



TELEHEALTH FOR HEDIS MEDICARE

Provided by Quality Care Improvement Team

AGENDA

- Overview of Telehealth
- Telehealth for HEDIS Measures
- Questions & Answers



TELEHEALTH OVERVIEW

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MEDICARE TELEHEALTH VISITS

Description

Provider must use an interactive audio and video telecommunications system that permits real-time communication to patient at distant site.

Communication method:

- Audio and video

Key Points

- Patient can be new* or an established patient
- POS 11
- Use modifier 95
- Patient consent: Yes
- Can be performed by physician, PA, NP, etc.

Common Telehealth Services Include:

- 99201-99215 (office or other outpatient visits)
- G0425-G0427 (telehealth consultations, ED or initial inpatient)
- G0406-G0408 (follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)

**To the extent the 1135 waiver requires an established relationship. HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency*

VIRTUAL CHECK-INS

Description

Provider can conduct a brief communication service (5-10 minutes) with patients over telephone or video and image.

Communication methods:

- Telephone
- Audio/video
- Secure text messaging
- Email
- Patient portal

Key Points

- Patient must be established with provider office
- POS 11
- Patient consent: Yes
- Must not be related to a medical visit within the past 7 days
- Cannot result in a medical visit within the next 24 hours/soonest availability
- Can be performed by physician, NP, PA, etc.
- Telephone HCPCS: **G2012**; 5-10 minutes of medical discussion
- Recorded video and/or images (e.g. store and forward): **G2010**; includes interpretation with follow-up within 24 hours

ELECTRONIC VISITS

Description

Provider can utilize online patient portals to communicate non-face-to-face with the patient

Communication method:

➤ Patient portal

Key Points

- Patient must be established with provider office
- POS 11
- Patient consent: Yes
- Must be patient-initiated communication
- Must not be related to a medical visit within the past 7 days
- Cannot result in a medical visit within the next 24 hours/soonest availability
- E-visits codes: 99421-99423

VIRTUAL SERVICES

TYPE OF SERVICE	WHAT IS THE SERVICE	PATIENT RELATIONSHIP WITH PROVIDER	HCPCS/CPT CODE	POS	DOCUMENTATION
MEDICARE TELEHEALTH VISITS	Video and audio capabilities are required for real time communication	New or Established Patient consent: Yes	Common codes: 99201-99215 (outpatient) G0406-G0408 (hospital/SNF)	Use POS that would have been reported had the service been furnished in person (e.g. 11, 21, 22) Use 95 modifier	Requirements are the same as a face-to-face E&M visit. Document ex: "This visit was conducted virtually via audio and video technology" + time spent
VIRTUAL CHECK-IN	Brief Telephone, audio/video, secure text messaging, email or use of patient	Established Patient consent: Yes	G2012 G2010	Use POS that would have been reported had the service been furnished in person (e.g. 11, 21, 22) No modifier required	Can be documented by auxiliary staff under general supervision + time spent
E-VISITS	Communication between a patient and provider through an online patient portal	Established Patient consent: Yes	99421-99423 G2061-G2063	Use POS that would have been reported had the service been furnished in person (e.g. 11, 21, 22) No modifier required	Permanent documentation storage (electronic or hard copy) of the encounter + time spent

Based on Medicare 1135 Waiver as of 04/10/2020



TELEHEALTH FOR HEDIS

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CONTROLLING HIGH BLOOD PRESSURE (CBP)

Description

Patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was < 140/90 mmHg. The BP reading of the last office visit of the measurement year will suffice this measure.

Codes

Systolic BP: < 130 mmHg – CPT: 3074F
130-139 mmHg – CPT: 3075F
Diastolic BP: < 80 mmHg – CPT: 3078F
80-89 mmHg – CPT: 3079F

How to Capture This Measure Through Telehealth?

- BP readings from remote monitoring devices that are digitally stored and transmitted to the provider is acceptable for blood pressure measurement and documentation.
- BP readings self-reported by patient are acceptable.

CONTROLLING HIGH BLOOD PRESSURE (CBP)

VITALS: Patient Self-Reported
 Not Captured Due To COVID-19

BP: Sys. mmHg / Dias.: mmHg

Height: (ft.) (in.)

Weight: (lbs.)

BMI:

Last date of service: BP: / mmHg / Height: 0 feet 0 inches Weight: lbs. BMI:

The Web Portal has an updated Vitals tool to include if it is patient self-reported or to bypass reporting due to current situations.

Note: An update will be made to include an option for vitals captured in the office.

Controlling High Blood Pressure (CBP)					0 / 10
Systolic	Last reading on :	Done Clear	Points	ICD / CPT	Actions
1. < 130 sBP		<input type="radio"/>	5	I10 / 3074F	<input type="button" value="Save"/>
2. 130-139 sBP		<input type="radio"/>	5	I10 / 3075F	<input type="button" value="Save"/>
3. >= 140 sBP		<input type="radio"/>	0	I10 / 3077F	<input type="button" value="Save"/>
The systolic and diastolic blood pressure reading of the last office visit of the year will close the gap.					
Diastolic	Last reading on :	Done Clear	Points	ICD / CPT	Actions
1. >= 90 sBP		<input type="radio"/>	0	I10 / 3080F	<input type="button" value="Save"/>
2. < 80 dBP		<input type="radio"/>	5	I10 / 3078F	<input type="button" value="Save"/>
3. 80-89 dBP		<input type="radio"/>	5	I10 / 3079F	<input type="button" value="Save"/>
The systolic and diastolic blood pressure reading of the last office visit of the year will close the gap.					

CARE FOR OLDER ADULTS (COA)

Annual Wellness Visit

HCPCS: G0402 (Welcome) (Not allowable by telehealth), G0438 (Initial), G0439 (Subsequent)

Advance Care Planning – CPTII: 1123F, 1124F, 1157F, 1158F

Functional Status Assessment – CPTII: 1170F

Medication Review

CPTII: 1159F (list) and 1160F (review); both codes must be billed on the same claim

Pain Assessment

CPTII: 1125F (+pain), 1126F(-pain)

Best Practices

- Capture all components during the telehealth or in-person Annual Wellness Visit
- COA components can be captured through completing the Health Risk Assessment form or progress notes
- The components can also be captured during a regular sick visit

MEDICATION ADHERENCE

Description

Patients 18 years of age who adhere to their prescribed drug therapy for at least 80% of the time for the following medication categories:

- Cholesterol
- Diabetes
- Hypertension



How to Capture This Measure Through Telehealth?

- Telehealth assessment
- Call patients to remind them about medication pick-ups
- Utilize e-prescriptions
- Switch from 30-day to 90-day supply
- Assist patient with setting up mail order or auto-delivery



MEDICATION RECONCILIATION POST DISCHARGE (MRP)

Description

Patients 18 and older who had an acute or non-acute discharge and for whom medications were reconciled the date of discharge through 30 days after discharge

Documentation

- Notations that the medication prescribed upon discharge were reconciled with the current outpatient medication(s)
- Evidence of medication reconciliation by MD/Clinical Pharmacist/RN
- A notation that “no new medications” were prescribed or ordered upon discharged

Codes

Transitions of Care

CPT: 99496 - An office visit within 7 days post discharge

CPT: 99495 - An office visit within 14 days post discharge

Medication Reconciliation Post-Discharge

CPTII: 1111F - A medication reconciliation was completed and documented

Telehealth

Telehealth or telephonic visit will qualify for this measure. Bill 1111F.

PREVENTATIVE SCREENING MEASURES

Separate appointments for sick visits and well-care visits or complete visits through telehealth

Have patients wait inside their car until their turn to be seen

Educate patients the importance of preventative screenings

Breast Cancer Screening - Send direct referrals to patients who are due for a mammogram

Colorectal Cancer Screening - Have iFOBT kits readily available in your office by contacting the contracted laboratory

Comprehensive Diabetes Care - HbA1c & Microalbumin - Fax lab requisition forms to contracted lab and have patient complete the lab order at the drawing center

OFFICE BEST PRACTICES

01

Use the Web Portal

- Ensure proper codes & upload documents as required
- Print out the Patient Assessment Form from the Web Portal prior to the patient's appointment
- Make sure to check off any completed screenings & immunizations done by the patient

Patient Outreach

- Check on the Web Portal if the patient is missing any screening or immunization before they come in for their visit
- Call patients on the gap for measures that can be completed via telehealth, schedule a visit
- Call patients to follow-up if they have completed their screenings

02

03

E-Mail/Text Message Reminder

- Have patients provide their e-mail/cell phone number to stay updated with your office
- Send reminder e-mails/text messages of their upcoming appointments

RESOURCES

Medicare Telemedicine Health Care

- <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- <https://www.hhs.gov/coronavirus/telehealth/index.html>
- <https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

Transitional Care Management

- [https://www.aafp.org/practice-management/payment/coding/medicare-coordination-services/tcm.html#:~:text=Transitional%20Care%20Management%20\(TCM\)%20addresses,or%20change%20in%20medication%20therapy.](https://www.aafp.org/practice-management/payment/coding/medicare-coordination-services/tcm.html#:~:text=Transitional%20Care%20Management%20(TCM)%20addresses,or%20change%20in%20medication%20therapy.)



Thanks!

Any questions?

Feel free to email us at QualityImprovement@networkmedicalmanagement.com