



# Follow-up after Emergency Department Visit for Mental Illness (FUM) Within 7 Days

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## Why is the FUM HEDIS® Measure important?

Evidence suggests that individuals who receive follow-up care within 7 days after a behavioral health-related Emergency Department (ED) visit have fewer repeat ED visits, improved physical and mental function, and increased compliance with their care plan. **Providers should encourage follow-up care after ED visits.**

## What does the FUM Measure assess?

The FUM Measure assesses the percentage of emergency department (ED) visits for Members six years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 7 days of the ED visit.

## When does a Member “pass” the measure?

A Member “passes” the measure by attending a follow-up visit with any practitioner (to include PCPs, pediatricians, and mental health providers) after a principal diagnosis of a mental health disorder or of intentional self-harm and any diagnosis of a mental health disorder within 7 days after an ED visit, including visits that occur on the same date as the ED visit.

## Which services qualify to meet this measure?

- Telehealth
- Observation
- Telephone call
- Intensive outpatient
- Partial hospitalization
- Electroconvulsive therapy
- Outpatient office-based care
- Community mental health center
- Mental health outpatient office-based care
- Online assessment (e-visit or virtual check-in)

## Best Practice Recommendations

- Offer telehealth and phone visits.
- Submit claims in a timely manner.
- Use appropriate documentation and correct coding.
- Educate staff on local resources to assist with barriers such as transportation needs.
- Coordinate care between behavioral health and primary care providers by sharing progress notes and updates.

- Make reminder calls to Members before scheduled appointments and after any missed appointments to reschedule.
- Review medications with patients to ensure they understand the purpose, appropriate frequency, and method of administration for each prescribed medication.
- Ensure flexibility when scheduling appointments for patients who were recently seen in the ED to allow for appointments to be scheduled within 7 days of discharge.

CPT Codes for Behavioral Health Billing				
Visit Type	CPT	HCPCS	POS	UBREV
<b>Unspecified Visits</b>	90791 90792 90832 90833 90834 90836 90837 90838 90839 90840 90845 90847 90849 90853 90875 90876 99221 99222 99223 99231 99232 99233 99238 99239 99251 99252 99253 99254 99255	N/A	N/A	N/A
<b>BH Outpatient</b>	98960 98961 98962 99078 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99241 99242 99243 99244 99245 99341 99342 99343 99344 99345 99347 99348 99349 99350 99381 99382 99383 99384 99385 99386 99387 99391 99392 99393 99394 99395 99396 99397 99401 99402 99403 99404 99411 99412 99483 99492 99493 99494 99510	G0155 G0176 G0177 G0409 G0463 G0512 H0002 H0004 H0031 H0034 H0036 H0037 H0039 H0040 H2000 H2010 H2011 H2013 H2014 H2015 H2016 H2017 H2018 H2019 H2020 T1015	03 05 07 09 11 12 13 14 15 16 17 18 19 20 22 33 49 50 71 72	0510 0513 0515 0516 0517 0519 0520 0521 0522 0523 0526 0527 0528 0529 0900 0902 0903 0904 0911 0914 0915 0916 0917 0919 0982 0983
<b>Partial Hospitalization or Intensive Outpatient</b>	N/A	G0410 G0411 H0035 H2001 H2012 S0201 S9480 S9484 S9485	52	0905 0907 0912 0913
<b>Observation with a Mental Health or Community Mental Health Center</b>	99217 99218 99219 99220	N/A	53	N/A
<b>Electroconvulsive Therapy</b>	90870	N/A	N/A	N/A
<b>Online Assessments</b>	98969 98970 98971 98972 99421 99422 99423 99444 99457	G0071 G2010 G2012 G2061 G2062 G2063	N/A	N/A
<b>Telephone Visits</b>	98966 98967 98968 99441 99442 99443	N/A	02 10	N/A