

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

The percentage of emergency department (ED) visits for members 6 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. Two rates are reported:

Measure	Numerator(s)	Follow-Up Visits Coding
<div>1</div> <p>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</p>	<p><b>30-Day Follow-Up</b> A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.</p>	<p><b>Mental Health Disorder</b> <b>Diagnosis Codes (must be primary)</b> F03.90, F03.91, F20-F25, F28-F29, F30-F34, F39-F45, F48, F50-F53, F59, F60, F63-F66, F68, F69, F80-F82, F84, F88-F91, F93-F95, F98-F99</p> <p><b>OR</b></p> <p><b>Intentional Self-Harm Diagnosis Codes (must be primary and also include any Mental Health Disorder Diagnosis)</b> T14, T36-T65, T71</p> <p><b>Types of Follow-Up Visits:</b></p> <ul style="list-style-type: none"><li>• Outpatient Visit</li><li>• BH Outpatient Visit</li><li>• Intensive Outpatient Visit/Partial Hospitalization</li><li>• Community Mental Health Center</li><li>• Electroconvulsive therapy</li><li>• Telehealth Visit</li><li>• Observation Visit</li><li>• Telephone Visit</li><li>• E-visit or Virtual Check-in</li></ul>
<div>2</div> <p>The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</p>	<p><b>7-Day Follow-Up</b> A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.</p>	

### Notes

- The code set above is used by HEDIS to determine compliance. Not all codes are necessarily covered by Medi-Cal.
- Members in hospice or using hospice services are excluded from this measure.
- Members who died in the measurement year are excluded from this measure.

### Best Practices

- Utilize the SFHP ED Navigator Workflow to assist members with coordination of care prior to discharge from ED. The Workflow can be found under Providers > Improving Quality > Quality Improvement Resources.
- Discuss the importance of follow-up care to help the member engage in treatment.
- Leverage internal EHR to schedule the follow-up appointment, if possible.
- Address any concerns/barriers to care such as transportation, location, and access issues.
- Review daily ADT feed and contact members to confirm appointment.