Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

August 2021

Telehealth Documentation

Best Practices for Risk Adjustment

Is your practice ready for potential telehealth claims documentation audits?

The year 2020 brought us the novel coronavirus. In response, the Centers for Medicare & Medicaid Services (CMS) stepped up to encourage health care providers to adopt telemedicine visits to deliver virtual care to patients who were not able or did not want to seek in-person medical care. According to CMS, telehealth services can meet the face-to-face requirement "**when the services are provided using an interactive audio and video telecommunications system that permits real-time interactive communication**."

Risk adjustment requires that reported diagnoses stem from face-to-face visits between patients and providers. Telehealth services that employ synchronous audio and video technology that permits communication between patients and providers in real time meet risk adjustment's face-to-face requirement.

Please note: Florida Blue implemented some flexibility during the pandemic that allowed for audio only visits, however, for purposes of submitting diagnoses for risk adjusted payments, the telehealth visit must meet all criteria for risk adjustment eligibility.

Physicians Should Know

- Synchronous telehealth audio and video (AV) visits are acceptable for risk adjustment.
- All telehealth visits must have a place-of-service (POS) code 02 (Telehealth). CMS has requested that the POS be the one that would have been used if there was no COVID emergency. Example: A follow-up visit 99213 would have been performed in the office, so POS 11 should be used.
- You must **include CPT modifier 95 or GT where applicable** if the CPT code does not have audiovisual in its definition.

Example:

An established patient has an E/M visit requiring CPT code 99412: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes.

If this visit is done through AV telehealth, then CPT code 99412 has modifier 95 appended.

(continued next page)

Telehealth Documentation Tips

- Document the total visit time and topics discussed if the encounter is based on time for codes 99202–99215.
- As a best practice, document in the medical record whether a visit was conducted via interactive audio telecommunication simultaneously with video telecommunication or through other virtual mechanisms, such as audio only.
- Clearly document all chronic, active or status (amputations, dialysis status, etc.) conditions that impact the current date of service.
- Avoid the phrase "history of" when documenting active conditions that impact the member's current encounter.
- All records should have a valid signature including an authentication statement and the rendering provider's credentials.

Telehealth Encounter Example

Patient complains of calf pain to the physician during an audio-video telehealth visit. The provider interviews the patient on how the calf pain feels and any associated symptoms. The patient also told the physician that he underwent a surgical procedure just recently. Based on the patient's reported brief history, signs and symptoms, the provider documents the work-up for deep vein thrombosis (DVT) in the assessment and plan sections of the note. The provider instructs the patient that he/she will order a Doppler study and labs and set up a follow-up virtual visit once results are received.

Inadequate Documentation Example

In this example, the DVT was diagnosed rather than suspected since the provider has also described the investigative work-up as pending. Submitting the diagnosis of DVT on this telehealth visit claim will not be correct as the final diagnosis is pending until the diagnostic work-up is completed.

Chief Complaint	**Calf Pain**
HPI	(Audio-Visual telehealth visit) PatientX is here to follow-up on his HTN.
ROS	Patient reports of moderate to severe pain 8/10 in his left calf, no injury reported. No other signs/symptoms.
Physical Exam Findings	Deferred (AV telehealth visit)
Vitals	Deferred (AV telehealth visit)
Assessment/Plan	1. DVT, left leg: Ordered labs, Duplex u/s left calf ordered.

Sufficient Documentation Example

Chief Complaint	**Calf Pain**
HPI	(Audio-Visual AV telehealth visit) Patient is here to follow-up on his HTN and also complains of pain in the left calf since last evening.
ROS	Patient reports of moderate to severe pain 8/10 in his left calf, abrupt onset 1 day ago. No injury reported. The patient reports an orthopedic procedure in the same left leg 4 days ago. Redness and swelling have increased overnight in the left calf area. No chest pain at this time. The patient is having difficulty walking and cannot bend the left leg at all. The right leg is reported to be normal by the patient.
Physical Exam Findings	Deferred (AV telehealth visit) Redness around the left calf area noted visually via videocam. Left leg movement causes pain.
Vitals	Deferred (AV telehealth visit)
Assessment/Plan	1. Calf Pain, left leg: Further investigation is pending-ordered labs, Duplex u/s left calf ordered. Suspecting DVT, left leg. Risk factors noted: recent surgery. Will follow-up after results come back.

(continued next page)

Documentation Example for Suspected Condition

The physician makes the diagnosis of "Calf pain, left leg" in the initial telehealth visit note and noted that he/she suspects DVT as the reason for calf pain.

Upon receiving the results of the Doppler study exam, it is confirmed that the patient does have a DVT. The provider then has a follow-up with the patient and delivers the final diagnosis of DVT. The physician prescribes the patient the appropriate medication for the treatment and reviews the next steps with the patient. Now the chronic condition for DVT can be submitted with confidence.

Increased flexibility in telehealth visits may lead to increased opportunities for fraud, waste and abuse (FWA). Documentation audits are inevitable as CMS reverse-engineers risk controls to mitigate FWA with the recent rapid expansion of telemedicine.

The good news: Accurate documentation can help prevent adverse outcomes.

Measurement Years 2020-2021 Telehealth HEDIS Measures – Stars Updates

For Measurement Years 2020 and 2021, the National Committee for Quality Assurance (NCQA) approved adjustments to 40 Healthcare Effectiveness Data and Information Set (HEDIS®)[1] measures. These changes align with recent telehealth guidance from CMS and other federal and state regulators. Provider offices can help improve patient care, close gaps in care and impact the overall Medicare Star Quality rating using telehealth to deliver acute, chronic, primary and specialty care.

The following list highlights significant changes to virtual visit opportunities for Star HEDIS measures.

Measure	Description
Breast Cancer Screening (BCS)	Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
Colorectal Cancer Screening (COL)	
Osteoporosis Management in Women Who Had a Fracture	
Controlling High Blood Pressure (CBP)	Added telephone visits, e-visits and virtual check-ins: • to the advanced illness exclusion. • as appropriate settings for BP readings.
	Added the use of two outpatient telehealth, telephone visit, e-visit or virtual check-in to identify hypertension event/diagnosis.
Comprehensive Diabetes Care (CDC)	Added telephone visits, e-visits and virtual check-ins: • to the advanced illness exclusion • as appropriate settings for BP readings.
Care for Older Adults (COA)	Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Advance Care Planning, Functional Status Assessment and Pain Assessment indicators.

(continued next page)

Measurement Years 2020-2021 Telehealth HEDIS Measures – Stars Updates *(continued)*

Measure	Description
Statin Therapy for Patients with Cardiovascular Disease (SPC)	Added the use of two outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying an ischemic vascular disease (IVD) event/diagnosis.
	Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
Transitions of Care (TRC)	Added e-visits and virtual check-ins to the Patient Engagement After Inpatient Discharge numerator.
Plan All-Cause Readmissions	Added telephone visits to the Risk Adjustment Comorbidity Category Determination in the Guidelines for Risk Adjusted Utilization Measures.

Earn CEUs through Coding Webinars

AAPC
Advancing the Business of Healthcare

Register today at availity.com[2].

We offer on-demand webinars that provide detail about how to support diagnoses per Centers for Medicare & Medicaid Services and U.S. Department of Health and Human Services guidelines. These courses are updated for 2021-22 and are eligible for 1.5 continuing education unit credits each.

Topics include:

- Atrial fibrillation
- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Diabetes
- Major depression
- Mental health
- Rheumatoid arthritis

References

- CMS: cms.gov/files/document/general-telemedicine-toolkit.pdf
- Health Sector Council: healthsectorcouncil.org/wp-content/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf
- CMS: cms.gov/files/document/telehealth-toolkit-providers.pdf
- EisnerAmper: eisneramper.com/telehealth-coding-0221/

[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

[2]Availity LLC is a multi-payer joint venture company.