

Fewer repeat visits to the emergency room with follow-up care

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According to an NCQA finding, research suggests that patients who received follow-up care after an emergency department visit for a mental health condition were less likely to have a repeat visit. Patients also benefited from follow-up care through improved physical and mental function and were more likely to stick to their follow-up care instructions.^[1]

In 2019, fewer than half those prescribed follow-up care within seven days of an emergency department visit followed through with the recommended care instructions. There were significant increases in adherence to follow-up care instructions within the 30-day threshold as illustrated in the findings provided by NCQA.

Follow-up within 7 days of emergency department visit

Measurement Year	All Ages
2019	46.8%
2018	45.6%
2017	45.9%

Follow-up within 30 days of emergency department visit

Measurement Year	All Ages
2019	61.2%
2018	60.1%
2017	60.2%

Excerpt from NCQA FUM: <https://www.ncqa.org/hedis/measures/followup-after-emergency-department-visit-for-mental-illness/>

Follow these HEDIS® measures for additional guidance in closing the gaps in follow-up care after an emergency department visit for mental illness health conditions, alcohol or other drug abuse or disorder.

A note about telehealth

NCQA now accepts telehealth codes for behavioral health and some physical health measures. The **modifiers 95 and GT** are defined as telehealth services rendered via interactive audio and video telecommunications system. **CPT Codes 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 98960-98962, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 99307-99310, 99406-99409 and 99495-99496** may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95.

Follow-up after emergency department visit for mental illness (FUM): 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 for which the member received follow-up within **30 days of the ED visit (31 total days)**.*
- *The percentage of ED visits for which the member received follow-up within **7 days of the ED visit (8 total days)**.*

The follow-up visits, within 7 days and 30 days after hospitalization, can both be telehealth visits. Telephone visits alone do not meet this criterion.

FUM billing codes

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

Other visits: 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 98960-98962

Telehealth modifier: 95 or GT

Telehealth modifier POS: 02

Follow-up after emergency department visit for alcohol and other drug abuse or dependence (FUA): The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

- *The percentage of ED visits for which the member received follow-up within **30 days of the ED visit (31 total days)**.*
- *The percentage of ED visits for which the member received follow-up within **7 days of the ED visit (8 total days)**.*

The follow-up visits, within 7 days and 30 days after hospitalization, can both be telehealth visits. Telephone visits alone do not meet this criterion.

FUA billing codes:

Initiation, engagement and treatment follow-up visits CPT: 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-50, 99384-7, 99394-7, 99401-4, 99408-9 99411-2, 99483, 99510

Alcohol counseling or other follow-up visits CPT: 99408-9 HCPCS: G0396-7, G0443, H0005, H0007, H0016, H0022, H0050, H2035-6, T1006, T1012 AOD

Medication treatment HCPCS: G2067-77, G2080, G2086-7, H0020, H0033, J0570, J0571-5, J2315, Q9991-2, S0109

Substance use disorder diagnosis codes ICD-10: F10-16.xx, F18-19.xx

Telehealth modifier: 95 or GT

Telephone visits: 98966 - 98968, 99441- 99443

Other visits: 90791-90792, 90832-90834, 90836-90838, 90845, 90847, 99201-99205, 99212-99215, 99231-99233, 99241-99245, 99251-99255, 99408-99409, 98960-98962

Telehealth modifier POS: 02

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[1] <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>

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URL: <https://providernews.anthem.com/georgia/article/fewer-repeat-visits-to-the-emergency-room-with-follow-up-care>

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