

Telehealth for Risk Adjustment and Quality

I. Telehealth Services & Risk Adjustment

Telehealth refers to a broad collection of electronic and telecommunications technologies that support delivery of health care services from distant locations. Forms of telehealth include Telemedicine, Virtual Check-Ins, E-Visits, and Telephone visits, among others.

Risk Adjustment, meanwhile, requires that reported diagnoses stem from face-to-face visits between patients and providers. Telehealth services that employ synchronous *audio and video* technology that permits communication between patients and providers in real time meet risk adjustment's face-to-face requirement.

A. Telemedicine

Telemedicine is the practice of medicine using technology to deliver care at a distance. A practitioner in one location (distant site) uses telecommunications to deliver care to a patient at another location (originating site).

Established Patient Office/Outpatient Visit:

History	Exam	MDM
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These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

Services that can be provided via telemedicine include, among others, office/outpatient visits, annual wellness visits, emergency department or initial inpatient consultations, ESRD-related services, individual and group diabetes self-management training, and individual psychotherapy.

Practitioners who can furnish who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers, and registered dietitians.

Telemedicine Requirements

Established patient/provider relationship

Originating Site (*patient's location*)

II. A rural setting that is:

- In a county outside a Metropolitan Statistical Area (MSA), or
- A rural Health Professional Shortage Area (HPSA) in a rural census tract

**Originating site geographic conditions do not apply to: hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and patient homes when practitioners furnish either monthly home dialysis ESRD-related medical evaluations or treatment of a substance use disorder or a co-occurring mental health disorder.*

III. **Patient Location**

- A medical facility, such as physician office, Hospital, Critical Access Hospital (CAH), Rural Health Clinic, Federally Qualified Health Center, Hospital-based or CAH-based Renal Dialysis Center, Skilled Nursing Facility (SNF), Community Mental Health Center, Renal Dialysis Facility, Mobile Stroke Unit, or
- Specify a condition's acuity or severity
- Do not use broad terms when a more specific diagnosis is available

- Homes of beneficiaries with either End-Stage Renal Disease (ESRD) getting home dialysis, or substance use disorders receiving treatment for same (or a co-occurring mental health disorder)

Technology: The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient

**Transmitting medical information to a practitioner who reviews it later, an asynchronous telecommunications system, is permitted in Alaska and Hawaii.*

**Requires all 3 Components: History, Exam, and Medical Decision Making (MDM)*

Risk Adjustment

The utilization of synchronous *audio and video* technology permitting real-time interaction makes Telemedicine visits acceptable for risk adjustment.

Telemedicine Coding and Billing

Telemedicine does not require a distinct set of CPT/HCPCS codes. Any services furnished via telemedicine are reported utilizing the same codes that are employed when an in-person visit takes place.

99212	Problem focused	Problem focused	Straightforward
99213	Expanded problem focused	Expanded problem focused	Low
99214	Detailed	Detailed	Moderate
99215	Comprehensive	Comprehensive	High

**Requires 2 of 3 Components: History, Exam, and Medical Decision Making (MDM)*

- Place of Service (POS) Code
 - 02 – Telehealth
- Modifiers
 - 95 – Synchronous telemedicine service rendered via real-time interactive audio/video system
 - *GT – via interactive audio/video system
 - GQ – via asynchronous system (for use in Alaska and Hawaii)

**CAHs billing for telehealth services under CAH Optional Payment Method II should submit institutional claims using modifier GT*

Originating Site Billing

- Q3014 – Originating site facility fee

**Applicable when patient presents to a medical facility as originating site. This fee does not apply when the home serves as the originating site.*

Telemedicine Documentation Tips

- When >50% of the total visit time is spent counseling, document the total visit time + topics discussed to meet CPT requirements.
- All chronic, active, or status (amputations, dialysis status, etc.) conditions that impact the current date of service should be clearly documented.

- Avoid the phrase “history of” when documenting active conditions that impact the member’s current encounter
- All records should have a valid signature including an authentication statement and the rendering provider’s credentials.

B. Virtual Check-Ins

Virtual check-ins are short (5-10 minutes), patient-initiated communication with a practitioner for patients to check in with their doctor to determine whether an office visit or other service is needed, or remote evaluation of recorded video and/or images submitted by patient.

**The communication should not be related to a medical visit within the previous 7 days and should not lead to a medical visit within the next 24 hours (or soonest appointment available), otherwise it’s bundled into the E/M service.*

Practitioners who can furnish the service are physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, and clinical social workers.

Documentation: Verbal consent should be noted in the medical record for the service, five to 10 minutes of medical discussion should be documented, along with a statement that the patient does not require a visit unless there is a problem.

Virtual Check-In Requirements

Established patient/provider relationship

Originating Site

- Geographic area – All areas
- Patient Location – All locations, including patient’s home

Distant Site Billing (location of servicing provider)

1. CPT/HCPCS Codes

New Patient Office/Outpatient Visit:

	History	Exam	MDM
99201	Problem focused	Problem focused	Straightforward
99202	Expanded problem focused	Expanded problem focused	Straightforward
99203	Detailed	Detailed	Low
99204	Comprehensive	Comprehensive	Moderate
99205	Comprehensive	Comprehensive	High

**Requires all 3 Components: History, Exam, and Medical Decision Making (MDM)*

Technology: Communication may take place via a number of modalities including synchronous discussion over a telephone or exchange of information through video or image. The practitioner may respond to the patient’s concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

Risk Adjustment

Virtual Check-Ins are not acceptable for CMS-operated risk adjustment programs.

Virtual Check-Ins - Coding and Billing

G2010	Remote evaluation of pre-recorded info
G2012	Virtual check-in
G0071	RHC/FQHC communications services

Risk Adjustment

E-visits are not acceptable for CMS-operated risk adjustment programs.

E-Visits - Coding and Billing

Physicians, NPs, and PAs:

99421	Non face-to-face online digital E/M service, established patient, up to 7 days, 5-10 minutes
99422	Non face-to-face online digital E/M service, established patient, up to 7 days, 11-20 min.
99423	Non face-to-face online digital E/M service, established patient, up to 7 days, 21+ minutes

Physical or Occupational Therapy, SLP, clinical Psych:

G2061	Non face-to-face online digital E/M service, established patient, up to 7 days, 5-10 minutes
G2062	Non face-to-face online digital E/M service, established patient, up to 7 days, 11-20 min.
G2063	Non face-to-face online digital E/M service, established patient, up to 7 days, 21+ minutes
98970	Non face-to-face online digital E/M service, established patient, up to 7 days, 5-10 minutes
98971	Non face-to-face online digital E/M service, established patient, up to 7 days, 11-20 min.
98972	Non face-to-face online digital E/M service, established patient, up to 7 days, 21+ minutes

**Medicare does not accept CPT codes 98970-98972. E-visit services furnished by clinicians unable to report E/M services independently to Medicare beneficiaries must be reported utilizing a code from the G2061-G2063 code series.*

D. Telephone Visits

Telephone Visits are non-face-to-face, patient-initiated services over the telephone.

**The communication should not be related to a medical visit within the previous 7 days and should not lead to a medical visit within the next 24 hours (or soonest appointment available).*

Practitioners who can furnish telephone visits include physicians, NPs, PAs and other clinicians who are able to bill for E/M services independently, plus PTs, OTs, clinical psychologists, registered dietitians and other health care professionals not able to bill E/M services independently.

Telephone Visit Requirements

Established patient/provider relationship

Risk Adjustment

Telephone visits are not acceptable for CMS-operated risk adjustment programs.

Telephone Visits - Coding and Billing

Physicians, NPs, and PAs:

99441	Telephone E/M service provided to an established patient, parent, or guardian; 5-10 minutes
99442	Telephone E/M service provided to an established patient, parent, or guardian; 11-20 minutes
99443	Telephone E/M service provided to an established patient, parent, or guardian; 21-30 minutes

C.E-Visits

E-visits are patient-initiated communications through an online patient portal. Once a patient generates the initial inquiry communications can occur over a 7-day period.

Practitioners who can furnish the service include physicians, nurse practitioners (NPs), physician assistants (PAs), and other clinicians who are able to bill for E/M services independently, as well as physical therapists (PTs), occupational therapists (OTs), speech language pathologists, clinical psychologists, and other health care professionals not able to bill E/M services independently.

E-Visit Requirements

Established patient/provider relationship

Originating Site

Geographic area – All areas

Patient Location – All locations, including patient's home

Technology: Patient Portal

Phys. or Occup., Therapy, SLP, clinical Psych:

98966	Telephone assessment and management service provided to an established patient, parent, or guardian; 5-10 minutes
98967	Telephone assessment and management service provided to an established patient, parent, or guardian; 11-20 minutes
98968	Telephone assessment and management service provided to an established patient, parent, or guardian; 21-30 minutes

II. COVID-19 Public Health Emergency (PHE) & Telehealth Expansion

Telemedicine during the PHE

As of March 1, 2020, the Centers for Medicare and Medicaid Services (CMS) will make payments for Medicare telehealth services furnished to patients in broader circumstances so that beneficiaries can receive healthcare without having to travel to a healthcare facility during the COVID-19 Public Health Emergency. These benefits are being expanded on a **temporary and emergency basis** under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

Temporary Changes to Telemedicine Requirements

NEW patient/provider relationship will be allowed. Even though an established relationship is still required, HHS has announced that they will **not** conduct audits to ensure that such a prior relationship existed for claims submitted during the PHE.

Originating Site (*patient's location*)

Geographic Area – telemedicine will be allowed **in all areas of the country and in all settings**.
 Patient Location – telemedicine restrictions on a patient's location during a visit have been waived. **Any healthcare facility or the patient's home will be accepted.**

Technology

A provider can use **any non-public facing remote communication product** that is available to communicate with patients as long as the technology has audio and video capabilities that are used for two-way, real-time interactive communication. HHS will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through technologies such as FaceTime or Skype.

Note: Audio-only consults are still prohibited for telemedicine. See Telephone Visits below.

Prescribing Controlled Substances

Prescriptions for all schedule II-V controlled substances may be issued **without an in-person medical evaluation** if all of the following requirements are met: The prescription is for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice; The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and the practitioner is acting in accordance with applicable Federal and State laws.

Risk Adjustment Note: Due to the expansion of virtual care, organizations that submit diagnoses for **CMS-operated risk adjusted payment are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility**, which include being from an allowable inpatient, outpatient, or professional service, and from a face-to-face encounter (Telephone visits are not acceptable for Risk Adjustment).

Telephone Visits

In ordinary circumstances, telephone evaluation and management (E/M) visits (CPT codes 98966-98968 and 99441-99443) are recognized as non-covered services for Medicare beneficiaries. If the needs of the patient are significant enough to require the amount of time and attention from the provider specified in the codes for higher level telephone E/M services, either an in-person visit or telemedicine visit would be required.

Temporary Changes to Telephone Visit Requirements

CMS has recognized that in the context of trying to reduce exposure risks associated with the PHE for the COVID-19 pandemic, two-way audio and video technology may not be available to all beneficiaries. During the PHE, **separate payments will be made for CPT codes 98966-98968 and CPT codes 99441-99443.**

Evaluation and Management (E/M) Visits

The current E/M coding guidelines preclude the billing practitioner from selecting the office/outpatient E/M code level based on time in circumstances where the practitioner is not engaged in counseling and/or care coordination.

Temporary Changes to E/M Visit Requirements

The E/M level selection furnished via telehealth can be based on MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter. The requirement to document the history and/or physical exam in the medical record has been removed temporarily.

Coding and Billing for Telehealth

With the expansion of services due to the PHE, all telehealth services should be billed with **place of service 02 and modifier GT or 95** should be appended when appropriate.

HEDIS	Measure Description	Telehealth Enhancement	Product Lines	HEDIS Value Set Code
AMR	<p>Asthma Medication Ratio: The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>	The measure includes telephone visits, e-visits and virtual check-ins	Commercial, Medicaid	<p>Telephone Visits CPT: 98966, 98967, 98967, 99441, 99442, 99443</p> <p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p> <p>Telehealth Modifier: GT, 95 Telehealth POS: 02</p>
APP	<p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</p>	The measure includes telephone visits e-visits and virtual check-ins	Commercial, Medicaid	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p> <p>Telehealth POS: 02</p>
ART	<p>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis- Scheduled for Retirement: The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).</p>	<p>The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.</p> <p>*At least one DMARD dispense is required to meet compliance</p>	Medicare	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p>
BCS	<p>Breast Cancer Screening: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer</p>	The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.	Commercial, Medicaid, Medicare	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p>

		*Mammogram required for member compliance		Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
CBP	Controlling High Blood Pressure: The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year	The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion *BP adequately controlled (<140/90mm Hg) meets compliance for measure	Commercial, Medicaid, Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
CDC	Comprehensive Diabetes Care: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing.* • HbA1c poor control (>9.0%).* • HbA1c control (<8.0%).* • Eye exam (retinal) performed. • Medical attention for nephropathy. ** (**Medicare only) • BP control (<140/90 mm Hg). 	The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion. *Lab HbA1c, Urine and Eye exam and adequately Controlled BP are required to meet compliance.	Commercial, Medicaid, Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 Telehealth Modifier: GT, 95 Telehealth POS: 02
COA	Care for Older Adults: The percentage of adults 66 years and older who had each of the following during the measurement year: <ul style="list-style-type: none"> • Advance care planning • Medication review • Functional status assessment • Pain assessment 	The measure includes telephone visits, e-visits and virtual check-ins for Advance Care Planning, Functional status assessment and Pain Assessment indicators. *Telehealth not applicable for Medication Review.	Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
COL	Colorectal Cancer Screening: The percentage of members 50–75 years of age who had appropriate	The measure includes telephone visits, e-visits and virtual check-ins	Commercial, Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443

	screening for colorectal cancer.			Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
CRE	<p>*NEW Cardiac Rehabilitation: The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported:</p> <p>Initiation. The percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event</p> <p>Engagement 1. The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.</p> <p>Engagement 2. The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.</p> <p>Achievement. The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.</p>	The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion	Commercial, Medicaid, Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
FMC	<p>Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions: 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.</p>	The measure includes telephone visits, e-visits and virtual check-ins	Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063 Telehealth POS: 02
KED	<p>*NEW Kidney Health Evaluation for Patients With Diabetes (KED): The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</p>	The measure includes telephone visits, e-visits and virtual check-ins of the event diagnosis.	Commercial, Medicaid, Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422,

		*eGFR and uACR are required for member compliant with measure		99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063 Telehealth Modifier: GT, 95 Telehealth POS: 02
OMW	Osteoporosis Management in Women Who Had a Fracture: The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture	The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion. *BMD test or RX for drug to treat osteoporosis is required to meet compliance	Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063 Telehealth Modifier: GT, 95 Telehealth POS: 02
OSW	*NEW Osteoporosis Screening in Older Women: The percentage of women 65–75 years of age who received osteoporosis screening.	The measure includes telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion. * Osteoporosis screening is required to meet compliance	Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack: The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.	The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion. *Persistent beta-blocker treatment is required to meet compliance.	Commercial, Medicaid, Medicare	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
PPC	Prenatal and Postpartum Care: The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.	The measure includes telephone visits, e-visits and virtual check-ins to the Timeliness of Prenatal Care *Not applicable to postpartum care.	Commercial, Medicaid	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422,

	<p>Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</p> <p>Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p>			<p>99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p>
SPC	<p>Statin Therapy for Patients with Cardiovascular Disease: The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:</p> <p>Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</p> <p>Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</p>	<p>The measure includes telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.</p> <p>* Rx dispensed at least one high or moderated intensity statin medication or a member remaining on statin medication 80% of treatment period meets compliance</p>	<p>Commercial, Medicaid, Medicare</p>	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p> <p>Telehealth Modifier: GT, 95 Telehealth POS: 02</p>
SPR	<p>Use of Spirometry Testing in the Assessment and Diagnosis of COPD: The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis</p>	<p>The measure includes telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis and removed the requirement to exclude telehealth.</p> <p>*Documentation of spirometry testing required to meet compliance</p>	<p>Commercial, Medicaid, Medicare</p>	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p>
TRC	<p>Transition Care: The percentage of discharges for members 18 years of age and older who had each of the following.</p>	<p>The measure includes e-visits and virtual check-ins for the Patient Engagement After Inpatient Discharge</p>	<p>Medicare</p>	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p>

	<p>Four rates are reported:</p> <ol style="list-style-type: none"> 1. Notification of Inpatient Admission: Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days). 2. Receipt of Discharge Information: Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). 3. Patient Engagement After Inpatient Discharge: Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. 4. Medication Reconciliation Post-Discharge: Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). 	<p>metrics.</p> <p>*Documentation of patient engagement provided within 30 days after discharge is required to meet compliance metric.</p>		<p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p>
WCV	<p>Child and Adolescent Well Care Visits: The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p> <p>*NOTE: This measure is a combination measure that replaces the former “Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life” and “Adolescent Well-Care Visits” HEDIS measures.</p>	<p>Remove the Telehealth exclusions for well care visits.</p>	<p>Commercial, Medicaid</p>	<p>CPT: 99381, 99382, 99383,99384,99385,99391, 99392,99393,99394,99395, 99461 HCPCS: G0438,60439,20302</p> <p>ICD10-CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z00.5, Z76.1, Z76.2</p> <p>Telehealth Modifier: GT, 95 Telehealth POS: 02</p>
W30	<p>Well-Child Visits in the First 30 Months of Life: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year: Six or more well-child visits.</p>	<p>Remove the Telehealth exclusions for well care visits.</p>	<p>Commercial, Medicaid</p>	<p>CPT: 99381, 99382, 99383,99384,99385,99391, 99392,99393,99394,99395, 99461 HCPCS: G0438,60439,20302</p> <p>ICD10-CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z00.5, Z76.1, Z76.2</p>

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	<p>Well-Child Visits for Age 15 Months–30 Months: Children who turned 30 months old during the measurement year: Two or more well-child visits.</p>		<p>Telehealth Modifier: GT, 95 Telehealth POS: 02</p>
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Behavioral Health				
Measure Description		Telehealth Enhancement	Product Lines	HEDIS Value Set Code
ADD	<p>Follow-up Care for Children Prescribed ADHD Medication (ADD): The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Two Rates Reported:</p> <ol style="list-style-type: none"> Initiation Phase: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. Continuation and Maintenance (C&M) Phase: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	<p>The measure includes telehealth and telephone visits to the Initiation Phase</p> <p>The measure includes e-visits and virtual check-ins to the Continuation and Maintenance Phase numerator and modified the telehealth restrictions</p>	Commercial, Medicaid	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063 Telehealth POS: 02</p>
AMM	<p>Antidepressant Medication Management: The percentage of members 18 years of age and older who were treated</p>	The measure includes e-visits and virtual check-ins to the event/	Commercial, Medicaid, Medicare	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p>

	<p>with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.</p> <p>Two Rates Reported</p> <p>1. Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>2. Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</p>	<p>diagnosis required exclusion.</p> <p>*Member who remain on antidepressant medication during the treatment period meet compliance.</p>		<p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p> <p>Telehealth POS: 02</p>
FUH	<p>Follow-up After Hospitalization for Mental Illness: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> The percentage of members discharged and had a follow-up visit within 30 days after discharge The percentage of members discharged and had a follow-up visit within seven days 	<p>The measure includes telephone visits</p> <p>*Member had follow-up visit with mental health provider within 30 days after discharge or 7 days after discharge meets compliance.</p>	Commercial, Medicaid, Medicare	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p>
FUM	<p>Follow-up After Emergency Department Visit for Mental Illness: The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> The percentage of members who received follow-up within 30 days of the ED visit (31 total days). The percentage of member received follow-up within 7 days of the ED visit (8 total days). 	<p>The measure includes telephone visits, e-visits and virtual check-ins</p>	Commercial, Medicaid, Medicare	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p> <p>Telehealth POS: 02</p>
SAA	<p>Adherence to Antipsychotic Medications for Individuals with Schizophrenia: The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who</p>	<p>The measure includes telephone visits, e-visits and virtual check-ins to the event/diagnosis and to the advanced illness exclusion</p>	Commercial, Medicaid, Medicare	<p>Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (e-visits and virtual check-ins)</p>

	were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	*Member who remain on antipsychotic medications at 80% of the treatment period meets compliance.		CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063 Telehealth POS: 02
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia: The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	The measure includes telephone visits, e-visits and virtual check-ins of the event diagnosis. *Lab required for member compliant with measure	Medicaid	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063 Telehealth POS: 02
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication: The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening (glucose lab test or HbA1c test) test during the measurement year.	The measure includes telephone visits, e-visits and virtual check-ins of the event diagnosis *Lab required for member compliant with measure	Medicaid	Telephone Visits CPT: 98966, 98967, 98968, 99441, 99442, 99443 Online Assessment (e-visits and virtual check-ins) CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063 Telehealth POS: 02

Resources

Centers for Medicare & Medicaid Services: Medicare Telemedicine Health Care Provider Fact Sheet
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Centers for Medicare & Medicaid Services: Applicability of diagnoses from telehealth services for risk adjustment
<https://www.cms.gov/files/document/applicability-diagnoses-telehealth-services-risk-adjustment-4102020.pdf>

Department of Health & Human Services CCIIO: Risk Adjustment FAQ on COVID-19
<https://www.cms.gov/files/document/RA-Telehealth-FAQ.pdf>

Federal Register: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency
<https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicare-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public>

Center for Connected Health Policy: State Telehealth Laws and Reimbursement Policies
<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies>

CMS – Applicability of diagnoses from telehealth services for risk adjustment
<https://www.cms.gov/files/document/applicability-diagnoses-telehealth-services-risk-adjustment-4102020.pdf>

CMS – General Provider Telemedicine and Telehealth Toolkit
<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

Medicare Learning Network (MLN) Booklet – Telehealth Services
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsh.pdf>

Medicare Telehealth Frequently Asked Questions (FAQs)
<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

Medicare Telemedicine Health Care Provider Fact Sheet
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>