

Timely Follow-up Tips September 2023

General Tips

- Timely Follow-up includes patients who had an exacerbation of the following chronic disease conditions: Asthma, CAD, COPD, Diabetes, Heart Failure and or Hypertension who ended up in the ED (*ED does not count for TCM code listed on page 2*), Observation, or inpatient admission. Each condition has different time frames for follow-up and is listed below.
 - Med Rec is not required for the Timely Follow-up measure as 1111F is not a billable CMS code BUT the practice should still review the medications ASAP with the patient to ensure the patient/s avoid adverse effects, this can be done when reach out is completed to set-up the Timely Follow-up visit and then again during the scheduled visit. It is also good to ask the patient to bring in their medications or have them available for a virtual visit.
 - Timely Follow-up is an ACO Reach measure. CMS considers the PCP an appropriate place to follow-up and manage the following conditions listed below. Patients who have an exacerbation of the following chronic diseases are great candidates for Care Management services OR an increase in the frequency of Care Management visits if the patient is already enrolled until the condition is back in control or at a self-manageable level*
 - **Timely Follow-up timeframes**
 - Asthma
 - Follow-up within 14 days of the date of discharge
 - Coronary Artery Disease (CAD)
 - Follow-up within 7 days of the date of discharge for high-acuity patients
 - Follow-up within 6 weeks of the date of discharge for low-acuity patients
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Follow-up within 30 days of the date of discharge
 - Diabetes
 - Follow-up within 14 days of the date of discharge for high-acuity patients
 - Heart Failure
 - Follow-up within 14 days of the date of discharge
 - Hypertension
 - Follow-up within 14 days of the date of discharge for high-acuity patients
 - Follow-up within 30 days of the date of discharge for medium-acuity patients

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○ **Timely Follow-up CPT and HCPCS Codes**

| | |
|---|---|
| - 99201, (99202-5)* | (Office or outpatient E&M, new patient) |
| - (99211-99215)* | (Office or outpatient E&M, established patient) |
| - 99241-99245 | (Office consultation, new or established patient) |
| - (99341-99345)* | (Home visit E&M, new patient) |
| - (99347-99350)* | (Home visit E&M, established patient) |
| - 99381-99387 | (Initial comprehensive preventive medicine E&M) |
| - 99391-99397 | (Periodic comprehensive preventive medicine E&M) |
| - 99401-99404 | (Preventive medicine counseling, individual) |
| - 99411-99412 | (Preventive medicine counseling, group) |
| - 99429 | (Unlisted preventive medicine service) |
| - 99455-99456 | (Work-related or medical disability exam) |
| - G0402, (G0438-G0439)* | (Annual Wellness Visit) |
| - G0463 | (Hospital outpatient clinic visit) |
| - T1015 | (Clinic visit/encounter, all-inclusive) |
| - 99490 | (Chronic care management services) |
| - 99487 & 99489 | (Complex chronic care management services) |
| - G0511 | (General care management, RHC/FQHC) |
| - G0512 | (Psychiatric collaborative care management, RHC/FQHC) |
| - (99495-99496)* | (Transitional care management services) |
| * Visit may be conducted via telehealth | |
| • For Telehealth visits: | |
| - Use POS 02 for telehealth conducted with a patient who <u>IS NOT</u> in their own home at the time of the encounter | |
| - Use POS 10 for telehealth conducted with a patient who <u>IS</u> in their own home at the time of the encounter | |

More Timely Follow-Up Tips:

- Coordinate with hospitals for effective discharge planning.
- Follow-up with patients, upon discharge, to provide transitional care.
- Keep open appointments so patients who are discharged from the hospital can be seen in a timely manner.
- Use ADT notifications to monitor patient admissions and discharges.
- Obtain patients' discharge summary and test results.
- Consider Chronic Care Management services for patients with frequent Urgent Care or Emergency Room visits or hospitalizations.