Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Learn how to improve your FMC HEDIS[1] rates by using this tip sheet to review key details about the measure, exclusions, billing codes, documentation required and best practices.

Measure	This measure assesses the percentage of emergency department (ED) visits between January 1 and December 24 of the measurement year for members ages 18 and older who have multiple high-risk chronic conditions and who had a follow-up service within seven days of the ED visit (eight days total).
Eligible members	Members ages 18 or older on the date of the ED visit and: • Have two or more chronic conditions diagnosed prior to the visit, or • Visited the ED on or between January 1 and December 24 of the measurement year. Note: Members may have more than one ED visit. Identify all ED visits between January 1 and December 24 of the measurement year. If a member has more than one ED visit in an eight-day period, include only the first eligible ED visit. Visit type **does not need** to be the same for the two visits, but the visits **must** be for the same eligible chronic condition.
Eligible chronic condition diagnosis	Members who had any of the following eligible chronic condition diagnoses prior to the ED visit: • Alzheimer's disease or related disorders. • Atrial fibrillation. • Chronic kidney disease. • Chronic obstructive pulmonary disease (COPD) or asthma. • Depression. • Heart failure. • Myocardial infarction – acute. • Stroke or transient ischemic attack.
Exclusions	• Members in hospice care or using hospice services anytime during the measurement year. • Any ED visits resulting in acute or non-acute inpatient care on the day of the ED visit or within seven days after the ED visit. ◦ Note: An ED visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay. • Members who died during the measurement year.

Best practices	• Conduct outreach to members after their ED visit to schedule a post-ED follow-up visit within 2-5 days after discharge. The follow-up visit could be the same day as the ED visit. • Connect with Cozeva® to receive timely admission, discharge, transfer (ADT) data from Wellcare By Health Net (Health Net*) and create provider alerts and tracking for follow-up. • Educate members on the importance of regular follow-up with their primary health care provider to regularly manage their chronic condition. • Discuss and provide a discharge summary to the member of what was discussed during their visit. Confirm that the member understands the instructions. • Submit claims timely and include the appropriate codes for diagnoses, health conditions and the services provided. • Keep open appointments so patients with an ED visit can be seen within seven days of their discharge. In addition to an office visit, follow-up could be provided via a telehealth, telephone, e-visit or virtual visit. • Encourage patients to call primary care physician's (PCP's) office/after-hours line when condition changes (weight gain, medication changes, high/low blood sugar readings).
Information required for compliance	The medical record should contain the dates of service for follow-up visit and all aspects of the visit, including physical exam findings, thorough and diagnosis-appropriate mental health assessment, medication list, medication side effects, compliance with documentation and prescribed treatment, questions/concerns the member or caregiver may have, etc. The following visit types **meet** criteria: • Outpatient, phone, telehealth, e-visit, virtual check-in. • Transitional care management services, case management visit, complex care management service. • Outpatient or telehealth behavioral health visit. • Intensive outpatient or partial hospitalization. • Community mental health center visit. • Substance use disorder service. • Electroconvulsive therapy. • Observation visit. • A domiciliary or rest home visit (e.g., boarding home, assisted living visit, custodial care services).
Codes	**FMC common codes** Use the appropriate service codes when billing. CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Codes

Service type	Codes
Ambulatory Surgical Center POS	POS: 24
BH Outpatient	CPT: 98960-98962, 98078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Case Management Encounter	CPT: 99366 HCPCS: T1016, T1017, T2022, T2023
Community Mental Health Center POS	POS: 53
Complex Care Management Services	CPT: 99439, 99487, 99489, 99490, 99491 HCPCS: G0506
Domiciliary or Rest Home Visit	CPT: 99324-99328, 99334-99337
Electroconvulsive Therapy [2]	CPT: 90870 ICD-10-PCS: GZB0ZZZ-GZB4ZZZ
Observation	CPT: 99217-99220
Online Assessments	CPT: 98969–98972, 98980, 98981, 99421–99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252
Outpatient Visits	CPT: 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347-99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Outpatient POS	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Partial Hospitalization POS	POS: 52
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Telephone Visits	CPT: 98966-98968, 99441-99443
Telehealth POS	POS: 02, 10
Transitional Care Management	CPT: 99495, 99496
Visit Setting Unspecified[3]	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

1 HEDIS – Healthcare Effectiveness Data and Information Set.

2 Electroconvulsive Therapy must be billed with an Ambulatory Surgical Center POS Code or a Community Mental Health Center POS Code or an Outpatient POS Code or a Partial Hospitalization POS Code as noted in the specs.

3 Visit Setting Unspecified must be billed with an Outpatient POS Code or a Partial Hospitalization POS Code or a Community Mental Health Center POS code or a Telehealth POS Code or an Ambulatory Surgical Center POS Code as noted in the specs.