

# 2024 HEDIS<sup>®</sup> Telehealth Guide

Per NCQA, providers can use telehealth services to provide care and services to their members. Telehealth services can be done by:

- Telephone only visit
- e-Visits
- Virtual Check-Ins (interactive audio and video)

## HEDIS Measures eligible for Telehealth

Abbreviation	HEDIS Measure Description
<b>AAB</b>	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
<b>ACP</b>	Advance Care Planning
<b>ADD-E</b>	Initiation Phase and Follow-Up Care for Children Prescribed ADHD Medication – Only one of two visits can be conducted via telehealth for ADHD Follow-up Care technology
<b>AAP</b>	Adults’ Access to Preventive/Ambulatory Health Services
<b>AMM</b>	Antidepressant Medication Management
<b>AMR</b>	Asthma Medication Ratio
<b>APP</b>	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
<b>BCS-E</b>	Breast Cancer Screening
<b>BPD</b>	Blood Pressure Control for Patients with Diabetes
<b>CBP</b>	Controlling High Blood Pressure
<b>COA</b>	Care for Older Adults – Pain Assessment and Functional Status Only
<b>CWP</b>	Appropriate Testing for Pharyngitis
<b>DSU</b>	Diagnosed Substance Use Disorders
<b>EED</b>	Eye Exam Performed for Patients with Diabetes
<b>FUA</b>	Follow-Up After Emergency Department Visit for Substance Use
<b>FUH</b>	Follow-Up After Hospitalization for Mental Illness – Follow-up visit must be provided by a behavioral health provider and may include telehealth services
<b>FUI</b>	Follow-Up After High Intensity Care for Substance Use Disorder
<b>FUM</b>	Follow-Up After Emergency Department Visit for Mental Illness
<b>HBD</b>	Hemoglobin A1c Testing and Control for Patients with Diabetes
<b>IET</b>	Initiation and Engagement of Substance Use Disorder Treatment
<b>KED</b>	Kidney Health Evaluation for Patients with Diabetes
<b>LBP</b>	Using Imaging for Low Back Pain



Abbreviation	HEDIS Measure Description
PCR	Plan All-Cause Readmissions
PDS – E	Postpartum Depression Screening and Follow-up
PND – E	Prenatal Depression Screening and Follow-up
PPC	Prenatal – Timeliness of Care
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
SPC	Statin Therapy for Patients with Cardiovascular Disease
SPD	Statin Therapy for Patients with Diabetes
URI	Appropriate Treatment for Upper Respiratory Infection
TRC	Transitions of Care

**NOTE ► Visit our website for additional HEDIS Quick References at:**

<https://www.pshpgeorgia.com/providers/quality-improvement/hedis.html>

## Telehealth Codes

Telephonic: A phone visit with a provider in interval of five minutes to a half an hour	CPT Code
Telephone E/M with physician 5 – 10 minutes of medical discussion	<b>99441</b>
Telephone E/M with physician 11 – 20 minutes of medical discussion	<b>99442</b>
Telephone E/M with physician 21 – 30 minutes of medical discussion	<b>99443</b>
Telephone assessment and management with physician extenders 5 – 10 minutes of medical discussion	<b>98966</b>
Telephone assessment and management with physician extenders 11 – 20 minutes of medical discussion	<b>98967</b>
Telephone assessment and management with physician extenders 21 -30 minutes of medical discussion	<b>98968</b>



Telehealth: Virtual Face-to-Face Visit	CPT Code
Qualified nonphysician healthcare professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	98970
Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	98971
Qualified nonphysician qualified healthcare professional assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	98972
Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	98980
Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient	98981
Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5-10 minutes	99421
Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11 - 20 minutes	99422
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	99423
Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month first 20 minutes	99457
Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	99458

Codes subject to change



Telehealth : Virtual Face-to-Face Visit	HCPCS Codes
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	<b>G0071</b>
Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care 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: 5-10 minutes of medical discussion	<b>G2012</b>
Brief communication technology-based service, e.g., virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days	<b>G2251</b>
Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care 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; 11-20 minutes of medical discussion	<b>G2252</b>

Codes subject to change

Modifiers/ Place of Service	Code
Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system 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.	<b>Modifier 95</b>
The location where health services and health related services are provided or received, through a telecommunication system.	<b>Place of Service 02</b>
The location where health services and health related services are provided or received, through telecommunication technology. Patient is in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.	<b>Place of Service 10</b>

Disclaimer: The purpose for this document is to serve as an informational/educational resource tool, not intended for medical advice nor to substitute for the independent medical judgement of a physician or other health care provider. The provider is encouraged to exercise their own medical judgement based upon their evaluation of the patients' condition and all information provided.

Ensure the HEDIS codes are covered prior to submission of claims. Services and treatment described in this resource is not a guarantee that the service or treatment is a covered benefit; check members benefits for details, limitations, and exclusions. Regardless of benefits, the final decision about medical care and treatment is between the member and their health care provider.

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