HEDIS MEASURE OVERVIEW

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

**Please note: The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.**

Evidence suggests that patients are six times more likely to return to the emergency department (ED) within two months if they do not receive follow-up care after an emergency psychiatric visit versus those who do receive follow-up care. These follow-up visits allow for coordination of care and an opportunity to remove barriers to care in a timely fashion.[1]

## Measure description

The percentage of ED visits for patients 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and who had a mental health follow-up service. Two rates are reported:

- The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days)
- The percentage of ED visits for which the patient received follow-up within seven days of the ED visit (eight total days)

## Who is included in the FUM measure?

Patients 6 years of age and older seen in the ED with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, on or between Jan. 1 and Dec. 1 of the measurement year, with the patient being 6 years of age or older on the date of the visit

## Addressing the measure

Measure compliance is determined by a follow-up service for mental health, with any practitioner, within seven days after the ED visit or within 30 days after the ED visit with a principal diagnosis of mental illness or any diagnosis of intentional self-harm. The following meet criteria for a follow-up visit:

- Outpatient visit with any diagnosis of a mental health disorder
- Intensive outpatient encounter or partial hospitalization
- Community mental health treatment center visit
- Electroconvulsive therapy
- Telehealth, telephone, e-visit or virtual check-in with any diagnosis of a mental health disorder
- Psychiatric collaborative care management
- Peer support services with any diagnosis of a mental health disorder
- Psychiatric residential treatment
- Visit in a behavioral healthcare setting

## Measure best practices

- Educate patients and staff on the "Teach-Back Method" to help the patient better understand their care plan.
- Emphasize to patients the importance of follow-up care and instruct them to notify the office within 24–48 hours post-discharge from the ED.
- Reach out to patients after notification of ED discharge to promptly schedule a follow-up visit.
- Prioritize follow-up appointments for ED visits.
- Reschedule patients who do not keep their initial appointment within 24 hours.
- Screen patients for social determinants of health (SDOH) factors that may present barriers to care and refer to case management where appropriate.

## Exclusions

- ED visits that result in an inpatient stay on or within 30 days of the ED visit
- Patients in hospice or using hospice services
- Patients who died anytime during the measurement year

Common International Classification of Diseases, Tenth Revision (ICD-10) codes for mental illness include but are not limited to: F03.9x, F20-25.x, F28-34.xx, F39-45.xx, F48.x, F50-53.x, F59-60.xx, F63-66, F68-69.xx, F80-82, F84.x, F88-91.x, F93.x, F95.x, F98-99. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

Coding included above is based on the NCQA Value Set, but each state's fee schedule determines which codes are reimbursed. Please consult your respective state's fee schedule for reimbursement information.

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year 2025: Volume 2: Technical Specifications for Health Plans report.

1. National Committee for Quality Assurance. (2025) *HEDIS® Measurement Year 2025: Volume 1: Narrative*.

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