HEDIS® Tip Sheet

Effectiveness of Care Measure



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

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) measure 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.
Eligible chronic condition diagnoses	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 are deceased during the measurement year.
Best practices	 Conduct outreach to members after their ED visit to schedule a post-ED follow-up visit within seven days after discharge. The follow-up visit could be the same day as the ED visit. Receiving timely information assists in faster follow-up. Wellcare By Health Net (Health Net*) pushes daily admission, discharge and transfer data through Cozeva® for providers to utilize and to have a list of admitted patients. Educate members on the importance of regular follow-up with their primary health care provider to regularly manage their 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 soon 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.

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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. Information required for • Outpatient or telehealth behavioral health visit. compliance • Intensive outpatient or partial hospitalization. · Community mental health center visit. · Substance use disorder service. • Electroconvulsive therapy. · Observation visit. Note: Visit type does not need to be the same for the two visits, but the visits must be for the same eligible chronic condition. Use the appropriate service codes when billing. FMC common CPT Copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical codes Association. Acute inpatient stay CPT: 99221-99223, 99231-99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291 Ambulatory surgical center POS: 24 Asthma diagnosis ICD-10-CM: J45.21, J45.22, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.901, J45.902, J45.990, J45.991, J45.998 Atrial fibrillation ICD-10-CM: I48.0, I48.2, I48.20, I48.21, I48.21, I48.91 Behavioral health outpatient CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99412, 99483, 99492, 99493, 99494, HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 Case management encounter CPT: 99366 HCPCS: T1016, T1017, T2022, T2023 SNOMED CT US Edition: 386230005, 416341003, 425604002 Chronic kidney disease ICD-10-CM: 81 Codes. Examples include: A18.11, A52.75, B52.0, C64.1-C68.9, D30.00-D59.3, E08.21E08.65, E09.21-E09.29, E10.21-E10.65, E11.21-E11.65, E13.21-E13.29, E74.8-E74.89, I12.0172.2, K76.7, M10.30-M35.04, N00.0-N26.9, Q61.02- Q62.39, R94.4 SNOMED CT US Edition: 80 Codes. Examples include: 49708008, 57557005, 90688005, 236433006, 433144002, 433146000, 444271000, 714153000, 1801000119106, 8501000119104, 120261000119101, 129161000119100, 10757481000119107 **COPD** diagnosis ICD-10-CM: J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J47.0, J47.1, J47.9 Heart failure diagnosis ICD-10-CM: I09.81, I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, 150.33, 150.40, 150.41, 150.42, 150.43, 150.810, 150.811, 150.812, 150.813, 150.814, 150.82, 150.83, 150.84, 150.89, 150.9 Telehealth visits CPT: 98966, 98967, 98968, 99441, 99442, 99443

POS: 02

Telehealth