

HEDIS telehealth eligible measures coding

Per NCQA, there are three modalities for delivery of telehealth services:

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

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

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Antibiotic Utilization for Respiratory Conditions (AXR)
- 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)
- 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)
- Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
- 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 Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)
- Follow-Up After High Intensity Care for Substance Use Disorder (FUI)

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS 2022 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

<https://provider.amerigroup.com/TX>

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

- 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)
- 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. 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.
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

Billing codes-CPT ³	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	
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 a 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 (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 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, 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 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

1 Synchronous telehealth visits, telephone visits, and asynchronous telehealth (e-visits, virtual check-ins) are considered separate modalities for HEDIS reporting.

2 Modality is non-reimbursable per Medicaid guidelines and use is not guarantee for payment.

3 The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at <https://www.ama-assn.org>.

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 **800-454-3730**.



Email is the quickest and most direct way to receive important information from Amerigroup.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/39gKLNm>).

