Support Members who had an Emergency Department Visit for Behavioral Health

Health Net® COMMUNITY SOLUTIONS

Use this HEDIS® tip sheet to review key details of the Follow-Up after an Emergency Department Visit for Mental Illness (FUM) and Follow-Up after an Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) measures. It also includes best practices and resources for these measures.

Hospital emergency department (ED) visits have been growing rapidly, with the rate of increase exceeding that for hospital inpatient care. The national rate of ED visits in the United States, between 2007 and 2016, was about 8.4 million (8.3%) mental health and substance abuse diagnoses for 100.9 million ED visits. Over the 10-year study period, the mental health diagnoses increased from 6.6% to 10.9%. Visits for alcohol and other substance use and psychiatric diagnoses classified as other accounted for an increase, nearly doubling from 27.2% to 42.8% in 2015-2016.[1]

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.[2] Alcohol and other drug abuse or dependence can have serious, irreversible effects on health and well-being. Several studies demonstrate that substance abuse treatment during or after an ED visit can help reduce substance use, future ED use, hospital admissions and bed days.

Measures	Follow-Up after an Emergency Department Visit for Mental Illness (FUM)	The percentage of ED visits for members ages 6 and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within seven days of the ED visit (eight total days) or within 30 days of the ED visit (31 total days).
	Follow-Up after an Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	The percentage of ED visits for members ages 13 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within seven days of the ED visit (eight total days) or follow-up within 30 days of the ED visit (31 total days).
Multiple visits in a 31 day period	• If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit. • Identify visits chronologically, including only one per 31-day period. For example, if a member has an ED visit on January 1, include the January 1 visit and do not include ED visits that occur on or between January 2 and January 31. • If applicable, include the next ED visit that occurs on or after February 1. • Removal of multiple visits in a 31-day period is based on eligible visits. Assess each ED visit for exclusions before removing multiple visits in a 31-day period.	

(continued)

PROVIDER COMMUNICATIONS

Exclusions	• Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission. • Exclude these events from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.
Eligible population	• An ED visit (ED Value Set) with a principal diagnosis of mental illness or intentional self-harm (FUM), or AOD abuse or dependence (FUA). • For FUM, the ED visit must be on or between January 1 and December 1 of the measurement year where the member was age 6 or older on the date of the visit. • For FUA, the ED visit must be on or between January 1 and December 1 of the measurement year where the member was age 13 or older on the date of the visit.
Recommended actions	• Telehealth, phone visits, e-visits or virtual check-ins with a principal diagnosis of a mental health or substance use disorder support compliance. They can take place on the day of the ED visit. • Assign staff or individuals to implement follow-up care procedures to obtain and document proper permissions from the patient. Plus, document the best way to contact the patient. • If possible, when discharging members, provide an overview of what the member should expect in the next few days and weeks. • If visits cannot take place on the day of the ED visit, consider contacting the member within 24 to 48 hours via phone to assess the member's health status, medications, needed appointments, and what to do if a health or medical problem arises. • When documenting the follow-up visit, document the follow-up visit either with a principal diagnosis of a mental health disorder, intentional self-harm, (FUM) or AOD abuse or dependence (FUA). • Consider a prompt referral to a behavioral health provider to start treatment within seven days of diagnosis. – Health Net's* behavioral health administrator, MHN, administers behavioral health services to Health Net members. – You may also refer to Case Management for more help. Refer to the Cal MediConnect Provider Operations Manual for more details at https://providerlibrary.healthnetcalifornia.com/cal-mediconnect.html.

CODING TIPS

Identify the eligible population

Visit type or diagnosis	CPT	HCPCS	POS
ED Visit	99281, 99282, 99283, 99284, 99285	0450, 0451, 0452, 0456, 0459, 0981	
Exclude admissions to an acute or nonacute inpatient care setting, by identifying nonacute inpatient stays: UBREV 0100,0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002			

(continued)

Primary care physician referrals to behavioral health

When referring members to a behavioral health provider, ensure the member signs the Authorization for Disclosure of Protected Health Information form. This form authorizes MHN to send information back to you about the member. This form goes beyond your practice's own release forms.

Questions about behavioral health services?

Contact MHN Provider Relations at 844-966-0298.

Email: MHN.ProviderServices@healthnet.com

Principal diagnoses codes

Refer to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) at www.psychiatry.org/psychiatrists/practice/dsm for diagnosis codes for:

- AOD abuse and dependence.
- Intentional self-harm.
- Mental illness.

FUM CODING TIPS

Any visit type must be paired with a principal diagnosis of mental health or intentional self-harm

Visit type	CPT	HCPCS	POS
Outpatient visit (Visit Setting Unspecified)	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	N/A	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Behavioral health outpatient visit (BH Outpatient)	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 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, 99510;	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	N/A
An observation visit (observation value set)	99217–99220	N/A	N/A
New: Telephone visit	98966–98968; 99441–99443	N/A	N/A
New: Telehealth visit (visit setting unspecified) with telehealth POS	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	N/A	02
New: E-visit or virtual check in (online assessment value set)	98969–98972, 99421–99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063	N/A

(continued)

FUA CODING TIPS

Any visit type must be paired with a principal diagnosis of AOD abuse or dependence

Visit type	CPT	HCPCS	POS
Initiation and engagement of alcohol and other drug treatment (IET) stand-alone visits	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408, 99409, 99411, 99412, 99483, 99510	G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H2000, H2001, H2010–H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015	N/A
IET visit group 1	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876	N/A	02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72
IET visit group 2	99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	N/A	02, 52, 53
An observation visit (observation value set)	99217–99220	N/A	N/A
New: Telephone visit	98966–98968; 99441–99443	N/A	N/A
New: E-visit or virtual check in (online assessment value set)	98969–98972, 99421–99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063	N/A
Opioid abuse or dependence only: Opioid treatment service (OUD weekly non-drug service value set)	N/A	G2071, G2074, G2075, G2076, G2077, G2080	N/A
Opioid abuse or dependence only: Opioid treatment service (OUD monthly office-based treatment value set)	N/A	G2086, G2087	N/A
Opioid abuse or dependence only: Medication treatment dispensed or treatment during a visit (OUD weekly drug treatment service value set)	N/A	G2067, G2068, G2069, G2070, G2072, G2073	N/A

[1] https://pubmed.ncbi.nlm.nih.gov/32726001/.

[2] Bruffaerts, R., Sabbe, M., Demyffenaere, K. (2005). Predicting Community Tenure in Patients with Recurrent Utilization of a Psychiatric Emergency Service. General Hospital Psychiatry, 27, 269-74. 2.4. Griswold, K.S., Zayas, L.E., Pastore, P.A., Smith, S.J., Wagner, C.M., Servoss, T.J. (2018) Primary Care After Psychiatric Crisis: A Qualitative Analysis. Annals of Family Medicine, 6(1), 38-43. doi:10.1370/afm.760. 3.5. Kyriacou, D.N., Handel, D., Stein, A.C., Nelson, R.R. (2005). Brief Report: Factors Affecting Outpatient Follow-up Compliance of Emergency Department Patients. Journal of General Internal Medicine, 20(10), 938-942. doi:10.1111/j.1525-1497.2005.0216_1.x.

21-303/FLY151887EH01w (5/21)