



# 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.<sup>1</sup> 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.<sup>2</sup>

## Follow-Up Documentation<sup>3</sup>

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

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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