HEDIS Telehealth Tips

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Closing a Medicare gap with telehealth

Through September 30, 2020, Aetna is extending all member cost-sharing waivers for in-network telehealth visits for outpatient behavioral and mental health counseling services for all Medicare Advantage plan members. Aetna is also waiving member out-of-pocket costs for all in-network primary care visits, whether done in-office and via telehealth, for any reason, and encourages members to continue seeking essential preventive and primary care during the crisis. Medicare Advantage members should use telemedicine as their first line of defense to limit potential exposure to COVID-19 in physician offices.

Telemedicine FAQs: Aetna.com/health-care-professionals/provider-education-manuals/covid-faq/telemedicine.html

HEDIS measure	Provider telehealth opportunity			
	Claim		Medical record documentation	
	Gap closure	Exclusion	Gap closure	Exclusion
Adult Body Mass Index (ABA)	X	X	n/a	X
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	n/a	X	n/a	X
Breast Cancer Screening (BCS)	n/a	X	X	X
Controlling Blood Pressure (CBP)	n/a	X	n/a	X
Comprehensive Diabetes Care (CDC)				
CDC A1C	n/a	X	n/a	X
CDC Eye	n/a	X	X	X
CDC Nephropathy Attention	X	X	X	X
CDC Blood Pressure	n/a	X	n/a	X
Care of Older Adults (COA)				
Advanced Care Planning	X	n/a	X	n/a
Medication Review	X	n/a	X	n/a
Functional Status Assessment	X	n/a	X	n/a
Pain Assessment	X	n/a	X	n/a
Colorectal Cancer Screening (COL)	n/a	X	X	X
Medication Reconciliation Post Discharge (MRP)	X	n/a	X	n/a
Osteoporosis Management for Women After Fracture (OMW)	n/a	X	X	X
Statin Therapy for Patients with Cardiovascular Disease (SPC)	n/a	X	n/a	X

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Adult Body Mass Index (ABA)
The provider completes an outpatient visit, then submits an evaluation and management code with a telehealth modifier. They get the patient's weight and calculates body mass index (BMI) with previously noted height in chart. The care gap will close when an ICD-10 code for BMI is submitted. BMIs obtained during a telehealth visit and documented in the chart are not eligible for supplemental or medical record data collection. The only method to close the gap is to submit a telehealth claim with an ICD-10 code for a BMI.

Breast Cancer Screening (BCS)
The provider completes an outpatient visit, then submits an evaluation and management code with a telehealth modifier. Historical information related to the member's last breast cancer screening, that is unilateral or bilateral mammography and month/year completed, can be documented in the history section of an outpatient visit note. Bilateral mastectomy can be documented in the history section of an outpatient visit note or via claim.

Controlling Blood Pressure (CBP)
Telehealth visits that include a remote monitoring blood pressure (BP) event may close a care gap. Care gap is closed when the provider submits a CPT code for remote BP monitoring, along with a CPT-II code for the BP value. Member-reported info is not permitted for care gap closure. A care gap can be closed when a member has their blood pressure taken via a remote monitoring device that has capability to transmit data (BP readings) to the member's primary care physician.

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Comprehensive Diabetes Care (CDC)

- CDC A1c – N/A
- CDC Eye – The provider completes an outpatient visit, then submits an evaluation and management code with a telehealth modifier. Historical information related to the member's last eye exam, that is eye care provider, year completed, and retinopathy result, can be documented under the history section of an outpatient visit note.
- CDC Nephropathy Attention – The provider completes an outpatient visit, then submits an evaluation and management code with a telehealth modifier. Historical information related to end-stage renal disease, dialysis, chronic kidney disease stage 4, nephrectomy or kidney transplant can be documented in the history section of an outpatient visit note or submitted via claims to close care gap.
- CDC BP – Telehealth visits that include a remote monitoring BP event may close a care gap. Care gap is closed when provider submits a CPT code for remote BP monitoring, along with a CPT-II code for the BP value. Member-reported info is not permitted for care gap closure. A care gap can be closed when a member has their blood pressure taken via a remote monitoring device that has capability to transmit data (BP readings) to the member's primary care physician.

Care of Older Adults (COA)

An outpatient visit is not required to close a care gap. The provider completes a telephone assessment with the member and assesses the status of advanced care planning, current medication review, functional status and pain assessment. Each of the following assessments must be documented in the outpatient record one time per year:

- Advanced care planning
- Medication review
- Functional status assessment
- Pain assessment

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Colorectal Cancer Screening (COL)

The provider completes an outpatient visit, then submits an evaluation and management code with a telehealth modifier. Historical information related to the member's last colorectal cancer screening, that is name of screening and month/year completed, can be documented under the history section of an outpatient visit note. Total colectomy or history of colorectal cancer can be documented in the history section of the outpatient visit note or submitted via claim.

Medication Reconciliation Post Discharge (MRP)

An outpatient visit is not required to close a care gap. Identify the inpatient discharge date from the hospital and/or nursing home. Perform a medication reconciliation between inpatient and outpatient medications and include a CPT code for medication reconciliation. All documentation must be present in the outpatient medical record, including the medication lists. If no medications were prescribed upon discharge, please note. This must be performed by a registered nurse, pharmacist or prescribing practitioner.

Osteoporosis Management for Women after Fracture (OMW)

The provider completes an outpatient visit, then submits an evaluation and management code with a telehealth modifier. Historical information related to the member's last bone density screening, that is name of screening and month/year completed, can be documented under the history section of an outpatient visit note. If a bone density screening was performed two years prior to the fracture date, this can be documented under the history section of an outpatient visit note as an exclusion.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Historical information related to pregnancy, in vitro fertilization, end-stage renal disease, dialysis, cirrhosis, myalgia, myositis and rhabdomyolysis can be documented under the history section of an outpatient visit note as an exclusion.

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Medical Record Documentation Tips
• History Section of an Outpatient Visit Note: history of present illness, chief complaint, past medical history and past surgical history. If colonoscopy or mammogram tests are noted in preventative maintenance of the outpatient visit note, a result must also be documented.

Telehealth Glossary
• Asynchronous Telecommunication (Not reimbursable) — Medical information stored, that is dx images or video, and then forwarded to another site and practitioner to view. Patient is not present.
• Remote blood pressure monitoring — 93784, 93788, 93790, 99091, 99453, 99454, 99457, 448678005, 725956001
• Synchronous Interactive Audio/Video Telecommunication or Interactive Audio and Visual transmissions or Audio-Visual Communication Technology (Reimbursable) — Real-time interactive video teleconferencing; between patient and health care provider performing the medical service; two-way communication (sight and sound).
• Telehealth — Live/interactive audio and visual transmissions of a provider-patient encounter.
• Telemedicine — Delivery of clinical medicine via real-time telecommunications such as telephone, the internet or other communication networks or devices.
• Telehealth Visit Codes
    • New or Established Patients: 99201-99205 and 99211-99215 office or other outpatient visits; modifiers are required.
    • Modifiers:
        • GT: Via interactive audio and video telecommunication system
        • 95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system
    • Place of service code for telemedicine services:
        • POS 02 or POS 11 or POS equal to service if furnished in-person, with the 95-modifier indicating the service was performed via telehealth
• Telephone-only codes (applies only to COA and MRP):
    • 99441–99443 physician or other qualified health care professional
    • 98966–98968 qualified non-physician health care professional

Information taken from: Aetnao365.sharepoint.com/sites/NetworkSharePoint/Shared%20Documents/COVID-19%20Provider%20Resource%20Documents/Telemedicine_External_05.12.20.pdf

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