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# Telemedicine tips for providers - 2023

Aetna Better Health® of Illinois provides this tip sheet to address some of the most common questions about telemedicine. If you need more info about telemedicine services, please contact your Quality Provider Liaison.

Note: We recognize there can be conflicting definitions of terms, especially asynchronous and synchronous visit types.

| Common terms | Definition | Coding |
|---|---|---|
| **Telemedicine** | The practice of medicine using technology to deliver care at a distance. Practitioners in one location (distant site) use telecommunications to deliver care to patients at another location. | |
| **Telehealth** | A two-way interaction between providers and patients through telecommunication devices. It is the direct delivery of health care services to a patient, related to diagnosis, treatment and management of a condition.<br><br>Telehealth can be delivered via synchronous interactive real-time electronic communication comprising both audio and video elements, or asynchronous (audio or video elements) telephone calls, remote patient monitoring and communication via secure electronic mail or a secure patient portal.<br><br>This is an alternative approach to in-person visits for qualified providers to deliver care and services to patients. | **Modifiers:** 95, GT<br>**Telehealth POS:** 02<br><br>**\* Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.** |
| **Synchronous telehealth visits** | **Require real-time face-to-face interactive audio and visual (video) telecommunications with patients.** A measure specification that is silent about telehealth includes synchronous telehealth. This is because telehealth is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code.<br><br>**Example:** A doctor has a video conference on Zoom with a patient to talk to them about their hypertension and discusses ways to manage the condition. | **Evaluation and management outpatient office visit codes:** 99201 – 99205, 99211-99215<br><br>**Preventive service codes:** 99381-99385, 99391-99395<br><br>**Place of Service (POS):** 02 **modifier:** 95 (Synchronous telemedicine service rendered via *real-time* interactive audio/video system)<br><br>**\* Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.** |

| Synchronous telephone visits | **Require real-time audio-only visits.** These visits are considered synchronous visits but do not include video interaction. These visits are used for patients who do not have access to or chose not to use video or web access. | **Telephone visits – Audio-only codes:**<br>99441–99443 (Physicians, NPs, and PAs)<br>98966–98968 (non-physicians)<br>**Place of Service (POS):** 02<br>**modifier:** GT (via interactive audio/video system)<br>**\* Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.** |
| --- | --- | --- |
| Asynchronous E-visits | Sometimes referred to as an e-visit or virtual check in.<br>**This visit is not real-time, but still requires two-way interaction between the member and provider**. It is a digital communication that a patient must initiate — often done through a portal or email.<br><br>This visit requires a clinical decision that typically would be provided in an office. Time is cumulative during a 7-day period. Providers can use CPT codes for these visits based on time. | **Online assessment CPT:**<br>98969-98972, 99421-99423, 99444, 99457<br>**Used by those who can bill E&M services**<br><br>**Online assessment HCPCS**:<br>G0071, G2061-G2063<br>**Used by those who cannot bill E&M services**<br><br>**Virtual check-in code:** G2010 and G2012 |

# Approved practitioners

Practitioners who are approved to provide telehealth are subject to state laws and regulations. They include all or some of the following:

- Physicians
- Nurse practitioners
- Physician assistants
- Clinical nurse specialists
- Clinical psychologists and psychiatrists
- Clinical counselors
- Clinical social workers
- Registered dieticians or nutrition professionals
- Occupational, physical and speech therapists

# 2023 Telehealth and HEDIS®

## Prevention and screening

| HEDIS measure abbreviation | Measure reporting criteria | Measure description and documentation tips | Telehealth services | Product lines |
|---|---|---|---|---|
| BCS | P4P | **Breast Cancer Screening:**<br>The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.<br><br>• Mammogram required for member compliance.<br>• Patient reported services must be in documentation with corresponding date to meet criteria.<br>• Patient-reported bilateral mastectomy must be in documentation to meet criteria for exclusion. | **Type of services:**<br><br>Telehealth<br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial<br>Medicaid<br>Medicare |
| WCC | | **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents:**<br>BMI percentile documentation<br>Counseling for nutrition<br>Counseling for physical activity<br><br>• Patient-reported documentation must include height, weight and BMI percentile. | **Type of services:**<br><br>Telehealth<br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial<br>Medicaid |

## Cardiovascular conditions

| HEDIS measure abbreviation | Measure reporting criteria | Measure description and documentation tips | Telehealth services | Product lines |
|---|---|---|---|---|
| CBP | P4P | **Controlling High Blood Pressure:**<br>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP were adequately controlled (<140/90 mm Hg) during the measurement year.<br><br>• Patient-reported blood pressure readings taken with a digital device is required in documentation.<br>• It should be clearly stated in the medical record that the blood pleasure was taken by the patient and documented during the telehealth visit.<br>• BP adequately controlled (<140/90mm Hg) meets compliance for measure.<br>• Most recent controlled BP reading documented meets criteria for this measure. | **Type of services:**<br><br>Telehealth<br>Telephone visits | Commercial<br>Medicaid<br>Medicare |

## Diabetes

| HEDIS measure abbreviation | Measure reporting criteria | Measure description and documentation tips | Telehealth services | Product lines |
|---|---|---|---|---|
| BPD | P4P | **Blood Pressure Control for Patients with Diabetes:** The percentage of members 18–75 years of age with diabetes (Type 1 and type 2) who had BP control (<140/90 mm Hg).<br><br>• Patient-reported blood pressure readings taken with a digital device is required in documentation.<br>• It should be clearly stated in the medical record that the blood pleasure was taken by the patient and documented during the telehealth visit.<br>• BP adequately controlled (<140/90mm Hg) meets compliance for measure.<br>• Most recent controlled BP reading documented meets criteria for this measure. | **Type of services:**<br><br>Telehealth<br>Telephone visits | Commercial<br>Medicaid<br>Medicare |
| KED | | **Kidney Health Evaluation for Patients with Diabetes:** The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. | **Type of services:**<br><br>Telehealth<br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial<br>Medicaid<br>Medicare |

## Access/availability of care

| HEDIS measure abbreviation | Measure reporting criteria | Measure description and documentation tips | Telehealth services | Product lines |
|---|---|---|---|---|
| AAP | P4P | **Adults' Access to Preventive/Ambulatory Health Services:** The percentage of members 20 years and older who had an ambulatory or preventive care visit. | **Type of services:**<br><br>Telehealth<br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial<br>Medicaid<br>Medicare |
| TOPC (PPC) | P4P | **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization<br><br>• Pregnancy-related diagnosis code needs to be present to meet criteria. | **Type of services:**<br><br>Telehealth<br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial<br>Medicaid |
| PPC | P4P | **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. | **Type of services:**<br>Telehealth<br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial<br>Medicaid |

| Utilization and risk-adjusted utilization | | | | |
|---|---|---|---|---|
| **HEDIS measure abbreviation** | **Measure reporting criteria** | **Measure description and documentation tips** | **Telehealth services** | **Product lines** |
| **W30** | **P4R** | **Well-Child Visits in the First 15 Months:** Children who turned 15 months old during the measurement year: Six or more well-child visits.<br><br>**Well-Child Visits for Age 15 Months–30 Months:** Children who turned 30 months old during the measurement year: Two or more well-child visits.<br><br>The most recent remote monitoring *or* member-reported weight meets criterial for this measure. For both indicators, **only real-time interactive audio or visual telecommunications meets criteria for this measure.**<br><br>    • Two rates are reported | **Type of services:**<br><br>Telehealth<br>Telephone visits | Commercial Medicaid |
| **WCV** | **P4R** | **Child and Adolescent Well Care Visits:** The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.<br><br>    • Only real-time interactive audio and visual telecommunications meet criteria for the measure. | **Type of services:**<br><br>Telehealth<br>Telephone visits | Commercial Medicaid |
| **WCC** | | **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:**<br><br>Evidence of an outpatient visit for members 3-17 years of age, or telehealth visit during the measurement year with a primary care physician or Ob/Gyn, which includes:<br><br>    • Counseling nutrition<br>    • Counseling physical activity<br>    • BMI percentile documentation | **Type of services:**<br><br>Telehealth<br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial Medicaid |

# Behavioral health

| HEDIS measure abbreviation | Measure reporting criteria | Measure description and documentation tips | Telehealth services | Product lines |
|---|---|---|---|---|
| **FUA** | **P4P** | **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence:** The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD.<br><br>Two rates are reported:<br>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).<br>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED (8 total days). | **Type of services:**<br><br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial Medicaid Medicare |
| **FUH** | **P4P** | **Follow-up After Hospitalization for Mental Illness:** The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.<br><br>Two rates are reported:<br>1. The percentage of members discharged and had a follow-up visit within 30 days after discharge<br><br>2. The percentage of members discharged and had a follow-up visit within seven days | **Type of services:**<br><br>Telehealth<br>Telephone visits | Commercial Medicaid Medicare |
| **FUM** | **P4P** | **Follow-up After Emergency Department Visit for Mental Illness:** The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.<br><br>Two rates are reported:<br>1. The percentage of members who received follow-up within 30 days of the ED visit (31 total days).<br><br>2. The percentage of member received follow-up within 7 days of the ED visit (8 total days).<br><br>Principal diagnosis of a mental health disorder must be present to meet criteria. | **Type of services:**<br><br>Telehealth<br>Telephone visits<br>E-visits<br>Virtual check-ins | Commercial Medicaid Medicare |