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MCG message

Title: **Blue Cross Complete HEDIS telehealth guidelines**

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Did you know you can close your member care gaps and meet the National Committee for Quality Assurance HEDIS® guidelines by utilizing telehealth visits for your member?

Telehealth visits can capture the following HEDIS® measures when you apply the appropriate modifiers or place of service codes: Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC), Care for Older Adults (COA), Prenatal and Postpartum Care (PPC), Weight Assessment Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Child and Adolescent Well-Care Visits (WCV), Well-Child Visits in the First 30 Months of Life (W30), and Transitions of Care (TRC).

Telephone visits can help close HEDIS® gaps for CBP, CDC, and TRC.

Member reported height, weight, and blood pressure readings are now acceptable for many HEDIS® measures if the information is collected by a primary care practitioner or specialist, or if the specialist is providing a primary care service related to the condition being assessed, while taking a patient’s history. **The information must be recorded, dated and maintained in the member’s legal health record.**

	Place of Service	CPT Modifier	Description	CPT Codes
Telehealth	2	GT 95	Via interactive audio and video telecommunication systems. Synchronous, telemedicine service rendering via a real-time interactive audio and video telecommunication system.	
Telephone Visit, Non-Physician			Telephone assessment and management service provided by a qualified non-physician 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.	98966: 5-10 minutes of medical discussion 98967: 11-20 minutes of medical discussion 98968: 21-30 minutes of medical discussion
Telephone Visit, Physician			Telephone evaluation and management (E/M) services by a physician or other qualified health care professional who may report evaluation and management services provided to an established	99441: 5-10 minutes of medical discussion 99442: 11-20 minutes of medical discussion



			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.	99443: 21-30 minutes of medical discussion
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Source: National Council Quality Assurance –M. HEDIS® MY 2020 Volume 2, Value Set Directory, 2020.

If you have any questions, contact your Provider Network Management account executive or Blue Cross Complete Provider Inquiry at 1-888-312-5713.