

How to code HEDIS telehealth-eligible measures

At least 28 HEDIS[®] measures are eligible for provider gap closure through telehealth services. When billing for these services, follow the same process for billing office-based services, but also include the telehealth modifier(s).

What is considered a telehealth service?

Per the National Committee for Quality Assurance (NCQA), there are three modalities for delivery of telemedicine services:

1. **Synchronous telehealth:** real-time, two-way, audio-visual communications via a technology platform such as WebEx or Zoom
2. **Telephonic visits:** exchange of communication via a live telephone call
3. **Asynchronous telehealth:** two-way communication but not real-time, such as secure messaging or email

Synchronous telehealth visits, telephone visits, and asynchronous telehealth are considered separate modalities for HEDIS reporting.

Which HEDIS measures are telehealth-eligible?

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Antidepressant Medication Management (AMM)
- 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)
- Child and Adolescent Well-Care Visits (WCV)
- Controlling High Blood Pressure (CBP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- 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 High Intensity Care for Substance Use Disorder (FUI)
- Follow-Up After Hospitalization for Mental Illness (FUH) — Follow-up visit must be provided by a behavioral health provider and may include telehealth services.
- Follow-Up Care for Children Prescribed ADHD Medication (ADD) — One of two visits can be conducted via telephone or utilizing telehealth technology.
- Hemoglobin A1c Testing and Control for Patients with Diabetes (HBD)
- Diagnosed Substance Use Disorders (DSU)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Kidney Health Evaluation for Patients with Diabetes (KED)

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- 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)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Well-Child Visits in the First 30 Months of Life (W30)

Synchronous Telemedicine Service Rendered

Required modifier	Code	Detail
Telehealth modifier	95	Telemedicine service rendered via a real-time interactive audio and video telecommunications system The CPT® codes listed in <i>Appendix P</i> 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 .

Telephonic visits

Billing codes — CPT	Detail
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 nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 5 to 10 minutes
98971	Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 11 to 20 minutes
98972	Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 21 or more minutes
99421	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 5 to 10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 11 to 20 or more minutes.
99423	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 21 or more minutes.
99457	Remote physiologic monitoring treatment management services, 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
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (for example, 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 seven 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, for example, 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 seven 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 assigned Provider Experience associate or call Provider Services at **800-454-3730**.