2024 MCAS MEASURE: FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, *"Follow-Up After Emergency Department Visit for Mental Illness (FUM)."*

Measure Description: 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:
- ► The percentage of ED visits, between January 1 and December 1 of the measurement year, for which the member received follow-up within 30 days of the ED visit (31 total days).
- ► The percentage of ED visits, between January 1 and December 1 of the measurement year, for which the member received follow-up within seven days of the ED visit (eight total days).

Data Collection Method: Administrative[1]

FUM Clinical Code Sets
- For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services provided.

Codes used to identify an emergency department visit.

CPT	UBREV
99281, 99282, 99283, 99284, 99285	0450, 0451, 0452, 0456, 0459, 0981

Sample codes used to identify a principal diagnosis of mental illness or intentional self-harm. For the complete list of diagnosis codes with definitions, click here.

ICD-10-CM codes
Mental Illness Codes
F20.0, F20.1, F30.10, F30.11 F30.4, F30.8, F30.9, F31.0, F31.10, F31.70, F32.0, F32.1, F33.0, F33.1, F34.1, F39, F42.2, F43.0, F43.20, F44.89, F60.0, F60.9, F63.0, F68.10, F84.0, F90.0, F91.0, F93.0, F94.0
Intentional Self-Harm Codes
T14.91XA, T14.91XD, T36.3X2D, T41.0X2A, T46.6X2A, T47.2X2S, T48.3X2A, T49.1X2S, T50.0X2A, T51.3X2D, T52.1X2S, T52.2X2A, T53.5X2A, T54.0X2A, T56.0X2A, T57.0X2A, T58.92XD, T59.6X2S, T60.8X2D, T61.772D, T62.2X2S, T63.022S, T64.02XA, T65.0X2A, T65.0X2D, T71.112A, T71.232D, T71.232S

Codes used to identify a follow-up visit with any practitioner with a principal diagnosis of mental illness or intentional self-harm.

Type of Visit	CPT	POS	HCPCS	UBREV
Telehealth	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	02, 10		
Community Mental Health Center		53		
Outpatient Visit		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72		

Type of Visit	CPT	POS	HCPCS	UBREV
Behavioral Health Out-patient Visit	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, 99492, 99493, 99494, 99510		G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Observation	99217, 99218, 99219, 99220			
Telephone	98966, 98967, 98968, 99441, 99442, 99443			
E-visit, Virtual Check-In, Online Assessment	98969, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99444, 99457, 99458		G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252	
Electro-convulsive Therapy	90870		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72	
Intensive Outpatient or Partial Hospitalization			G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913

Exclusion Criteria – Members with the following condition(s) are excluded from the FUM measure:
- Members receiving hospice care during the measurement year.
- Members who were admitted for an inpatient visit on or within 30 days of the ED visit for any diagnosis, because this may prevent an outpatient follow-up visit from occurring.

Best Practices:
- ► Timely screening, identification and referral of patients who have mental illness or intentional self-harm issues.
- ► Referral resources for mental illness issues include:
  - Carelon Behavioral Health (formerly Beacon Health Options)
  - Ventura County Behavioral Health
  - Ventura County Health Care Agency
- ► Ensure timely follow up appointments for patients who meet the measure description and criteria.
- ► Evaluate access to real-time data sources, such health information exchange (HIE) and electronic health record (EHR) data, to identify and schedule follow-up appointments for patients with ED visits for substance use disorder (SUD) conditions.
- ► Promote use of telehealth to schedule the follow-up appointments.
- ► Utilize behavioral health care staff and SUD health navigators to facilitate care coordination.

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[1] Measures reported using the *administrative* data collection method report on the entire eligible population and use only administrative data sources (e.g., claims, encounter, lab, immunization registries) to evaluate if services were performed.