

Topic	Telehealth general comments
Telehealth Definition	<ol style="list-style-type: none"> Synchronous 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. Asynchronous 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. Telephone: When the measure indicates a telephone call (real-time interactive), a telephone call is acceptable.
Documentation Requirements	<p>For all telehealth visits, the documentation in the office note, must include specific information relative to each HEDIS®/Star/pharmacy measure as well as:</p> <ul style="list-style-type: none"> • Type of telehealth contact (visual, audio, email, portal, etc.) • Type of video service (Skype, Zoom, Bluejean, etc.) • Location of patient and provider during the telehealth visit • Patient informed consent documented (understands and accepts the privacy and security risks of telehealth medicine) <p>Even if gaps cannot be directly closed via telehealth, preventive services and exclusions may be discussed and documented. Orders and prescriptions may be written (phoned in/e-prescribed/faxed) to support patient gap closure.</p>
Member Reported Services and Biometric Values	<p>Member-reported services and biometric values (e.g., 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>
Codes for Telehealth	<p>Telehealth Modifier: GT, 95; POS 02 Telephone visits: 98966–98968 & 99441–99443 Online Assessments: 98969–98972; 99421–99423, 99444, 99457; G0071, G2010, G2012, G2061–G2063</p> <p>Codes for an E & 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>
Advanced Illness & Frailty**	<p>Telehealth, telephone visits, e-visits and virtual check-ins are acceptable to exclude a patient due to advanced illness and frailty. The exclusion must be documented in the medical record and the code must be 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 AND frailty claim in the measurement year as well as measure specific ages.</p> <p><small>** All measures this applies to are indicated with a double asterisk under the measure name.</small></p>

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Prevention & screening

Breast Cancer Screening (BCS)**

- Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion.
- Mammograms can be ordered/discussed. However, the member must get the service completed to close the gap.
- Providers should document exclusions in the medical record (e.g., mastectomies) and bill with appropriate ICD-10 codes to remove the patient from the measure.

Colorectal Cancer Screening (COL)**

- Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion.
- Preventive screenings can be ordered/discussed or an in-home test kit can be sent.
- Providers should document exclusions in the medical record (e.g., colorectal cancer, total colectomy) and bill with appropriate ICD-10 codes to remove the patient from the measure.

Cardiovascular

Controlling High Blood Pressure (CBP)**

- Telehealth, telephone visits, e-visit or virtual check-ins are allowed for hypertension diagnosis on both qualifying visits.
- BP readings can be taken from the patient during a telehealth, telephone, e-visit or virtual visit.
 - Patient reported BP readings are acceptable if they are taken with a digital device, dated and documented in the medical record as a distinct value. Documentation of BP ranges and thresholds are not accepted.
 - The provider does not need to see the actual reading; the patient can verbally report the digital reading.
- Readings must be clearly dated and documented in the medical record and should be submitted through CPT®II codes on claims or approved EMR supplemental data exchange.
- Correct CPT® II codes are identified on the CBP Quality Tip Sheet.

Statin Therapy for Patients with Cardiovascular Disease (SPC)**

- Telehealth, telephone visits, e-visits and virtual check-ins to identify the event/diagnosis/exclusion.
- Prescriptions can be obtained via telehealth, but the patient must fill the script using their pharmacy benefit. Gap closure is dependent on pharmacy claims. Prescriptions filled through pharmacy discount programs, cash claims, and medication samples would not count.
- Intolerance to statin medications should be documented in the medical record and exclusion codes must be billed annually.

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Diabetes

<p>Hemoglobin A1c Control for Patients with Diabetes (HBD)**</p>	<ul style="list-style-type: none"> • Telehealth, telephone visits, e-visits and virtual check-ins can be used to document event/exclusion. • HbA1c test ordered or in-home test kit (lab processed) can be sent. • The result must be documented in the medical record and include the exact date the HbA1c was completed. Dated patient-reported HbA1c results are acceptable although any indication that the HbA1c was completed through a home kit (e.g., drugstore purchased) would not count. • Data with results can be submitted through approved EMR supplemental data exchange or a claim billed with appropriate CPT® II codes. Service details and results must be clearly documented in the medical record.
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<p>Eye Exam for Patients with Diabetes (EED)**</p>	<ul style="list-style-type: none"> • Telehealth, telephone visits, e-visits and virtual check-ins can be used to document event/exclusion. • Patient self-reported exams can be captured in medical record for gap closure (must include result, exam date, eye care professional name and credentials). • Data with results can be submitted through approved EMR supplemental data exchange or a claim billed with appropriate codes. Service details and results must be clearly documented in the medical record.
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<p>Kidney Health Evaluation for Patients with Diabetes (KED)**</p>	<ul style="list-style-type: none"> • Telehealth, telephone visits, e-visits and virtual check-ins can be used to identify the diagnosis/exclusion. • eGFR/uACR can be ordered. Testing must be completed and all three applicable codes must be billed to close the gap.
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Musculoskeletal

<p>Osteoporosis Management in Women who had a Fracture (OMW)**</p>	<ul style="list-style-type: none"> • Telehealth, telephone visits, e-visits and virtual check-ins can be used to document event/exclusion. • 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 pharmacy claims.
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Medication management & care coordination

Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)

- Telehealth, telephone, e-visits and virtual check-ins can be used to document the seven-day follow-up as well as the event/diagnosis when identifying chronic condition diagnoses.

Transitions of Care – Patient Engagement after Inpatient Discharge (TRC-PE)

- Telehealth, telephone, e-visits and virtual check-ins allowed for the Patient Engagement After Inpatient Discharge.
- Document the elements for gap closure as indicated on the TRC Tip Sheet.

Transitions of Care – Medication Reconciliation Post-Discharge (TRC-M)

- Telehealth and telephone visits are allowed for follow up purposes.
- Document completion of the medication reconciliation in the medical record and bill 1111F on a claim as soon as med rec is complete. Providers should not wait for all components of TCM or care planning services codes to be met.

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 as gap closure is dependent on pharmacy claims. Prescriptions filled through pharmacy discount programs, cash claims and medication samples would not count.

Statin Use in Persons with Diabetes (SUPD)

- Telehealth, telephone, e-visits and virtual check-ins can be used to write prescriptions and document and report exclusions.
- The patient must fill the script using their pharmacy benefit as gap closure is dependent on pharmacy claims. Prescriptions filled through pharmacy discount programs, cash claims and medication samples would not count.
- Intolerance to statin medications should be documented in the medical record and exclusion codes must be billed annually.

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