BlueCross BlueShield of Oklahoma

Follow-Up After Emergency Department Visit for Mental Illness

Why Is Follow-Up Important?

Research suggests that follow-up care for people with mental illness is linked to fewer repeat emergency department (ED) visits, improved physical and mental function and increased compliance with follow-up instructions.[1] In 2018, an estimated 47.6 million adults aged 18 or older (19% of adults) were diagnosed with mental illness. An estimated 37.1 million adults aged 18 or older (15% of adults) received mental health services. Additionally, 3.9 million adolescents (16% of adolescents) received mental health services in an inpatient or outpatient specialty mental health setting.[2]

Follow-Up Documentation[3]

Document follow-up visits for mental illness after an ED visit for a diagnosis of mental illness in members six years and older.

Two rates are reported for follow-up visits after an ED visit:

- **Within 7 days** of the ED visit (8 total days)
- **Within 30 days** of the ED visit (31 total days)

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

Medical Record Documentation and Best Practices

Emergency departments can improve their quality score and help our members by:

- Assisting members with scheduling an in-person or telehealth visit within 7 days
- Educating members about the importance of following up with treatment
- Focusing on member preferences for treatment, allowing the member to take ownership of the treatment process
- Sending discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.

Providers can improve their quality score and help our members by:

- Encouraging the patient to bring their discharge paperwork to their first appointment
- Educating the patient about the importance of follow-up and adherence to treatment recommendations
- Using the same diagnosis for mental illness at each follow up (a non-mental illness diagnosis code will not fulfill this measure)
- Coordinating care between behavioral health and primary care physicians by:
    - Sharing progress notes and updates
    - Including the diagnosis for substance use
    - Reaching out to members who cancel appointments and assisting them with rescheduling as soon as possible

Behavioral Health Codes

Coding Instructions

Use CPT®, HCPCs and ICD-10 to close care gaps

Outpatient Follow-Up Visits

CPT: 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510

HCPCS: G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015

Mental Illness Diagnosis Codes

ICD-10: F03.9x, F20-25.xx, F28-34.xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.xx, F88-93.xx, F95.xx, F98-99.xx

Intentional Self-Harm Diagnosis Codes

ICD-10 example: T39.92XA

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

1 NCQA HEDIS MY 2020 & MY 2021, HEDIS measure for FUM; https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/

2 Substance Abuse and Mental Health Services Administration (SAMHSA), Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health, page 43, 57-58; https://www.samhsa.gov/

3 NCQA HEDIS MY 2020 & MY 2021 Technical specifications for health plans, volume 2, Washington DC, 2020