

# Telehealth Summary – 2021 HEDIS® Measures

Topic	Telehealth general comments
<b>Telehealth Definition</b>	<ol style="list-style-type: none"> <li><b>1. Synchronous</b> telehealth requires real-time interactive audio and video telecommunications. See telehealth modifier or POS code as indicated below. A measure specification will indicate when synchronous telehealth is not eligible for use and should be excluded. Telehealth in the below document refers to audio and visual.</li> <li><b>2. Asynchronous</b> telehealth sometimes referred to as an online assessment, e-visit or virtual check-in, is not “real-time” but still requires two-way interaction between the member and provider. For example, asynchronous telehealth can occur using a patient portal, secure text messaging or email.</li> <li><b>3. Telephone:</b> When the measure indicates a telephone call (real-time interactive), a telephone call is acceptable.</li> </ol>
<b>Documentation Requirements</b>	<p>For all telehealth visits, the documentation in the office note, must include specific information relative to each HEDIS/<i>Star</i>/pharmacy measure</p> <ul style="list-style-type: none"> <li>• Type of telehealth contact (visual, audio, email, portal etc.)</li> <li>• Type of video service (Skype, Zoom, Bluejean, etc.),</li> <li>• Location of patient and provider</li> <li>• Patient Informed consent documented (understands and accepts the privacy and security risks of telehealth medicine).</li> </ul> <p>Even if gaps cannot be directly closed via telehealth, preventive services and exclusions may be discussed and orders and prescriptions may be written (phoned in/mailed) to support patient gap closure.</p>
<b>Member Reported Services and Biometric Values</b>	<p>Member-reported services and biometric values (height, weight, BMI percentile) are acceptable only if the information is collected by a primary care practitioner or specialist, if the specialist is providing a primary care service related to the condition being assessed, while taking a patient’s history.</p> <p>In order to close gaps using patient reported or biometric data, documentation as well as values must be dated and clearly documented in the medical record. Data can be submitted through approved EMR supplemental data exchange, HeB where applicable, or a claim billed with appropriate CPTII code.</p>
<b>Codes for Telehealth</b>	<p>Telehealth Modifier: GT, 95; POS 02.          Telephone visits: 98966-98968 &amp; 99441- 99443.          Online Assessments: 98969 thru 98972; 99421 thru 99423, 99444, 99457. G0071, G2010, G2012, G2061 thru G2063          Codes for an E &amp; M visit or visits pertinent to the measure may also be billed with the telehealth modifier and POS when appropriate. However, the codes submitted must be supported by the documentation in the medical record.</p>
<b>Advanced Illness and Frailty**</b>	<p>Telehealth, telephone visits, e-visits, and virtual check-ins are acceptable when used to exclude a patient using the advanced illness and frailty category when documented and the exclusion code is billed properly.</p> <p>Other components of the specification must be met, such as claims with advanced illness diagnosis on two different date of service in the prior year and/or measurement year <u>AND</u> frailty claim in the measurement year as well as measure specific ages.</p> <p><b>** All measures this applies to are indicated with a double asterisk under the measure name.</b></p>

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<b>PREVENTION &amp; SCREENING</b>	
<b>Breast Cancer Screening (BCS)</b> **	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion</li> <li>• Patient reported mammograms can be entered into HeB to close the gap as long as they are clearly documented in the medical record</li> <li>• Mammograms can be ordered/discussed. However, the member must get the service completed to close the gap.</li> <li>• Providers should document lifetime exclusions in the medical record (mastectomies) and bill with appropriate ICD10 codes in order to remove the patient from the measure.</li> </ul>
<b>Colorectal Cancer Screening (CCS)</b> **	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion</li> <li>• Patient reported previous screening (i.e., colonoscopy) can be entered in HeB to close the gap as long as they are clearly documented in the medical record.</li> <li>• Preventive screenings can be ordered/discussed, or in-home test kit sent.</li> <li>• Providers should document lifetime exclusions in the medical record and bill with appropriate ICD10 codes in order to remove the patient from the measure.</li> </ul>
<b>CARDIOVASCULAR</b>	
<b>Controlling High Blood Pressure (CBP)</b> **	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visit or virtual check-ins are allowed for hypertension diagnosis on both qualifying visits.</li> <li>• BP readings can be taken from the patient during a telehealth, telephone, e-visit, or virtual visit.                         <ul style="list-style-type: none"> <li>◦ Patient reported BP readings are acceptable if it is taken with a digital device, dated, and documented in the medical record (MR) as a distinct value. Documentation of BP ranges are not accepted.</li> <li>◦ The provider does not need to see the actual reading – the patient can verbally report the digital reading.</li> </ul> </li> <li>• The claim must include visit type (any type of office visit acceptable). Claims without visit type will not close the gap.</li> <li>• The preferred route is to submit the BP through a CPT II code on a claim with the office visit. For closing the gap through HeB, claim date and DOS for compliant BP have to match. Due to delays in claims processing, there could still be delays in closing these gaps in HeB.</li> <li>• Data with results can also be submitted through approved EMR supplemental data exchange.</li> <li>• Correct CPT II codes are identified on the Clinical Quality Tip Sheets or in the Quality Description Document. Service details and results must be clearly documented in the MR.</li> </ul>
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b> **	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits and virtual check-ins to identify the event/diagnosis/exclusion.</li> <li>• Prescriptions can be obtained via telehealth, but the patient must fill the script using their pharmacy benefit. Gap closure is dependent on pharmaceutical claims.</li> </ul>

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<b>DIABETES</b>	
Diabetes Care – HbA1c Testing & Control (CDC) **	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion</li> <li>• Unable to be closed via telehealth; gap can be discussed with patient</li> <li>• A1c test ordered or in-home test kit could be sent</li> <li>• The result must be documented in the medical record (MR) and include the exact date the HbA1c was completed.</li> <li>• Data with results can be submitted through approved EMR supplemental data exchange, HeB where applicable, or a claim billed with appropriate code. Service details and results must be clearly documented in the MR.</li> </ul>
Diabetes Care – Retinal or Dilated Eye Exam (CDC) **	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion</li> <li>• Patient self-reported exams can be captured in medical record (MR) for gap closure (must include result, date and eye care professional)</li> <li>• Data with results can be submitted through approved EMR supplemental data exchange, HeB where applicable, or a claim billed with appropriate code. Service details and results must be clearly documented in the MR.</li> </ul>
Diabetes – Kidney Disease Monitoring (CDC) ** <i>Retired for Commercial (Still Required for Marketplace Exchange Population)</i>	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion</li> <li>• Telehealth visit with a nephrologist or billing evidence of CKD, ARF, CRF, or ESRD can close the gap (use code 3066F to report treatment for nephropathy).</li> <li>• Urine albumin or protein test ordered or In-home test kit could be sent.</li> <li>• Prescription for ACE/ARB can be obtained or documented as being taken (must be billed with CPT II 4010F to close the gap and documented in the medical record).</li> </ul>
Statin Therapy for Patients with Diabetes (SPD) **	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits and virtual check-ins can identify the diagnosis of Diabetes and exclusions</li> <li>• Prescriptions can be obtained, but the patient must fill the script through their pharmacy benefit. Gap closure is dependent on pharmaceutical claims.</li> </ul>

\*\*See *Advanced Illness and Frailty* on page 1.

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<b>MUSCULOSKELETAL</b>	
Osteoporosis Mgmt in Women with a Fracture (OMW) **	<ul style="list-style-type: none"> <li>• <i>Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion</i></li> <li>• If a BMD is not completed and osteoporosis medication therapy is prescribed, the patient must fill the script through their pharmacy benefit as Rx gap closure is dependent on pharmaceutical claims.</li> </ul>
<b>MEDICATION MANAGEMENT &amp; CARE COORDINATION</b>	
Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)	<ul style="list-style-type: none"> <li>• <i>Telehealth, telephone, e-visits and virtual check-ins can be used to document the 7-day follow-up as well as the event/diagnosis when identifying chronic condition diagnoses.</i></li> </ul>
Transitions of Care (TRC)	<ul style="list-style-type: none"> <li>• Telehealth, telephone, E-visits, and virtual check-ins allowed for the Patient Engagement After Inpatient Discharge.</li> <li>• Document the elements for gap closure as indicated in the Quality Description Document and TRC Tip sheet.</li> </ul>
Medication Reconciliation Post Discharge (submeasure of TRC)	<ul style="list-style-type: none"> <li>• Telehealth and telephone visits are allowed for follow up purposes.</li> <li>• Asynchronous visits (e-visits, and virtual check-ins) not allowed</li> <li>• Document completion of the medication reconciliation in the MR and bill 1111F on a claim</li> </ul>

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## PHARMACY MEASURES

Medication Adherence  
Medication Adh – Diabetes  
Medication Adh – Cholesterol  
Medication Adh – HTN

- Telehealth, telephone, e-visits and virtual check-ins can be used to write prescriptions and document and report the ESRD exclusion
- The patient must fill the script using their pharmacy benefit
- Gap closure is dependent on pharmaceutical claims

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**New for 2021**

**Exclusions - ICD-10 codes must be billed!**

*Note:* Codes **MUST** be billed every year

<b>Pre-diabetes</b>	R73.03, R73.09	<b>Liver disease</b>	<b>**Numerous</b>
<b>Polycystic ovarian syndrome</b>	E28.2	<b>Pregnancy and/or Lactation</b>	<b>**Numerous</b>
<b>Rhabdomyolysis / Myopathy / Myositis</b>			
<b>Drug-induced myopathy</b>	G72.0	<b>Myositis, unspecified</b>	M60.9
<b>Other specified myopathies</b>	G72.89	<b>Rhabdomyolysis</b>	M62.82
<b>Myopathy, unspecified</b>	G72.9	<b>Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter</b>	T46.6X5A
<b>Other myositis, unspecified site</b>	M60.80		

**\*\*Billing these codes must be done annually and is the only way to remove a patient that is not on a statin from the measure.**

Statin Use in Persons with Diabetes (SUPD)