Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions Tip Sheet

What is the CMS Star Rating Program?
CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at http://www.medicare.gov to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description	**Weight**: 1
Percent of plan members with 2 or more chronic conditions who got follow-up care within 7 days after they had an emergency department (ED) visit. Depending on the person's needs this might be a visit with a health care provider, an appointment with a case manager, or a home visit.	

Measure Source
• 1/1 – 12/31

Stars/Quality Specifications
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 service within 7 days of the ED visit. Compliant: Members with 2 or more chronic conditions receive follow-up care within 7 days after an emergency department visit

Strategies for Success

• Schedule a follow up visit for the member to complete within 7 days after their ED visit. This can include a phone call to the patient on the same date as the ED visit.
 	
Depending on the person's needs, examples of this visit may be with:
  • A health care provider (outpatient visit, telephone visit, e-visit or virtual check-in)
  • A case manager or complex case manager
  • Transitional Care Management Services
  • Outpatient or telehealth behavioral health visit
  • A community mental health center visit
  • A telehealth visit
  • A substance use disorder service or substance abuse counseling
 	
• Refer members to Care Coordination to aid in education, wellness goals, and repeat ED visit prevention.

Coding and Documentation Tips

CPT II Codes:

- Outpatient and Telehealth Visits:

  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

- Transitional Care Management:

  99495, 99496

Qualifying Chronic Conditions:

- COPD, Asthma, or unspecified Bronchitis.
- Alzheimer's disease and related disorders.
- Chronic Kidney Disease.
- Depression.
- Heart Failure, Acute myocardial infarction, or Atrial fibrillation.
- Stroke and transient ischemic attack.

Exclude:

ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission.

To identify admissions to an acute or nonacute inpatient care setting:

1. Identify all acute and nonacute inpatient stays.

2. Identify the admission date for the stay. An ED visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.

These events are excluded from the measure because admission to an acute or nonacute setting may prevent an outpatient follow-up visit from taking place.

Also exclude:

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

Members who die any time during the measurement year.

If you have questions, please contact your provider relations specialist.