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

What Is the Measure?

The percentage of emergency department (ED) visits between January 1 and December 24 of the measurement year, for members age 18 or older with multiple high-risk chronic conditions and who had a follow-up service within seven days of the emergency department (ED) visit (eight days total, including the day of the ED visit).

Eligible Members

Members who are age18 or older on the date of the ED visit:

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

Eligible Chronic Conditions

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

Service Needed for Compliance

A follow-up service within seven days after the ED visit (eight days total with ED visit). 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

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Service Needed for Compliance *(continued)*

- Transitional care 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 a post-ED follow-up visit within three to five days after discharge.
- Encourage members to have regular office visits with their 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 who have been discharged from the ED or an inpatient stay.
- Establish relationships with area hospitals to develop notification processes for ED visits.
- Submit claims in a timely manner and include the appropriate codes for diagnosis, health conditions, and services provided.

Codes for Primary Care Visits

Outpatient and Telehealth
CPT: 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483
HCPCS: G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, T1015

Transitional Care Management Service Codes:
CPT: 99495-99496

Case Management Visits:
CPT: 99366
HCPCS: T1016-T1017, T2022-T2023

Complex Care Management Services
CPT: 99439, 99487, 99489-99491
HCPCS: G0506

Exclusions

- 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