Telehealth General Comments

Topic	Telehealth comments
Telehealth Definition	1. **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. • Telephone: When the measure indicates a telephone call (real-time interactive), a telephone call is acceptable. 2. **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.

Documentation requirements	For all telehealth visits, the documentation in the office note, must include specific information relative to each HEDIS/Star/pharmacy measure
	    • Type of telehealth contact (visual, audio, email, portal etc.)
	    • Type of video service (Skype, Zoom, Bluejean, etc.),
	    • Location of patient and provider
	    • Patient Informed consent documented (understands and accepts the privacy and security risks of telehealth medicine).
	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.

Member Reported Services and Biometric Values	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. In order to close the gap for this measure, compliant result should be recorded. Data with compliant results can be submitted through approved EMR supplemental data exchange, HEB where applicable, or a claim billed with appropriate CPTII code. Service details along with results must be clearly documented in the medical record.
Codes for Telehealth	Telehealth Modifier: GT, 95; POS 02. Telephone visits: 98966-98968 & 99441- 99443. Online Assessments: 98969 thru 98972; 99421 thru 99423, 99444, 99458. G2010, G2012, G2061 thru G2063 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.
Advance Illness & Frailty **	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. 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. *** All measures this applies to are indicated with a double asterisk under the measure name*
HEDIS Gap Closures	Any gap closures achieved through newly added telehealth guidance will not reflect in HeB or other monthly reports until BCBSM internal systems/portals are updated. We anticipate completing these updates by November 2020 although this could occur later.

Telehealth Summary – HEDIS measures

Measure name	Program	Telehealth comment – also see the general comments
PREVENTION & SCREENING		
Breast Cancer Screening **	Medicare Stars Commercial	• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion • Patient reported mammograms can be entered into HeB to close the gap as long as they are clearly documented in the medical record • Mammograms can be ordered/discussed. However, the member must get the service completed to close the gap. • 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.
Colorectal Cancer Screening **	Medicare Stars Commercial	• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion • Patient reported previous screening (i.e. colonoscopy) should be entered in HeB to close the gap. Document patient-reported information in medical record. • Preventive screenings can be ordered/discussed, or in-home test kit sent. • Providers should document lifetime exclusions in the medical record and bill with appropriate ICD10 codes in order to remove the patient from the measure.
CARDIOVASCULAR		

Controlling Blood Pressure **	Medicare Stars
	
	Commercial
		• 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 it is taken with a digital device and documented in the medical record (MR).
		   ○ The provider does not need to see the actual reading – the patient can verbally report the digital reading.
		• The claim must include visit type (any type of office visit acceptable). Claims without visit type will not close the gap.
		• Data with compliant results can be submitted through approved EMR supplemental data exchange, HEB where applicable, or a claim billed with the correct CPT II codes as identified on the Clinical Quality Tip Sheets or in the Quality Description Document. Service details and results must be clearly documented in the MR.

Statin Therapy for Patients with Cardiovascular Disease **	Medicare Stars Commercial	• 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. Gap closure is dependent on pharmaceutical claims.
Persistence of Beta-Blocker Treatment After Heart Attack **	Medicare Commercial	• Telehealth, telephone visits, e-visits, and virtual check-ins to obtain prescriptions or document exclusions. • Gap closure is dependent on pharmaceutical claims.

Reference the Quality Description Document or Clinical Quality Tip Sheets for more information and coding.

Telehealth Summary – HEDIS measures

Measure name	Program	Telehealth comment – also see the general comments
DIABETES		
Diabetes Care – Blood Sugar **	Medicare *Stars* Commercial	• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion • Unable to be closed via telehealth; gap can be discussed with patient • A1c test ordered or in-home test kit could be sent • The result must be documented in the medical record (MR). • Data with compliant 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.
Diabetes Care – Eye Exam **	Medicare *Stars* Commercial	• 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 (MR) for gap closure (must include result, date and eye care professional); • Data with compliant 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.
Diabetes – Kidney Disease ** *Retired for Commercial*	Medicare *Stars*	• Telehealth, telephone visits, e-visits, and virtual check-ins can be used to document event/exclusion • Telehealth visit with a nephrologist or billing evidence of CKD or ESRD can close the gap. • Urine test ordered or In-home test kit could be sent. • Prescription for ACE/ARB can be obtained (must be billed with CPT II 4010F to close the gap and documented in the medical record).
Statin Therapy for Patients with Diabetes **	Medicare Commercial	• 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). • Prescriptions can be obtained, but the patient must fill the script. Gap closure is dependent on pharmaceutical claims.
RESPIRATORY		
Asthma Medication Ratio	Commercial	• Telehealth, telephone visits, e-visits, and virtual check-ins to identify the event/diagnosis/exclusion • 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. • Document medication adherence. Gap closure remains by pharmaceutical claims.
Use of Spirometry Testing in Assessment/Diagnosis COPD	Medicare Commercial	• Telehealth, telephone visits, e-visits and virtual check-ins to identify the event/diagnosis

Reference the Quality Description Document or Clinical Quality Tip Sheets for more information and coding.

Telehealth Summary – HEDIS measures

Measure name	Program	Telehealth comment – also see the general comments
MUSCULOSKELETAL		
Osteoporosis Mgmt in Women with a Fracture **	Medicare Stars	• Prescriptions can be obtained via telehealth, but the patient must fill the script. Gap closure is dependent on pharmaceutical claims.
Disease-Modifying Anti-Rheumatic Drug Therapy **	Medicare Stars	• Prescriptions can be obtained via telehealth, but the patient must fill the script. Gap closure is dependent on pharmaceutical claims.
CARE COORDINATION		
Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions	Medicare	• Telehealth, telephone, e-visits and virtual check-ins to the event/diagnosis when identifying visits with chronic condition diagnoses.
Transitions of Care (TRC)	Medicare Stars	• Telehealth, telephone, E-visits, and virtual check-ins allowed for the Patient Engagement After Inpatient Discharge. • Document the elements for gap closure as indicated in the Quality Description Document and HEDIS Tip sheet.
Medication Recon Post Discharge (now part of TRC)	Medicare Stars	• Telehealth and telephone visits are allowed for follow up purposes. • Asynchronous visits (e-visits, and virtual check-ins) not allowed • Document completion of the medication reconciliation in the MR and bill 1111F on a claim
BEHAVIORAL HEALTH		
Mental Health Utilization	Commercial	• Telehealth, telephone visits, e-visits, and virtual check-ins
Antidepressant Medication Management	Medicare Commercial	• Telehealth, telephone visits, e-visits, and virtual check-ins to document the event/diagnosis/ or exclusions. • Gap closure is dependent on pharmaceutical claims.
Follow-Up After Emergency Department Visit for Mental Illness	Medicare Commercial	• Telehealth, telephone visits, e-visits and virtual check-ins allowed for follow up purposes.
Follow-Up After Hosp for Mental Illness	Medicare Commercial	• Telehealth and telephone visits are allowed for follow up purposes. • Asynchronous visits (e-visits, and virtual check-ins) are not allowed

Reference the Quality Description Document or Clinical Quality Tip Sheets for more information and coding.

Telehealth Summary – HEDIS measures

Measure name	Program	Telehealth comment – also see the general comments
ACCESS/AVAILABITY OF CARE		
Prenatal and Postpartum Care	Commercial	• Telehealth, telephone visits, e-visits and virtual check-ins are allowed for reporting both rates for this measure. • Document in the medical record one of the components to close the measure (see the Quality Description Document or Tip Sheet). • The claim must include the appropriate code as identified in the Quality Description Document or on the Clinical Quality Tip Sheets
PHARMACY MEASURES		
Medication Adh – Diabetes Medication Adh – Cholesterol Medication Adh – HTN Statin Use - Persons w/Diabetes	Medicare *Stars*	• Prescriptions can be obtained via telehealth, telephone, e-visits and virtual check-ins • The patient must fill the script using their pharmacy benefit • Gap closure is dependent on pharmaceutical claims
PEDIATRIC		
Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics	Commercial	• Telehealth, telephone, e-visit or virtual check-in to document the event/diagnosis/exclusions.

Weight Assessment & Counseling for nutrition & Physical Activity for Children and Adolescents	Commercial	• Telehealth, telephone, e-visit or virtual check-in can meet criteria for indicators:
		  o BMI Percentile
		  o Counseling for Nutrition
		  o Counseling for Physical Activity
		• Patient/Parent reported biometric (height, weight, BMI) is acceptable if provider clearly documents that in patient's medical record.
		• Providers should calculate and verify BMI percentile according to patient's age group.
		• Bill the visit with appropriate ICD10 codes for gap closure for this measure irrespective of the visit type (in office, telehealth, telephone etc.).

Child and Adolescents Well Care Visits	Commercial	• Telehealth, telephone, e-visit or virtual check-in are allowed. Document the elements for gap closure
Well Child Visits in the First 15 Months of Life	Commercial	• Telehealth, telephone, e-visit and virtual check-ins are acceptable for gap closures. • Patient/Parent reported biometric (height, weight, BMI) is acceptable if provider clearly documents that in patient's medical record. • Providers should calculate and verify BMI percentile according to patient's age group. • Accompanying outpatient visit is required in order to close the gap. The visit can be completed via telephone visit, e-visit, or virtual check-in. • The visit should be billed with appropriate telehealth modifier when applicable.

Reference the Quality Description Document or Clinical Quality Tip Sheets for more information and coding.