

HEDIS® Tip Sheet

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

Measure Description

The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up within 7 days of the ED visit.

Please note 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 or unspecified bronchitis
- Alzheimer's disease and related disorders
- Chronic kidney disease
- Depression
- Heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack
 - Remove any visit with a principal diagnosis of encounter for other specified aftercare (ICD-10-CM code Z51.89)
 - Remove any visit with any diagnosis of concussion with loss of consciousness or fracture of vault of skull, initial encounter

Product Line: Medicare

★ Medicare Star Measure Weight: 1

Measure Specification: Administrative Only

Codes Included in the Current HEDIS® Measure

Description	Code
Outpatient and Telehealth Visit	CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 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 UBREV: 0510, 0511, 0513-0517, 0519-0523, 0526-0529, 0982, 0983
Transitional Care Management Services	CPT: 99495, 99496
Case Management Encounter	CPT: 99366 HCPCS: T1016, T1017, T2022, T2023
Complex Care Management Services	CPT: 99439, 99487, 99489-99491 HCPCS: G0506

Outpatient or Telehealth Behavioral Health Visit	<p>CPT Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72.</p> <p>CPT BH Outpatient: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510</p> <p>HCPCS BH Outpatient: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p> <p>UBREV BH Outpatient: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983</p>
Partial Hospitalization or Intensive Outpatient	<p>CPT Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with POS: 52</p> <p>HCPCS Partial Hospitalization or Intensive Outpatient: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>UBREV Partial Hospitalization or Intensive Outpatient: 0905, 0907, 0912, 0913</p>
Community Mental Health Center Visit	<p>CPT Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with POS: 53</p>
Electroconvulsive Therapy	<p>CPT: 90870</p> <p>ICD-10: GZB0ZZZ-GZB4ZZZ</p> <p>with Outpatient POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 or POS: 24, 52, 53</p>
Telehealth Visit	<p>CPT Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with Telehealth POS: 02, 10</p>
Substance Use Disorder Services	<p>CPT: 99408, 99409</p> <p>HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012</p> <p>UBREV: 0906, 0944, 0945</p> <p>ICD-10 Substance Abuse Counseling and Surveillance: Z71.41. Z71.51</p>

Ways Providers can Improve HEDIS® Performance

- Monitor ADT notifications and ensure patients with multiple chronic conditions (see definition above) are promptly scheduled for a post ED follow-up visit.
- Keep in mind that FMC is an event-based measure that patients can be in multiple times for each ED visit. Patients should have a follow-up visit for each event unless the patient has more than one ED visit in an 8-day period.
- Ensure the follow-up appointment is made with a PCP/mental health provider before the patient leaves the hospital and is scheduled within 7 days of discharge. A **telephone, telehealth, e-visit or virtual check-in** appointment within 7 days of discharge meets compliance. Contact Molina Case Management if assistance is needed to obtain a follow-up appointment.
- Assist the patient with navigation of the health system to lessen the impact of barriers, such as using their transportation benefit to get to their follow-up appointment. Ensure your patient understands the local community support resources and what to do in the event of a crisis.
- Review medications with patient (**and/or parent/caregiver as appropriate**) to ensure they understand the purpose and appropriate frequency and method of administration.
- Ensure accurate dates are documented for hospital discharge, scheduled outpatient appointments, and kept appointments. BH follow-up visits must be with a **mental health provider**.

- Provide patient information about the importance of monitoring their emotional well-being and following up with their mental health BH provider.
- Follow-up visits must be supported by a claim, encounter or note from the PCP/mental health provider's medical chart to count toward the measure.

Ways Health Plans can Improve HEDIS® Performance

- Educate members with high-risk chronic conditions on the importance of care coordination among healthcare provider(s).
- Educating members about the importance of medication adherence.
- Audit, identify, and educate providers with top 10 open gaps.
- Transition of care coordinators schedule follow-up appointment prior to discharge.
- Contact patient as soon as ED discharge notification is received and schedule follow-up visit – schedule in-person or telehealth visit.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.

All summaries of the measures contained herein are reproduced with permission from HEDIS® Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA).

The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional. Molina Healthcare, Inc. does not warrant or represent that the information contained herein is accurate or free from defects.

COPYRIGHT NOTICE AND DISCLAIMER

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS measures and specifications were developed by and are owned by NCQA. NCQA holds a copyright in these materials and may rescind or alter these materials at any time. Users of the HEDIS measures and specifications shall not have the right to alter, enhance or otherwise modify the HEDIS measures and specifications, and shall not disassemble, recompile or reverse engineer the HEDIS measures and specifications. Anyone desiring to use or reproduce the materials, subject to licensed user restrictions, without modification for an internal non-commercial purpose may do so without obtaining any approval from NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. All other uses, including a commercial use (including but not limited to vendors using the measures and specifications with a product or service to calculate measure results), or any external reproduction, distribution and publication of the HEDIS measures or results ("rates") therefrom must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program.

HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on HEDIS measures and specifications or data reflective of performance under such measures and specifications.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.

CPT® codes, descriptions and other data are copyright 2024 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Health Care Provider Taxonomy Code Set codes copyright 2024 AMA. The codes are published in cooperation with the National Uniform Claim Committee (NUCC) by the AMA. Applicable FARS/DFARS restrictions apply.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. All uses of the UB Codes may require a license from the AHA. Specifically, anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@aha.org.

The American Dental Association (ADA) holds a copyright to the Current Dental Terminology (CDT) codes contained in certain measure specifications. The CDT codes in the HEDIS specifications are included with the permission of the ADA. All uses of the CDT codes require a license from the ADA. No alteration, amendments, or modifications of the CDT or any portion thereof is allowed. Resale, transmission, or distribution of copies of the CDT or other portions of the CDT is also not allowed. To inquire about licensing, contact CDT-SNODENT@ada.org.

Some measure specifications contain coding from LOINC® (<https://loinc.org/>). The LOINC table, LOINC codes, LOINC panels and form file, LOINC linguistic variants file, LOINC/RSNA Radiology Playbook, and LOINC/IEEE Medical Device Code Mapping Table are copyright © 1995–2024 Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee and are available at no cost under the license at <https://loinc.org/kb/license/>.

"SNOMED" and "SNOMED CT" are registered trademarks of the International Health Terminology Standards Development Organisation (IHTSDO).

The CDC Race and Ethnicity code system was developed by the U.S. Centers for Disease Control and Prevention (CDC). NCQA's use of the code system does not imply endorsement by the CDC of NCQA, or its products or services. The code system is otherwise available on the CDC website at no charge.

Certain NullFlavor codes are owned and copyrighted by Health Level Seven International (HL7®); 2024. "HL7" is a registered trademark of Health Level Seven International.

RadLex copyright 2014, The Radiological Society of North America (RSNA), all rights reserved. Licensed under RadLex License Version 2.0. You may obtain a copy of the license at: <http://www.rsna.org/radlexdownloads/> This work is distributed under the above noted license on an "AS IS" basis, WITHOUT WARRANTIES OF ANY KIND, either express or implied. Please see the license for complete terms and conditions.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording or any information storage and retrieval system, without the written permission of NCQA.

© 2024 by the National Committee for Quality Assurance
1100 13th Street NW, Third Floor,
Washington, DC 20005