



2025 Measurement Year

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 provides 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: Administrative¹

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 an emergency department visit with 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 follow-up services for mental health. Visits with an * must be coded with a mental health diagnosis code. For the complete list of codes, [click here](#).

FUM MY 2025 Follow-Up Service Codes

Type of Visit	ICD-10-CM	CPT	POS	HCPSCS	UBREV	ICD-10-PCS
Telehealth*	Mental health diagnosis	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	02, 10			
Community Mental Health Center			53			
Outpatient Visit*	Mental health diagnosis		03, 05, 07, 09, 11 -20, 22, 33, 49, 50, 52, 56 71, 72			
Intensive outpatient encounter of partial hospitalization in psychiatric facility			52			
Behavioral Health Outpatient Visit*	Mental health diagnosis	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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	
Telephone Visit*	Mental health diagnosis	98966, 98967, 98968, 99441, 99442, 99443				
E-visit, Virtual Check-In, or Online Assessment*	Mental health diagnosis	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458		G0071, G2010, G2012, G2250, G2251, G2252		
Electroconvulsive Therapy		90870	03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72			GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Intensive outpatient or partial Hospitalization*	Mental health diagnosis			G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913	



Type of Visit	ICD-10-CM	CPT	POS	HCPCS	UBREV	ICD-10-PCS
Psychiatric collaborative care management		99492, 99493, 99494		G0512		
Psychiatric residential treatment				H0017, H0018, H0019, T2048		
Behavioral healthcare setting					0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 1001	
Peer support services*	Mental health diagnosis			G0140, G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016		

Exclusion Criteria – Members with the following condition(s) are excluded from the FUM measure:

- ▶ Members who receive hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time 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.
- ▶ Members who die during the measurement year.

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:
 - [Carelton Behavioral Health \(formerly Beacon Health Options\)](#)
 - [Ventura County Behavioral Health](#)
- ▶ 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.

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.