

Follow Up After ED Visit for Mental Illness (FUM)*

What is FUM? FUM assesses the percentage of emergency department (ED) visits for individuals 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within 7 days minimum and 30 days maximum of the ED visit.

What is the recommendation for this measure?

Follow-up service with a PCP, Pediatrician, Specialist or Behavioral Health Practitioner with a principal diagnosis of mental illness or any diagnosis of intentional self-harm **within 7 days minimum and 30 days maximum of the ED visit.**

Why is this important?

Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions.¹



Providers can improve their FUM score by:

- Educating the patient about the importance of follow-up, their discharge paperwork, and adherence to treatment
- Bridging the patient **virtually or online** with regular check-ins until they can see a specialist
- Coordinating care between behavioral health and PCPs by: 1) sharing progress notes and updates, and 2) reaching out to members who cancel appointments and helping them reschedule as soon as possible



Hospitals can improve their FUM score by:

- Assisting members with scheduling an in-person or telehealth visit within 7 days with their primary care physician or behavioral health provider
- Focusing on member preferences for treatment, allowing the member to take ownership of the treatment process
- Sending discharge paperwork to the appropriate outpatient provider within 24 hours of discharge

See next page for technical detail.



FUM Technical Details

How Is The Follow-Up Visit Coded According To Technical Specifications?



NOTE: The principal diagnosis **does not** have to match the principal diagnosis in the ED.

Who Is Included In The FUM Measure?²

The measure focuses on follow-up visits for mental illness after an ED visit for a diagnosis of mental illness in **members six years and older**. Two rates are reported for follow-up visits after an ED visit:

- **Within 7 days** of the ED visit (8 total days)
- **Within 30 days** of the ED visit (31 total days)

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

What Is Excluded From The FUM Measure?

- ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient setting on the date of the ED visit or within 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission (this may prevent an outpatient follow-up visit from taking place)
- Hospice or using hospice services anytime during the measurement year
- Individuals who died any time during the measurement year

* Measurement Year (MY) 2025

1 NCQA HEDIS MY 2025, HEDIS measure for FUM; <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

2 NCQA HEDIS MY 2025 Technical specifications for health plans, volume 2, Washington DC, 2024.

HEDIS FUM: Behavioral Health Codes

Outpatient Follow-Up Codes (Examples)

Office Visit	OR	Telephonic/Virtual
CPT: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960, 99078, 99202-5, 99211-5, 99221-23, 99231-3, 99238-9, 99242-5, 99252-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99483, 99492, 99493, 99494, 99510		CPT: 98966, 98967, 98968
HCPCS: G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, T1015		

NOTE: Modifiers 95 and 93 may be used for telehealth services, where applicable, per measure specifications.

⊕ Mental Illness Diagnosis Codes

ICD-10: F03.9x, F20-25.xx, F28-34. xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx

Intentional Self-Harm Diagnosis Codes

ICD-10 example: T39.92XA

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