

Healthcare Quality Measure Highlight

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

Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here for you. We are sharing the Quality Measure Highlight: Follow-Up After Emergency Department Visit for Mental Illness (FUM) to provide a snapshot of the Healthcare Effectiveness Data and Information Set® (HEDIS®) technical specifications and best practices to meet the measure.

For more information, please email the Alliance Quality Improvement (QI) Department at deptQlteam@alamedaalliance.org.

Measure Description: For members age six (6) years and older who go to the emergency department (ED) for a diagnosis of mental illness or intentional self-harm, the percentage of ED visits for which there was a follow-up visit within 30 days.

Identifying Visits for Inclusion: If a member has more than one (1) ED visit in a 31-day period, only the first mental illness or intentional self-harm-related visit is included. After 31 days, the member may have another eligible ED visit to include in this measure.

Example:	<ul style="list-style-type: none"> • A patient visits the ED on January 1 for self-harm, then again for a major depressive episode on January 15. ⇒ Only the visit on January 1 counts in the denominator.
	<ul style="list-style-type: none"> • The patient visits the ED for another depressive episode on February 1. ⇒ This visit also counts in the denominator.

Please Note: The denominator for this measure is based on **ED visits**, not on patients. A patient may be included in this measure more than once.

Numerator Compliance: Follow-up visits are compliant when they include a mental health disorder as the primary diagnosis.

- The primary diagnosis of the follow-up visit does not need to match the primary diagnosis on the ED visit.
- Intentional self-harm can be included as a secondary diagnosis with a mental disorder as the primary diagnosis.

Important things to note:

- Any provider who can code a visit with a qualifying CPT code may conduct the follow-up visit or service.
- A qualifying follow-up visit may be conducted by a provider outside of your clinic/office.
- An outreach/scheduling or care coordination call alone **does not** count as a follow-up visit.
- Dispensing of mental health treatment medications **does not** count as a follow-up for this measure.
- Follow-up visits may occur on the same date as the ED visit.

Exclusions:

Visits: ED visits that result in or are followed by an acute or nonacute inpatient admission (regardless of principal diagnosis) on the date of the ED visit or within 30 days after the ED visit.

Members: Those who were in hospice or who died at any time during the measurement year.

Best practices

- If you use an electronic health record (EHR), set up automatic alerts for patient ED visits.
- If you are not already integrated with an ED's EHR, participate in a Health Information Exchange (HIE) to obtain visit records.
- If you work with paper charts, define staff responsibilities to review and triage incoming visit reports.
- The Alliance can also send ED visit reports upon request; use these reports to arrange follow-up.
- Establish a workflow in your practice to review records for visits that need follow-up.
- Utilize Health Navigators in the ED to schedule a follow-up visit with PCP or mental health provider prior to discharge.
- Once a follow-up visit is scheduled, establish workflows to provide member reminder calls.
- Connect patients with care coordinators or community health workers to address any access barriers.
- Consider telehealth appointments to remove barriers around transportation and patient schedules.

Codes for Follow-up Visits

The following visit codes meet the requirements for the measure and are reimbursable under Medi-Cal.

Type	Code
Behavioral Health (BH) Care Outpatient Visit (with a primary diagnosis of mental health disorder)	98960, 98961, 98962, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99483, 99492-99494
E-visit or Virtual Check-In (with a primary diagnosis of a mental health disorder)	99457, 99458
Visit with a Specified POS (with a primary diagnosis of a mental health disorder)	90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 <i>With</i> Place of Service (POS) 2, 10, 11, 49, 50, 52, 53

Please Note: This is not an exhaustive list. For questions about certain codes, please email the Alliance Quality Improvement (QI) Department at deptQIteam@alamedaalliance.org.