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

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for Multiple High Risk Chronic Conditions.

What is the measure?

The percentage of emergency department (ED) visits between January 1 and December 24 of the measurement year for members 18 years 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 who are 18 years or older on the date of the ED visit:

- With two or more chronic conditions diagnosed prior to the ED visit
- Visited the ED on or before 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 more than one ED visit occurs in an eight-day period, include the first eligible ED visit.

Eligible events

Members who had any of the following events with an eligible chronic condition diagnosis on different dates of service during the measurement year or the year prior to the measurement year but prior to the ED visit:

- At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, non-acute inpatient encounters, or non-acute inpatient discharges with an eligible chronic condition
- At least one acute inpatient encounter with an eligible chronic condition
- At least one acute inpatient discharge with an eligible chronic condition on the discharge claim

Eligible Chronic Conditions

Alzheimer's disease and related disorders	Depression
Atrial fibrillation	Heart disease
Chronic kidney disease	Myocardial infarction-acute
COPD and Asthma	Stroke and transient ischemic attack

Service Needed for Compliance

A follow-up service within seven days after the ED visit (eight days). Include visits that occur on the date of the ED visit. The following meet criteria for follow-up:

- An outpatient visit, telehealth, or telephone visit
- E-visit or virtual check-in
- Transitional case management services, case management visits, complex care management services
- Outpatient or telehealth behavioral health visit
- Intensive outpatient encounter or partial hospitalizations; community mental health center visit; observation visit

Note:
- Visit type does not need to be the same type of visit for the two visits, but the visits must be for the same eligible chronic condition
- An ED visit billed on the same claim as an inpatient stay is a visit that resulted in an inpatient stay

Best Practices

- Schedule post ED follow-up visit within three to five days after discharge.
- Encourage members to have regular office visits with primary care physician (PCP) to monitor and manage chronic disease conditions.
- Provide a visit summary that includes the discussion during the PCP visit and clear instructions on changes that need immediate attention.
- Encourage patients to call PCP's office/after-hours line when condition changes (weight gain, medication changes, high/low blood sugar readings).
- Develop a daily process to schedule members that have been discharged from the ED or an inpatient stay.
- Establish relationships with area hospitals to develop notification processes for ED visits.
- Submit claims timely and include the appropriate codes for diagnosis, health conditions and services provided.

Codes for Visit Types

	CPT	Modifiers	HCPCS
Outpatient Visit	99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404,	N/A	G0402 G0438 G0463 T1015

Codes for Visit Types

	CPT 99411 – 99412, 99429, 99455 – 99456, 99483	Modifiers	HCPCS	POS
Outpatient POS	N/A	N/A,	N/A	03, 05, 07, 09 11 – 20, 22, 33, 49-50, 71,72
Telehealth POS	N/A	N/A	N/A	02,10
Telehealth Modifier	N/A	95, GT	N/A	
Telephone Visit	98966 – 98968, 99441 – 99443	N/A	N/A	
Visit Settings Unspecified	90791 – 90792, 90832 – 90834 90836 – 90840, 90845, 90847, 90849, 90853, 90875 – 90876, 99221 – 99223, 99231 – 99233, 99238 – 99239, 99251 – 99255	N/A	N/A	

Exclusions

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- Members in hospice care or who used hospice services 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
- Member who died during the measurement year

Exclusion Codes

	CPT	Modifiers	HCPCS
Hospice Intervention	99377 – 99378	N/A	
Hospice Encounter	N/A	N/A	G0182, G9473 – G9479, Q5003 – Q5008, S9126, T2042 – T2046