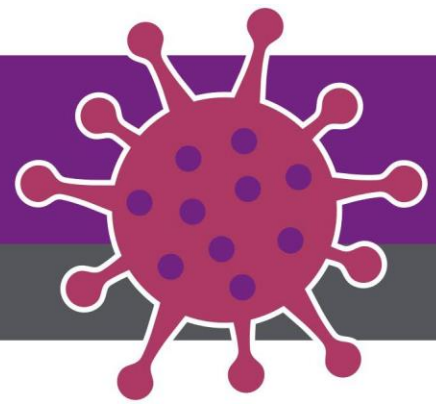


CORONAVIRUS DISEASE 2019 (COVID-19)

Telemedicine and Risk Adjustment (HCC)



Audience: Providers who are providing care to patients enrolled in Medicare Advantage, Medicare ACOs, and PACE.

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Telemedicine and Risk Adjustment (HCC)

This guidance applies to providers who are providing care to patients who are enrolled in any of the following programs: Medicare Advantage, Medicare ACOs, and PACE.

Traditionally, only face-to-face encounters have been eligible for HCC (hierarchical condition category) gap closure for risk adjustment.

CMS released a statement on April 10, 2020 that states that telemedicine visits can be used to close risk adjustment HCC gaps, if these criteria are met:

- Y The visit is performed by an approved provider (eg MD, DO, APP (PA and APRN), others)
- Y The visit uses interactive video and audio telecommunication with real-time interactive communication
- Y **Clear documentation is present stating interactive audio and visual capabilities were used during the visit**

Supporting Documentation

Appropriate clinical condition documentation is necessary for any risk adjusted HCC. The acronym "MEAT" still applies when documenting for any condition regardless of the visit being telehealth or face-to-face. Only one of these elements need to be present to support each patient's chronic risk adjustable diagnosis.

Monitor- signs, symptoms, disease progression, disease regression

Evaluate- test results, medication effectiveness, response to treatment

Assess- ordering tests, discussion, review records, counseling

Treat- medications, therapies, other modalities

Examples:

"Congestive heart failure- systolic, stable, renew lisinopril"

"Chronic obstructive pulmonary disease- inhaler has been helping symptoms, continue treatment"

"Type 2 diabetes mellitus- continue metformin and monitoring blood sugar"

The CMS communication can be found here: <https://www.cms.gov/files/document/applicability-diagnoses-telehealth-services-risk-adjustment-4102020.pdf>

Place of Service (POS) and Modifier Use:

Per CMS Guidance: “When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), **bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth.**”

See the table below for risk adjustment guidance on commonly performed services.

Service	Delivery Type	CPT Code (s)	Risk Adjustment Guidance
E & M Services	Synchronous (audio+video)	99201-99215 Append Modifier 95	Yes--only when real time audio and visual communications are used
Annual Wellness Visit (AWV)	Synchronous (audio+video)	G0438 & G0439 Append Modifier 95	Yes--only when real time audio and visual communications are used
Virtual Check-in Medicare Only	Telephone (audio)	G2012 (5-10 mins)	Yes— only when real time audio and visual communications are used

For more education and resources about risk adjustment, please visit <https://trinityhealth.wistia.com/medias/4lltd2d9p6>.