health Codes

### Outpatient Follow-Up Codes (Examples)

Office Visit	OR	Telephonic/Virtual
<b>CPT:</b> 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960, 99078, 99202-5, 99211-5, 99221-23, 99231-3, 99238-9, 99242-5, 99252-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99483, 99492, 99493, 99494, 99510		<b>CPT:</b> 98966, 98967, 98968
<b>HCPCS:</b> G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015		

*NOTE: Modifiers 95 and 93 may be used for telehealth services, where applicable, per measure specifications.*

### Mental Illness Diagnosis Codes

**ICD-10:** 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 Diagnosis Codes

**ICD-10 example:** T39.92XA

CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

*This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware, and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.*

