

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

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for Follow-Up After Emergency Department Visit for Mental Illness (FUM).

### What Is the Measure?

The measure includes members, age 6 or older, who had emergency department (ED) visits with a primary diagnosis (first diagnosis on the claim) of mental illness or intentional self-harm, and who had a follow-up visit for mental illness with any practitioner. “Any practitioner” includes primary care physician (PCP), behavioral health specialist, or any provider who codes mental health as primary diagnosis on the claim for the follow-up visit.

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 days total, including the day of the ED visit)
2. The percentage of ED visits for which the member received follow up within seven days of the ED visit (eight days total, including the day of the ED visit)

### How to Improve Your Quality Score

- Ensure the primary diagnosis (first diagnosis on the follow-up visit claim) for the follow-up evaluation is a mental health diagnosis code.
- Follow-up office visits or telehealth appointments on the **same day** of the ED visit **count toward** care gap closure.
- Schedule the patient for a behavioral health follow-up appointment (office or telehealth) within seven or 30 days. Use Lucet, a New Directions company, Behavioral Health Network and Case Management services as needed.
  - To coordinate care or locate a recommended provider for your patient, please call the Lucet Behavioral Health Case Management team at **1-866-350-2280**, Monday – Friday, 7:30 a.m. – 5:30 p.m. ET.
  - Patients who want to schedule a follow-up behavioral health provider appointment can call Lucet Member Services for help locating a behavioral health care professional or coordinating care at **1-866-287-9569**, Monday – Friday, 8 a.m. – 8 p.m. ET.
- Consider Florida Blue Behavioral Health Case Management for Medicare patients. To coordinate care, call **1-800-955-5692**, Monday – Friday, 8:00 a.m. to 5:00 p.m. ET. Select option 1, then option 2. You can also refer via email to [Medicare\\_CaseManagement\\_VM@FloridaBlue.com](mailto:Medicare_CaseManagement_VM@FloridaBlue.com).
- Contact the patient within five to seven days of discharge from the ED to remind them of the importance of a follow-up visit.

*Continued next page*

## How to Improve Your Quality Score *(continued)*

- After the patient's follow-up visit with a behavioral health provider, schedule a primary care follow-up visit to include a behavioral health assessment; use the assessment results to create a treatment plan for integrated medical and behavioral health care.
- Use the PHQ 2 screening tool. If the result is positive, complete a PHQ 9 screening tool and follow up as appropriate based on the results.
- Screening tools are available online at [NDBH.com/PCP/DepressionToolkit](https://www.ndbh.com/PCP/DepressionToolkit).
- Implement appropriate coding practices to capture behavioral health screenings.
  - Use G0444 when coding your Medicare Annual Wellness Visit (AWV) to document behavioral health screening activity (to be used only during an AWV).
  - Use the CPT Code 96127 to document behavioral health screenings performed by PCP/office staff throughout the year.

## Exclusions

- ED visits that result in an inpatient stay
- Acute or non-acute inpatient care setting on the date of the ED visit, regardless of the reason for admission
- Members in hospice or using hospice services anytime during the measurement year
- Members who died any time during the measurement year

## Recommended Routine Treatment with a PCP, Specialist, and Behavioral Health Practitioner

- Office visit/outpatient
- Telehealth visit
- Telephone visit
- E-visit or virtual check-in

## Codes for a Follow-Up Visit by Type

The claim submitted for the follow-up visit must include a primary (first diagnosis) mental health disorder or intentional self-harm ICD-10 diagnosis.

### Behavioral Health Outpatient Visit

**CPT:** 98960- 98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 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

### Outpatient Visit with an Outpatient or Telehealth Setting

**CPT:** 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255

### Telephone Visits

**CPT:** 98966-98968, 99441-99443

Content reproduced with permission from *HEDIS® MY2024, Volume 2: Technical Specifications for Health Plans* by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. Limited proprietary coding sets are contained in the specifications for convenience, and users should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications. To purchase copies of the publication, including the full measures and specifications, visit [NCQA.org/Publications](https://www.ncqa.org/Publications).

Florida Blue and Florida Blue Medicare are independent Licensees of the Blue Cross and Blue Shield Association.  
99186 0324R