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Medicaid

**Provider Bulletin**
May 2022

# HEDIS telehealth eligible measures coding bulletin

The NCQA specifies three modalities for delivery of telemedicine service. The first is **synchronous telehealth**, for example real-time, two-way audio-visual communications via a technology platform such as Webex or Zoom. The second is **telephonic visits**, meaning the exchange of communication via a live telephone call. Finally, there is **asynchronous telehealth**, which means two-way communication that is not real-time, for example secure messaging or email. Synchronous telehealth visits, telephone visits, and asynchronous telehealth are considered separate modalities for HEDIS® reporting.

The following is a list of HEDIS measures that are eligible for provider gap closure through telehealth services:

- Antibiotic Utilization for Respiratory Conditions (AXR)
- Appropriate Testing for Pharyngitis (CWP)
- Appropriate Treatment for Upper Respiratory Infection (URI)
- Asthma Medication Ratio (AMR)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Blood Pressure Control for Patients With Diabetes (BPD)
- Breast Cancer Screening (BCS)
- Cardiac Rehabilitation (CRE)
- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
- Child and Adolescent Well-Care Visits (WCV)
- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Eye Exam Performed for Patients With Diabetes (EED)
- Follow-Up After Emergency Department Visit for Substance Use (FUA)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)
- Follow-Up After High Intensity Care for Substance Use Disorder (FUI)
- Follow-Up After Hospitalization for Mental Illness (FUH) (follow-up visit must be provided by a BH provider and may include telehealth services)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD) (one of two visits can be a conducted via telephone or utilizing telehealth technology)
- Hemoglobin A1c Testing & Control for Patients With Diabetes (HBD)
- Diagnosed Substance Use Disorders (DSU)

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- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Kidney Health Evaluation for Patients with Diabetes (KED)
- Mental Health Utilization (MPT)
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
- Plan All-cause Readmissions (PCR)
- Prenatal and Postpartum Care (PPC)
- Statin Therapy for Patients With Cardiovascular Disease (SPC)
- Statin Therapy for Patients With Diabetes (SPD)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Use of Imaging for Low Back Pain (LBP)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Well-Child Visits in the First 30 Months of Life (W30)

When billing for these services, follow the same process for billing office-based services, but also include the telehealth modifier(s).

| **Required modifier** | **Code** | **Detail** |
|---|---|---|
| Telehealth modifier | 95 | Telemedicine service rendered via a real-time interactive audio and video telecommunications systems.<br>The CPT® codes listed in *Appendix P* are for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio-visual telecommunication system. |
| Telehealth modifier | GT | Via interactive audio and telecommunications systems. Modifier **GT** is used with services provided via synchronous telemedicine for which modifier **95 cannot be used**. |
| **Required place of service (POS)** | **Code** | **Detail** |
| Telehealth POS | 02 | The location where health services and health-related services are provided or received, through telehealth telecommunication technology. When billing telehealth services, providers must bill with place of service code **02** and continue to bill modifier **95** or **GT**. |

| **Billing codes-CPT** | **Detail** |
|---|---|
| **Telephonic visits** | |
| 99441 | Phone call with physician 5 to 10 minutes of medical discussion |
| 99442 | Phone call with physician 11 to 20 minutes of medical discussion |
| 99443 | Phone call with physician 21 to 30 minutes of medical discussion |
| 98966 | Phone call with physician extender 5 to 10 minutes of medical discussion |
| 98967 | Phone call with physician extender 11 to 20 minutes of medical discussion |
| 98968 | Phone call with physician extender 21 to 30 minutes of medical discussion |
| **Asynchronous telehealth** | |

| Billing codes-CPT | Detail |
|---|---|
| 98970 | Qualified non-physician healthcare professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5 to 10 minutes |
| 98971 | Qualified non-physician healthcare professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11 to 20 minutes |
| 98972 | Qualified non-physician healthcare professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5 to 10 minutes |
| 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11 to 20 or more minutes. |
| 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes. |
| 99457 | Remote physiologic monitoring treatment management services, first 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month |
| 99458 | Remote physiologic monitoring treatment management services, each additional 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month. |
| **Billing codes, HCPCS** | **Detail** |
| G0071 | Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only |
| G2010 | Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment |
| G2012 | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 5 to 10 minutes of medical discussion |

## What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Experience associate or call Provider Services at **800-450-8753**.

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