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, who had a follow-up visit with any practitioner with a principal diagnosis of a mental health disorder.

Two rates reported: Follow up within 30 days and follow up within seven (7) days.

Using Correct Billing Codes

Description	Codes				
Mental Health Diagnosis (must include as principal diagnosis)	**ICD-10:** F03, F20-F25, F28-F29, F30-F34, F39-F45, F48, F50-F53, F59, F60, F63-F66, F68, F69, F80-F82, F84, F88-F91, F93-F95, F98-F99				
Follow-up and Telehealth Visits	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255	With	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 **Telehealth POS**: 02, 10	With or without	**Telehealth Modifier:** 95, GT
Electroconvulsive Therapy Visit	**CPT:** 90870 **ICD-10**: GZB0ZZZ-GZB4ZZZ	With	**POS:** 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72		
Behavioral Health (BH) 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			With or without	**Telehealth Modifier:** 95, GT
Partial Hospitalization / Intensive Outpatient Visit	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485				
e-Visit or Virtual Check-In:	**CPT:** 98970-98972, 98980-98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012 G2250-G2252				
Telephone Visits	**CPT:** 98966-98968, 99441-99443				

How to Improve HEDIS® Scores

- Schedule follow-up appointments within seven (7) days of ED visit (ideally before the patient leaves the emergency department). The follow-up visit can also take place on the date of the ED visit. Any type of practitioner (e.g., medical, and behavioral healthcare providers) can conduct the follow-up visit via telehealth, telephone, or virtual visit/online assessment.

- Contact patients who cancel or miss appointments; assist 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. Qualified members who 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. Enhanced Care Management (ECM) services include CHW services. Members who are currently enrolled in ECM are not eligible to simultaneously receive CHW services.

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