

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

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 measure, best practices and more resources.

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

LOB
Medicare

CMS Weight
1x

HEDIS
2023

Compliance
A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. The following meet criteria for follow-up:

An outpatient visit	Transitional care management services
Case management visits	Complex Care Management Services
An outpatient or telehealth behavioral health visit	An intensive outpatient encounter or partial hospitalization
A community mental health center visit	Electroconvulsive therapy
An observation visit	A substance use disorder service
An e-visit or virtual check-in	A domiciliary or rest home visit

Exclusions

- Members who received hospice services anytime during the measurement year
- Deceased during the measurement year

Best Practices

- Ensure member has follow-up services within 7 days after the ED visit. Eight days total to include visits that occurred on the day of the ED visit.
- Virtual care visits are acceptable for follow-up.
- Allow scheduling flexibility to accommodate a follow-up visit within seven days of the ED visit
- Instruct patients to call health care practitioner with any concerns or worsening of symptoms
- Remind them about personal safety and lifestyle choices
- Patients who regularly visit the ED may need behavioral health resources or referrals or help understanding appropriate ED use

Learn more about EPIC workflow by following:

<https://uhcommunity.uhhospitals.org/UHAccountableCareOrganization/EPIC%20%20Quick%20Tips/Forms/AllItems.aspx>

Medicare beneficiaries with Multiple Chronic Conditions (MCCs) require high levels of care coordination, particularly as the transition from the ED to the community. During these transitions, they often face communication lapses between ED and outpatient providers and inadequate patient, caregiver and provider understanding of diagnoses, medication and follow-up needs. This poor care coordination results in an increased risk for medication errors, repeat ED visits, hospitalization, nursing home admission and death. An estimated 75% of healthcare spending is on the people with MCCs

Tips on How Coding

Functional Status Assessment:

CPT:99483

CPTII:1170F: functional status assessment

HCPCS:G0438, G0439

Medication Review:

CPT:99495: Transitional care management (TCM) services moderate complexity within 14 days of discharge

CPT:99496: TCM services high complexity within seven days of discharge

CPT:90863, 99605, 99606, 99483

CPT-II:1160F

Medication List:

CPT-II:1159

FHCPCS:G8427

Must report CPT-II codes for both medication review and medication list.

Pain Assessment:

CPT-II: 1125F: pain

CPT-II:1126F: no pain

Reminder

The denominator for this measure is based on ED visits, not on patients. If a patient has more than one ED visit, identify all ED visits between January 1 and December 24 of the measurement year

For additional best practices regarding

https://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/health_care_performance_measures/hedis/follow_up_after_emergency_dept_visit_people_multiple_high_risk_chronic_conditions

<https://www.uhcprovider.com/content/dam/provider/docs/public/resources/patient-health-safety/HEDIS-Measure-Overview-FMC.pdf>