



# Follow-up After Emergency Department Visit for Patients With Multiple High-Risk Chronic Conditions (FMC)

Healthcare Effectiveness Data Information Set (HEDIS<sup>®</sup>) is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

This HEDIS measure evaluates the percentage of emergency department (ED) visits, on or between January 1 and December 24, for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within seven days of the ED visit.



## Pathway to Success

### Tools and resources

Streamline best practice workflows to aid in Quality performance improvement for Hospital Related Measures such as FMC. Hospital and Emergency Department census awareness is one of the easiest and largest levers of influence available to support providers.

Providers are offered email updates daily through features like 'Opt-In' Alerts HUB within Availity. This capability utilizes Admission-Discharge-Transfer (ADT) notifications obtained from participating Hospital/Facilities nationwide and is made available directly to Providers for assisting with Post ER Visit Planning.

Note: HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

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**Record Your Efforts**

The following are eligible chronic condition diagnoses. Each bullet indicates an eligible chronic condition (for example, COPD and asthma are considered the same chronic condition):

- COPD, asthma, unspecified bronchitis
- Alzheimer’s disease and related disorders
- Chronic kidney disease
- Depression
- Heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack (Visits with a principal diagnosis of encounter for other specified aftercare not included. Visits with any diagnosis of initial encounter concussion with loss of consciousness or fracture of vault of skull should be removed as well.)
- ED visits are counted for members with two or more different chronic conditions (from list above) prior to the ED visit.
- Eligible chronic condition diagnoses are identified on the discharge claim, on different dates of service, during the measurement year or year prior (visit type need not be the same for the two visits, but the visits must be for the same eligible chronic condition):
  - At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges.
- Visits are identified chronologically. Only one visit per eight-day period. If a member has more than one ED visit in an eight-day period, only the first eligible ED visit is included.
- Ensure member has follow-up services within seven days after the ED visit. Eight days totals to include visits that occurred on the day of the ED visit.

**Exclusions:**

- Members who use hospice or elect to use a hospice benefit any time during the measurement year
- Members who died during the measurement year

Services	CPT®/HCPCS/POS
<b>Outpatient and Telehealth</b>	<p><b>CPT:</b> 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483</p> <p><b>HCPCS:</b>            G0071: Payment for communication technology-based services for five minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or five minutes or more of remote evaluation of recorded video and/or images by a rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only            G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment            G0438: Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit            G0439: Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit            G0463: Hospital outpatient clinic visit for assessment and management of a patient            G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous seven days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment            G2012: Brief communication technology-based service, for example virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous seven days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion</p>

Services	CPT®/HCPCS/POS
<b>Outpatient and Telehealth (cont.)</b>	<p><b>HCPCS (cont.):</b>            G2250: Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment            G2251: Brief communication technology-based service, e.g., virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion            G2252: Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion            T1015: Clinic visit/encounter, all-inclusive</p>
<b>Transitional care management services</b>	<b>CPT:</b> 99495, 99496
<b>Telephone visits</b>	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
<b>Telehealth POS</b>	<p><b>POS:</b>            02: Telehealth Provided Other than in Patient's Home            10: Telehealth Provided in Patient's Home</p>
<b>Visit setting unspecified</b>	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
<b>Outpatient POS</b>	<p><b>POS:</b>            03: School            05: Indian Health Service Free-standing Facility            07: Facility            09: Tribal 638 Free-standing Facility            11: Office            12: Home            13: Assisted Living Facility            14: Group Home            15: Mobile Unit</p>



Services	CPT®/HCPCS/POS
<b>CDC Race and Ethnicity</b>	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

**Note:** The codes listed are informational only; this information does not guarantee reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at [ama-assn.org](http://ama-assn.org).



### Helpful Tips:

- ED visits count between January 1 and December 24 of the measurement year where member was 18 years of age or older on the date of the visit.
- ED visits that result in an inpatient stay, either acute or non-acute, within seven days after the inpatient stay are excluded.
- Teach members' families to review all discharge instructions for members and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Work with hospitals to obtain access to electronic health records.
- Virtual care visits are acceptable for follow-up (audio and / or video, e-visits, virtual check-ins).
- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your provider contract or health plan contact for additional details and questions.

### Patient Care Opportunities

You can find patient care opportunities within the Patient360 application located on Availity Essentials Payer Spaces. To access the Patient360 application you must have the Patient360 role assignment. From Availity's home page select **Payer Spaces**, then choose the health plan from the menu. Choose the **Patient360** tile from the Payer Space Applications menu and complete the required information on the screen. Gaps in care are located in the *Active Alerts* section of the *Member Summary*.





<https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>

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