Alliance Health

Provider Practice Transformation Academy



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

What is the FUM Measure?

The FUM measure is the percent of adults and children six years of age and older who have been discharged from the emergency department (ED) with a diagnosis of mental illness or intentional self-harm and who have had a follow-up visit for mental illness.

Two rates are used for FUM:

- Percent of ED visits for which the members had follow-up within 30 days after an ED visit (31 days total)
- Percent of ED visits for which the member had follow-up within seven days after an ED visit (total 8 days)

The measure is for people who are six years or older on the date of their ED visit. It is split by age range and includes a total rate:

- 6-17 years
- 18-64 years
- 65 years and older
- Total

It is important to note that if a member has more than one ED visit in a 31-day period, only the first visit is included in the measure. There are two claims required to meet this measure: the ED visit and the follow-up visit.

Emergency department visits that result in an inpatient admission on the date of the ED visit or within 30 days after the ED visit are excluded from the FUM measure.

Members receiving hospice services during the measurement period or members with a documented date of death during the measurement period are excluded from the FUM measure.

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Why is the FUM measure important?

FUM is a measure that can be used to figure out areas of success and areas of improvement for follow-up of members leaving the ED. Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental health, and increased compliance with follow-up instructions.[1]

Members seen at the ED for mental health disorders often do not get the right follow-up care. Providing follow-up care after an ED visit can improve the member's health and well-being while decreasing the need for hospitalization or more intensive services. This can reduce the total cost of care (TCOC) for a member.

How is the FUM measure determined?

Alliance uses provider claims to determine if the FUM measure has been met for each member who has visited the ED for a mental health disorder or intentional self-harm. First, the measure looks at the ED visit and the date the visit occurred. Then the measure looks for the follow-up appointment within 7 or 30 days of discharge.

How does a member "pass" the measure?

A member passes the measure when they go to a follow-up appointment within 7 or 30 days after they leave the hospital. Additionally, if the member follows up with an appropriate provider on the day of discharge, the measure is met. The codes to meet this measure (for Measurement Year 2026) include:

Code Class	Codes	Description
CPT	9800-98007, 98960-98962; 99078, 992002-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510	Outpatient evaluation and management codes
HCPCS	H0004, H0031, H0040, H2011, H2014 (with modifiers), H2015 HT + modifiers, H2016, H2017, H2020, T1015	Community codes
CPT	90870	Electroconvulsive therapy
CPT	98966 (CR only), 98967 (CR only), 98968 (CR only), 99441, 99442, 99443	Telephone consults and E&M codes
HCPC	G0410, H0035, H2001, H2012, S0201, S9480, S9484, S9485	Partial hospitalization of intensive outpatient
CPT	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	These codes can be inpatient codes
CPT	98016, 98970-98972, 98980,99421-99423, 99457, 99458	Online assessments
HCPCs	G0071, G2010, G2012, G2050-G2252	
HCPCS	G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017	Peer support services
CPT	99492-99494; HCPCS G0512	Psychiatric Collaborative care management
HCPCS	H0017-H0019, T2048	Residential behavioral health treatment

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CPT	98008-980015, 98966-98968, 99441-99443	Telephone visits
CPT	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255	Visit setting unspecified

Per HEDIS, the following services do not meet this measure:

- Follow-up at a behavioral health urgent care (BHUC)
- Peer support
- Hospital transition team
- Tailored Care Management
- No child enhanced service (intensive in-home, multi-systemic therapy, sexually aggressive youth specific therapy)
- T1023 – diagnostic assessment

It is important to note the diagnosis codes for this measure does not include substance use disorder diagnoses.

Why are care managers so important to FUM?

Care managers (CM) can directly impact FUM by making sure best efforts are made to help the member attend follow-up care. CMs can positively impact FUM measures by engaging with the member while in the ED and supporting them after.

Before discharge, the CM:

- Collaborates with the ED team to assist in discharge planning and scheduling immediate follow-up after discharge
- Assists in any modification of home supports if needed

After discharge, the CM:

- Schedules follow-up visits
- Assists the member in developing a list of questions or concerns for the provider
- Ensures the member goes to their follow-up visits by either attending with the member or contacting the member after the visit to confirm they attended and solicit feedback.[2]

CMs can assist in coordinating the care between behavioral health and primary care physicians (PCPs) by:

- Sharing progress notes and updates
- Including the diagnosis of substance use, if applicable
- Reaching out to members for coordination of transportation to follow-up visit
- Rescheduling canceled appointments as soon as possible

The care management billing code does not count in meeting this measure.

Conclusion

FUM is a measure that can be used to determine areas of success and areas of improvement for following up with members discharging from the emergency department. CMs can directly impact FUM by ensuring best efforts are made to help a member attend follow-up appointments.

[1] NCDHHS North Carolina's Medicaid Quality Measurement Technical Specifications Manual for Standard Plans and Behavioral Health Intellectual/Developmental Disability Tailored Plans Version 2026.2 JUN2026

[2] NCQA HEDIS CY2026

[3] NCDHHS TCM109 DEC2021

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