

# Telehealth Summary

## Measure Year 2021

This summary provides an overview of the HEDIS measures that can be addressed via telehealth. The table below has helpful information such as, definitions, and billing and coding requirements. The following pages identify the HEDIS measures as applicable to our commercial, Medicare and Medicaid plans. We appreciate your commitment to providing quality care and services to HAP members!

Topic	Telehealth comments
<b>Telehealth Definition</b>	<ol style="list-style-type: none"> <li>1. Interactive audio and video telecommunications that permits real-time communication (synchronous) must be used between provider and patient. See telehealth modifier or POS code as indicated below. <ul style="list-style-type: none"> <li>• Telephone: When the measure indicates a telephone call (real-time interactive), a telephone call is acceptable.</li> </ul> </li> <li>2. Telehealth sometimes referred to as an online assessment, e-visit or virtual check-in, is not “real-time” (asynchronous) 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> </ol>
<b>Documentation requirements</b>	<p>For all telehealth visits, the documentation in the office note must include specific information relative to each HEDIS measure</p> <ul style="list-style-type: none"> <li>• Patient informed consent documented (understands and accepts the privacy and security risks of telehealth medicine).</li> <li>• Type of telehealth contact (visual, audio, email, portal etc.)</li> <li>• Type of video service (Doxy.me, Zoom, etc.),</li> <li>• Location (city/state) of patient and provider</li> </ul> <p>If gaps cannot be directly closed via telehealth visit, please discuss preventive services and exclusions with patients. Screenings can be ordered, 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>The information must be clearly documented, dated and maintained in the member’s legal health record. Data with compliant results can be submitted through the EMR or a claim billed with appropriate CPTII code.</p>
<b>Codes for Telehealth</b>	<p>Telehealth Modifier: GT, 95; POS 02.</p> <p>Telephone visits: 98966-98968 &amp; 99441- 99443.</p> <p>Online Assessments: 98969 thru 98972; 99421 thru 99423, 99444, 99458. G2010, G2012, G2061 thru G2063</p> <p>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>Advance Illness &amp; 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>* These measures are indicated below</b></p>

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<b>PREVENTION &amp; SCREENING</b>				
Breast Cancer Screening (BCS)*	✓	✓	✓	<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 used to close the gap if they are clearly documented in the medical record including the date of the screening.</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> <li>• Gap closures achieved through newly added telehealth guidance may be sent through the HAP provider portal.</li> </ul>
Colorectal Cancer Screening (COL)*	✓		✓	<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) should be documented including the date 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> <li>• Gap closures achieved through newly added telehealth guidance may be sent through the HAP provider portal.</li> </ul>
<b>CARDIOVASCULAR</b>				
Controlling Blood Pressure (CBP)*	✓	✓	✓	<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 and documented in the medical record (MR).</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>• Data with compliant results can be submitted through the EMR or a claim billed with the correct CPT II codes. Service details and results must be clearly documented.</li> </ul>
Statin Therapy for Patients with Cardiovascular Disease (SPC)*	✓	✓	✓	<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. Gap closure is dependent on pharmaceutical claims.</li> </ul>

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Persistence of Beta- Blocker Treatment After Heart Attack (PBH)*	✓	✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins to obtain prescriptions or document exclusions.</li> <li>• Gap closure is dependent on pharmaceutical claims.</li> </ul>
<b>DIABETES</b>				
Diabetes Care – Blood Sugar (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>• Gap cannot be closed via telehealth, but the gap can be discussed with the patient</li> <li>• A1c lab test ordered or in-home test kit could be sent</li> <li>• The result must be documented in the medical record.</li> <li>• Data with compliant results can be submitted through the EMR or a claim billed with appropriate code. Service details and results must be clearly documented.</li> </ul>
Diabetes Care – 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 for gap closure (must include result, date and eye care professional);</li> <li>• Data with compliant results can be submitted through approved EMR or a claim billed with appropriate code. Service details and results must be clearly documented.</li> <li>• Gap closures achieved through newly added telehealth guidance may be sent through the HAP provider portal.</li> </ul>
Diabetes – Kidney Disease (CDC)* <i>Retired for Commercial</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 or ESRD can close the gap.</li> <li>• Urine test ordered or In-home test kit could be sent.</li> <li>• Prescription for ACE/ARB can be obtained (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 exclusion of polycystic ovarian syndrome (PCOS) (new optional exclusion).</li> <li>• Prescriptions can be obtained, but the patient must fill the script. Gap closure is dependent on pharmaceutical claims.</li> </ul>

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<b>RESPIRATORY</b>				
Asthma Medication Ratio (AMR)		✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins to identify the event/diagnosis/exclusion</li> <li>• The restriction that only three of the four visits with an asthma diagnosis be an outpatient telehealth, telephone visit, e- visit or virtual check-in has been lifted.</li> <li>• Document medication adherence. Gap closure is dependent on pharmaceutical claims.</li> </ul>
Use of Spirometry Testing in Assessment/Diagnosis COPD (SPR)	✓	✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits and virtual check-ins to identify the event/diagnosis</li> </ul>
<b>MUSCULOSKELETAL</b>				
Osteoporosis Management in Women with a Fracture (OMW)*	✓			<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins to identify the advanced illness exclusion added</li> <li>• Prescriptions can be obtained via telehealth, but the patient must fill the script for medication of BMD screening. Gap closure is dependent on pharmaceutical or BMD screening claims.</li> </ul>
Disease-Modifying Anti-Rheumatic Drug Therapy (ART)* <i>Retired for measurement year 2021</i>	✓			<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins to identify the advanced illness exclusion added</li> <li>• Prescriptions can be obtained via telehealth, but the patient must fill the script. Gap closure is dependent on pharmaceutical claims.</li> </ul>
<b>CARE COORDINATION</b>				
Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)	✓			<ul style="list-style-type: none"> <li>• Telehealth, telephone, e-visits and virtual check-ins to the event/diagnosis when identifying visits with chronic condition diagnoses.</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> </ul>
Medication Reconciliation Post Discharge (MRP)	✓			<ul style="list-style-type: none"> <li>• Telehealth and telephone visits are allowed for follow up purposes.</li> <li>• Document completion of the medication reconciliation in the medical record and bill 1111F on a claim</li> </ul>

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<b>BEHAVIORAL HEALTH</b>				
Mental Health Utilization (MPT)	✓	✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins</li> </ul>
Antidepressant Medication Management (AMM)	✓	✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits, and virtual check-ins to document the event/diagnosis/ or exclusions.</li> <li>• Gap closure is dependent on pharmaceutical claims.</li> </ul>
Follow-Up After ED Visit for Mental Illness (FUM)	✓	✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits and virtual check-ins allowed for follow up purposes.</li> </ul>
Follow-Up After Hosp. for Mental Illness (FUH)	✓	✓	✓	<ul style="list-style-type: none"> <li>• Telehealth and telephone visits are allowed for follow up purposes.</li> </ul>
<b>ACCESS &amp; AVAILABILITY OF CARE</b>				
Prenatal and Postpartum Care (PPC)		✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone visits, e-visits and virtual check-ins are allowed for reporting both rates for this measure</li> <li>• Document in the medical record one of the components to close the measure</li> <li>• The claim must include the appropriate code</li> </ul>
<b>CHILD AND ADOLESCENTS</b>				
Use of First-Line Psychosocial Care for Children/ Adolescents on Antipsychotics (APP)		✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone, e-visit or virtual check-in to document the event/diagnosis/exclusions.</li> </ul>
Weight Assessment & Counseling for Nutrition & Physical Activity for Children and Adolescents (WCC)		✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone, e-visit or virtual check-in can meet criteria for indicators: <ul style="list-style-type: none"> <li>– BMI Percentile</li> <li>– Counseling for Nutrition</li> <li>– Counseling for Physical Activity</li> </ul> </li> <li>• Patient/Parent reported biometric (height, weight, BMI) is acceptable if provider clearly documents that in patient's medical record.</li> <li>• Providers should calculate and verify BMI percentile according to patient's age group.</li> <li>• Bill the visit with appropriate ICD10 codes for gap closure for this measure irrespective of the visit type (in office, telehealth, telephone etc.).</li> </ul>
Child and Adolescents Well Care Visits (WCV)		✓	✓	<ul style="list-style-type: none"> <li>• Telehealth, telephone, e-visit or virtual check-in are allowed. Document the elements for gap closure</li> </ul>