

# NCQA HEDIS Technical Specifications Telehealth Updates (MY2020/2021)

August 2020

## NCQA has updated telehealth guidance in 40 HEDIS measures for HEDIS Measurement Years 2020 and 2021

- Updates to these 40 measures are reflected in the HEDIS Volume 2 Technical Specifications, published on July 16, 2020. Telehealth revisions are outlined in each measure specification’s “Summary of Changes” section.
- [Link](#) to the NCQA’s Summary of Changes.
- In this document, we are providing telehealth updates on 4 of our focus measures for the Medicare Star program based on the NCQA HEDIS Volume 2 Technical Specifications.
  - Care for Older Adults: Medication Review
  - Care for Older Adults: Pain Assessment
  - Controlling Blood Pressure
  - Medication Reconciliation post Discharge
- Questions: please contact the Quality Management team at VNSNY Choice (QualityManagement@vnsny.org)



# Annual Measures: Workflow Opportunities

The following measures are addressed once annually. As soon as the claim for the appropriate screening or assessment is received by CHOICE, the measure gap will be marked as compliant/closed. Please find suggested workflows for improved outcomes below.

Measure Name	Codes	Important Notes
Care of Older Adults – Medication Review		
<p><b>Interventions:</b></p> <ul style="list-style-type: none"> <li>• <b>Schedule in-person or a telephone visit, e-visit, or virtual check-in</b></li> <li>• Test, Service or Procedure to close care opportunity: Medication review or dated clinician’s note that says the member is not taking any medications</li> </ul>	<ul style="list-style-type: none"> <li>• Use CPT II<sup>®</sup> codes: to close gap administratively: 90863; 99483; 99605; 99606</li> <li>• <b>For a telehealth visit, use the place of service ‘02’; or use a ‘95’ modifier to the CPT<sup>®</sup> code</b></li> </ul>	<ul style="list-style-type: none"> <li>• <u>Always clearly document the date of service of the medication review or notation of no medications.</u></li> <li>• Medication list must be included in the medical record and medication review must be completed by a prescribing provider or clinical pharmacist.</li> <li>• A medication list, signed and dated during the measurement year by the appropriate practitioner type – prescribing practitioner or clinical pharmacist – meets compliance.</li> </ul>

# Annual Measures: Workflow Opportunities

The following measures are addressed once annually. As soon as the claim for the appropriate screening or assessment is received by CHOICE, the measure gap will be marked as compliant/closed. Please find suggested workflows for improved outcomes below.

Measure Name	Codes	Important Notes
Care of Older Adults – Pain Assessment		
<p><b>Interventions:</b></p> <ul style="list-style-type: none"> <li>• <b>Schedule in-person or a telephone visit, e-visit, or virtual check-in</b></li> <li>• Test, Service or Procedure to close care opportunity: standardized pain assessment tool and results; or Date and notation of “no pain” in the medical record after the member’s pain was assessed</li> </ul>	<ul style="list-style-type: none"> <li>• Use CPT II<sup>®</sup> codes: to close gap administratively: 1125F-26F</li> <li>• <b>For a telehealth visit, use the place of service ‘02’;</b> or use a <b>‘95’ modifier</b> to the CPT<sup>®</sup> code.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Always clearly document the date of service of the pain assessment or the notation that the member’s pain was assessed.</u></li> <li>• Pain assessment must be completed within the measurement year.</li> <li>• A pain assessment conducted in an acute inpatient setting will not meet compliance.</li> </ul>

## Diagnosis-Related Measures: Workflow Opportunities

Compliance for the following measure can change throughout the year, depending on member adherence or test results. CBP is based on the most recent/last test of the year. Please find suggested workflows for improved outcomes below.

Measure Name	Codes	Important Notes
Controlling Blood Pressure		
<p><b>Interventions:</b></p> <ul style="list-style-type: none"> <li>• Schedule <b>telephone visits, e-visits and virtual check-ins</b> for members with <b>digital BP devices for member reporting of BP during visit</b></li> <li>• Schedule in-person or in-home visit for members without a digital BP device</li> <li>• Test, Service or Procedure to close care opportunity: BP reading taken during an outpatient visit, nonacute inpatient event or digitally stored and transmitted from a remote monitoring device interpreted by the provider and logged in the member’s medical record. <b>New for 2020/2021 measurement year, member taken and reported BP reading from a digital device.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Submit applicable CPT® II code for member/provider-reported BP reading: 3074F, 3075F, 3077F-3080F</li> <li>• For a <b>telehealth visit</b>, use the <b>place of service ‘02’</b>; or use a <b>‘95’ modifier</b> to the CPT® code.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Always list the date of service and BP reading together for in-person or telehealth visits.</u></li> <li>• BP reading must be the latest performed within the measurement year.</li> </ul>

# Hospital/SNF event-driven Measures: Workflow Opportunities

The following measure is driven by an inpatient hospital or SNF event; only members with a hospital/SNF discharge fall into the measure. Please find suggested workflows for improvement below.

Measure Name	Codes	Important Notes
Medication Reconciliation Post Discharge		
<p><b>Interventions:</b></p> <ul style="list-style-type: none"> <li>Task staff member to check hospital admission/discharge report daily and to call all newly discharged members to schedule an in-person or <b>telehealth visit</b> within 7, 14, or 30 days post-discharge</li> </ul>	<ul style="list-style-type: none"> <li>Use the TCM CPT® Code: visit within 7 days (99496 ) or 14 days (99495) post-discharge to close the medication reconciliation measure included in these visit codes</li> <li>Use CPT® II code (1111F) to close the medication reconciliation gap if the visit occurs days 15-30 post-discharge</li> <li><b>For a telehealth visit, use the place of service '02'; or use a '95' modifier to the CPT® code.</b></li> </ul>	<ul style="list-style-type: none"> <li>Medication reconciliation can be conducted by a prescribing practitioner, clinical pharmacist or registered nurse.</li> <li>Medication reconciliation must be completed on the date of discharge or 30 days afterward.</li> <li>Medication reconciliation can be documented if there is Evidence that:– A member was seen for a post-discharge follow-up. – Medication review or reconciliation was completed at the appointment.</li> <li>A medication list must be present in the outpatient record to fully comply with the measure.</li> </ul>