

Telehealth Guide for
HEDIS[®] MY 2022



L.A. Care
HEALTH PLAN[®]

For All of L.A.

Per NCQA, providers can use telehealth services for providing care and services to their members. Telehealth services can be done by: Telephone only visit, e-visits (via email), or virtual check-ins (interactive audio and video).

Providers should use the same codes as the in-person visits and to include the appropriate telehealth codes.

Provider does not need to specify the type of telehealth used in the medical record but should submit correct code for the method used.

HEDIS MEASURES THAT INCLUDE TELEHEALTH SERVICES:

- ❖ Acute Hospital Utilization (AHU)
- ❖ Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- ❖ Antidepressant Medication Management (AMM)
- ❖ Asthma Medication Ratio (AMR)
- ❖ Breast Cancer Screening (BCS, BCS-E)
- ❖ Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- ❖ Care for Older Adults (COA)
- ❖ Cardiac Rehabilitation (CRE)
- ❖ Child and Adolescent Well-Care Visits (WCV)
- ❖ Colorectal Cancer Screening (COL)
- ❖ Comprehensive Diabetes Care (CDC)
- ❖ Controlling High Blood Pressure (CBP)
- ❖ Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- ❖ Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- ❖ Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
- ❖ Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- ❖ Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)
- ❖ Emergency Department Utilization (EDU)
- ❖ 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 Hospitalization for Mental Illness (FUH)

- ⌘ Follow-up Care for Children Prescribed ADHD Medication (ADD, ADD-E)
- ⌘ Hospitalization Following Discharge from a Skilled Nursing Facility (HFS)
- ⌘ Hospitalization for Potentially Preventable Complications (HPC)
- ⌘ Kidney Health Evaluation for Patients with Diabetes (KED)
- ⌘ Mental Health Utilization (MPT)
- ⌘ Osteoporosis Management in Women Who Had a Fracture (OMW)
- ⌘ Osteoporosis Screening in Older (OSW)
- ⌘ Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
- ⌘ Plan All-Cause Readmissions (PCR)
- ⌘ Postpartum Depression Screening and Follow-up (PDS-E)
- ⌘ Prenatal and Postpartum Care (PPC)
- ⌘ Prenatal Depression Screening and Follow-up (PND-E)
- ⌘ Statin Therapy for Patients with Cardiovascular Disease (SPC)
- ⌘ Statin Therapy for Patients with Diabetes (SPD)
- ⌘ Transitions of Care (TRC)
- ⌘ Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- ⌘ 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)

NOTE

Attached are Telehealth Codes for your reference.

You can also visit our **HEDIS Resources webpage** for additional code references at:

https://www.lacare.org/sites/default/files/la3096_hedis_hybrid_measure_guide_202110.pdf

Telehealth Codes

TELEPHONIC | Codes that refer to phone conversations with your doctor are billed in time increments from five minutes to a half an hour

CPT

Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian 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; 5-10 minutes of medical discussion

99441

Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian 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; 11-20 minutes of medical discussion

99442

Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian 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; 21-30 minutes of medical discussion

99443

TELEPHONIC | Codes for phone consultations with physician extenders, who are usually nurses, NPs, or PAs, usually correspond with a bill that is less than the bill for phone conversations with your doctor.

CPT

Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98966

Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

98967

Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

98968

Email or some other online service to discuss a medical problem with a physician.

99444

Telehealth Codes

TELEHEALTH - ESTABLISHED PATIENTS | Add the Modifiers to specify the type of face-to-face visit.

CPT

Requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

99212

Requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

99213

Requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

99214

Requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

99215

Telehealth Codes

Modifiers	CPT
<p>Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system. Append this modifier to an appropriate CPT code (listed in Appendix P in the 4/13/2020 CPT manual) for a real time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the reporting provider. The totality of the communication of information exchanged between the reporting provider and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Codes must be listed in Appendix P or have the symbol «next to the code.</p>	<p>95</p>
<p>Via interactive audio and video telecommunication systems. Use only when directed by your payer in lieu of modifier 95.</p> <p>NOTE <i>Medicare stopped the use of modifier GT in 2017 when the place of service code 02 (telehealth) was introduced. If your payers reject a telemedicine claim and the 95 modifier is not appropriate, ask about modifier GT.</i></p>	<p>GT (Telehealth)</p>
<p>The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)</p>	<p>02 (Telehealth)</p>