

2023 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 to help you. We are sharing the 2023 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 suggested best practices to help meet the measure.

For more information, please refer to the full Technical Specifications document or email the Alliance Quality Improvement Department at deptQIteam@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.

Denominator: ED visits for a diagnosis of mental illness or intentional self-harm for members age six (6) and older.

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

Numerator: A follow-up visit within 30 days after the ED visit. Includes visits that occur on the date of the ED visit.

Follow-up visits are compliant when they include a principal diagnosis of either:

- A mental health disorder, or
- Intentional self-harm with a mental health disorder

Important things to note:

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

Exclusions

Visits: ED visits that result in or are followed by admission (regardless of principal diagnosis) or residential treatment 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

Data	<ul style="list-style-type: none"> • 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.
Care Coordination	<ul style="list-style-type: none"> • Establish a workflow in your practice to review records for visits that need follow-up. • Work with a hospital social worker or care coordinator who can schedule follow-up visits for the patient before 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 barriers to access. • Consider telehealth appointments to remove barriers around transportation and patient schedule.

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	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	99457, 99458
Visit with Setting Unspecified	90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <i>With</i> Place of Service (POS) 2, 10, 11, 49, 50, 52, 53

Please Note: This is not an exhaustive list.

Reminder: Visits must have a principal diagnosis of **either** a mental health disorder **or** intentional self-harm with any mental health disorder diagnosis.

For any questions about acceptable visit types, please email the Alliance QI Department at deptQIteam@alamedaalliance.org.