

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

## New for 2024

### Added

- Rates are stratified by race and ethnicity



**Yes!**

Supplemental  
Data Accepted

## Definition

The percentage of ED visits for members ages 6 years and older with a principal diagnosis of mental illness or intentional self-harm, who then had a follow-up visit for mental illness with any practitioner type.

Two rates are reported:

1. The percentage of ED visits for which the member received follow-up for mental illness within the **7 days** after the visit (8 days total)
2. The percentage of ED visits for which the member received follow-up for mental illness within the **30 days** after the visit (31 days total)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Quality Rating System</li> <li>• NCQA Accreditation</li> <li>• NCQA Health Plan Ratings</li> </ul>	<p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>• Claim/Encounter Data</li> </ul>

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

## Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

Any of the following scenarios will meet criteria for the measure with:

- A principal diagnosis of mental health disorder
- A principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder

### Scenario 1: Behavioral Health Outpatient Visit With Any Practitioner Type

Behavioral Health Visits	
<b>CPT®/CPT II</b>	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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
<b>HCPCS</b>	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
<b>SNOMED</b>	77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
<b>UBREV</b>	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

### Scenario 2: Intensive Outpatient or Partial Hospitalization With Any Practitioner Type

Partial Hospitalization/Intensive Outpatient Visits	
<b>HCPCS</b>	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
<b>SNOMED</b>	7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
<b>UBREV</b>	0905, 0907, 0912, 0913

(Codes continued)

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## Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

### Scenario 3: Outpatient Visit With Any Practitioner Type and With Appropriate Place of Service Code

#### Visit Setting Unspecified

**CPT®/CPT II** | 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

**AND**

#### Place of Service Code

Code	Location		
03	School	17	Walk-in retail health clinic
05	Indian Health Service free-standing facility	18	Place of employment – worksite
07	Tribal 638 free-standing facility	19	Off-campus outpatient hospital
09	Prison/Correctional facility	20	Urgent care facility
11	Office	22	On-campus outpatient hospital
12	Home	33	Custodial care facility
13	Assisted living facility	49	Independent clinic
14	Group home	50	Federally qualified health center
15	Mobile unit	71	Public health clinic
16	Temporary lodging	72	Rural health clinic

### Scenario 4: Intensive Outpatient Visit or Partial Hospitalization With Any Practitioner Type and With Appropriate Place of Service Code

#### Visit Setting Unspecified

**CPT®/CPT II** | 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

**AND**

#### Place of Service Code

Code	Location
52	Psychiatric facility – partial hospitalization

(Codes continued)

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

## Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

### Scenario 5: Community Mental Health Center Visit With Any Provider Type and With Appropriate Place of Service Code

#### Visit Setting Unspecified

<b>CPT®/CPT II</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, 99252, 99253, 99254, 99255
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**AND**

#### Place of Service Code

Code	Location
53	Community mental health center

### Scenario 6: Electroconvulsive Therapy With Any Practitioner Type and With Appropriate Place of Service Code

#### Electroconvulsive Therapy

<b>CPT®/CPT II</b>	90870
<b>ICD-10 Procedure</b>	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
<b>SNOMED</b>	10470002, 11075005, 23835007, 231079005, 231080008, 284468008, 313019002, 313020008, 1010696002, 1010697006

(Codes continued)

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

## Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

### Place of Service Code

Code	Location		
03	School	19	Off-campus outpatient hospital
05	Indian Health Service free-standing facility	20	Urgent care facility
07	Tribal 638 free-standing facility	22	On-campus outpatient hospital
09	Prison/Correctional facility	24	Ambulatory surgical center
11	Office	33	Custodial care facility
12	Home	49	Independent clinic
13	Assisted living facility	50	Federally qualified health center
14	Group home	52	Psychiatric facility – partial hospitalization
15	Mobile unit	53	Community mental health center
16	Temporary lodging	71	Public health clinic
17	Walk-in retail health clinic	72	Rural health clinic
18	Place of employment – worksite		

(Codes continued)

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

## Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

### Scenario 7: Telehealth Visit With Any Practitioner Type and the Appropriate Place of Service Code

#### Visit Setting Unspecified

<b>CPT®/CPT II</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, 99252, 99253, 99254, 99255
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#### AND

#### Place of Service Code

Code	Location
02	Telehealth Provided Other Than in Patient's Home
10	Telehealth Provided in Patient's Home

### Scenario 8: Telephone Visit With Any Practitioner Type

#### Telephone Visits

<b>CPT®/CPT II</b>	98966, 98967, 98968, 99441, 99442, 99443
<b>SNOMED</b>	185317003, 314849005, 386472008, 386473003, 401267002

### Scenario 9: E-Visit or Virtual Check-In With Any Practitioner Type

#### Online Assessment (e-visit/virtual check-in)

<b>CPT®/CPT II</b>	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458
<b>HCPCS</b>	G0071, G2010, G2012, G2250, G2251, G2252

## Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members who died</li> </ul>	Any time during the measurement year

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



## Important Notes

- Visits that result in an inpatient stay are not included
- Telehealth visits are acceptable to address the care opportunity
- A follow-up visit can occur on the same day as discharge to address the care opportunity

## Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on follow-up treatment with a primary care provider or a behavioral health practitioner.

- See patients within 7 days and bill with a mental health diagnosis.
- If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.
- Encourage the use of telehealth appointments when appropriate.
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search [liveandworkwell.com](https://www.liveandworkwell.com).
- **Available Resources:**
  - **Behavioral Health Screening Tools and Resources:** [providerexpress.com](https://www.providerexpress.com)
  - **Patient Education:** [liveandworkwell.com](https://www.liveandworkwell.com) > Browse as a guest with company access code > Use access code "clinician" > Explore and Learn
- Mental Health visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
  - As part of UnitedHealthcare's clinical you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and consent.