Telehealth Guidance for Electronic Clinical Quality Measures (eCQMs) for Eligible Professional/Eligible Clinician 2021 Quality Reporting

(Updated September 2020)

This document provides supplemental information related to the allowance of telehealth encounters for the eligible professional/eligible clinician electronic clinical quality measures (eCQMs) used in CMS quality reporting programs for performance period 2021. Guidance provided applies to eCQMs used in each of the following programs:

- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- APM: Comprehensive Primary Care Plus (CPC+)
- APM: Primary Care First (PCF)
- Medicaid Promoting Interoperability Program for Eligible Professionals

Guidance provided within this document is intended to provide stakeholders with clarity on eCQM telehealth-eligible codes that appear within the eCQM specifications for the 2021 quality reporting performance period. This guidance is specific to the 2021 quality reporting performance period.

For the 2021 performance period, the majority of the eligible professional/eligible clinician eCQMs include Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) encounter codes that are appropriate to use for either in-person or telehealth encounters based on the list of services payable under the Medicare Physician Fee Schedule (see https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes).[1] The current eCQM logic and value sets do not differentiate between in-person encounters or telehealth encounters when these "telehealth-eligible" CPT and HCPCS codes are used. Unless otherwise stated in this document, encounters identified with CMS telehealth-eligible codes are eligible for inclusion within the eligible professional/eligible clinician eCQMs for the 2021 performance period, whether the encounter was provided in person or via telehealth.

There are 39 telehealth-eligible eCQMs for the 2021 performance period. When reviewing this list of eCQMs, please note there may be instances where the quality action cannot be completed during the telehealth encounter by eligible professionals and eligible clinicians. Specifically, telehealth-eligible CPT and HCPCS codes may be included in value sets where the required quality action in the numerator cannot be completed via telehealth. Therefore, it is the eligible professionals' and eligible clinicians' responsibility to make sure they can meet all other aspects of the quality action within the measure specification, including other quality actions that cannot be completed by telehealth.

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[1] The Centers for Medicare & Medicaid Services may update this Medicare Telehealth Service list. The information provided in this guidance document is based on an analysis done using the April 30, 2020, publication titled, "Telehealth Services for PHE for the COVID-19 pandemic effective March 1 2020-updated April 30 2020.xlsx."

The Cypress Validation Utility + Calculation Check (CVU+) is being updated to follow this guidance to filter out telehealth encounters when calculating the eCQMs listed in Table 2. This update will be made available in a Cypress 6 patch release in Fall 2020.

To report questions or comments on the eCQM specifications, visit the eCQM Issue Tracker.

TABLE 1. ELIGIBLE FOR TELEHEALTH ENCOUNTER[a] ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2021 REPORTING

CMS eCQM ID	MIPS Quality ID	Measure Title
CMS2v10	134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
CMS50v9	374	Closing the Referral Loop: Receipt of Specialist Report
CMS56v9	376	Functional Status Assessment for Total Hip Replacement
CMS66v9	375	Functional Status Assessment for Total Knee Replacement
CMS68v10	130	Documentation of Current Medications in the Medical Record
CMS74v10	379	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
CMS90v10	377	Functional Status Assessments for Congestive Heart Failure
CMS117v9	240	Childhood Immunization Status
CMS122v9	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS124v9	309	Cervical Cancer Screening
CMS125v9	112	Breast Cancer Screening
CMS127v9	111	Pneumococcal Vaccination Status for Older Adults
CMS128v9	009	Anti-depressant Medication Management
CMS130v9	113	Colorectal Cancer Screening
CMS131v9	117	Diabetes: Eye Exam
CMS134v9	119	Diabetes: Medical Attention for Nephropathy
CMS135v9	005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS136v10	366	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
CMS137v9	305	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
CMS138v9	226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
CMS139v9	318	Falls: Screening for Future Fall Risk
CMS144v9	008	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS145v9	007	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
CMS146v9	066	Appropriate Testing for Pharyngitis
CMS147v10	110	Preventive Care and Screening: Influenza Immunization
CMS149v9	281	Dementia: Cognitive Assessment
CMS153v9	310	Chlamydia Screening for Women

CMS eCQM ID	MIPS Quality ID	Measure Title
CMS154v9	065	Appropriate Treatment for Upper Respiratory Infection (URI)
CMS155v9	239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
CMS156v9	238	Use of High-Risk Medications in Older Adults
CMS157v9	143	Oncology: Medical and Radiation - Pain Intensity Quantified
CMS159v9	370	Depression Remission at Twelve Months
CMS161v9	107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS165v9	236	Controlling High Blood Pressure
CMS177v9	382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS249v3	472	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
CMS347v4	438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
CMS349v3	475	HIV Screening
CMS645v4	462	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy

[a]These eCQMs contain Medicare telehealth-eligible codes found in encounter value sets, which can be used for in-person or telehealth encounters.

TABLE 2. NOT ELIGIBLE FOR TELEHEALTH ENCOUNTER[b,c] ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2021 REPORTING

CMS eCQM ID	MIPS Quality ID	Measure Title	Reason Not Eligible for Telehealth
CMS22v9[b]	317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth
CMS69v9[b]	128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth
CMS142v9[b]	019	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical action is not appropriate for remote visit
CMS143v9[b]	012	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical action is not appropriate for remote visit
CMS771v2[b]	476	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	Clinical action is not appropriate for remote visit
CMS75v9[c]	378	Children Who Have Dental Decay or Cavities	Measure does not contain telehealth-eligible codes
CMS129v10[c]	102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Measure does not contain telehealth-eligible codes and does not require an encounter during the measurement period
CMS133v9[c]	191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Measure does not contain telehealth-eligible codes and does not require an encounter during the measurement period

[b]Telehealth is not appropriate for encounters within these eCQMs for performance period 2021. Medicare telehealth--eligible codes found in any encounter value set in these measures cannot be used for telehealth encounters and must only be used for in-person encounters for these eCQMs.

To represent "telehealth-eligible" CPT and HCPCS codes for eCQMs in Quality Reporting Document Architecture (QRDA) Category I, the optional qualifier attribute of the encounter code element will be used to send the telehealth modifier code in addition to the primary "telehealth-eligible" CPT or HCPCS encounter code from the eCQM specified value sets. The encounter code element is a Health Level Seven (HL7) Version 3 Coded Descriptor (CD) data type. The qualifier attribute is part of the CD data type structure that can be used to specify additional codes that increase the specificity of the primary code. Figure 1 below provides an example for the use of qualifier attribute of encounter code. The qualifier *name* is fixed to the code "VR" for virtual from the HL7 ActCode code system. The qualifier *value* will be the applicable telehealth modifier, for example, modifier 95.

FIGURE 1. QRDA I EXAMPLE FOR ENCOUNTER WITH TELEHEALTH MODIFIER

```
<act classCode="ACT" moodCode="EVN">
  <!-- Encounter performed Act (V3) -->
  <templateId root="2.16.840.1.113883.10.20.24.3.133" extension="2019-12-01"/>
  <code code="ENC" codeSystem="2.16.840.1.113883.5.6" displayName="Encounter"
codeSystemName="ActClass"/>
  <entryRelationship typeCode="SUBJ">
     <!--Encounter Activity (V3) -->
    <encounter classCode="ENC" moodCode="EVN">
      <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2015-08-01"/>
      <!-- Encounter Performed (V5) -->
      <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2019-12-01"/>
        <id root="a2f42f72-34aa-4abb-abf8-ad0734744830"/>
        <code code="99396" displayName="Periodic comprehensive preventive medicine
reevaluation and management of an individual including an age and gender appropriate
history examination, counseling/anticipatory guidance/risk factor reduction
interventions, and the ordering of laboratory/diagnostic procedures, established
patient; 40-64 years" codeSystem="2.16.840.1.113883.6.12" codeSystemName="CPT">
          <qualifier>
            <name code="VR" displayName="Virtual" codeSystem="2.16.840.1.113883.5.4"
codeSystemName="ActCode"/>
            <value code="95" displayName="Synchronous Telemedicine Service Rendered
Via a Real-Time Interactive Audio and Video Telecommunications System"
codeSystem="2.16.840.1.113883.6.12" codeSystemName="CPT"/>
          </qualifier>
        </code>
        <text>Encounter, Performed: Preventive Care Services - Established Office
Visit, 18 and Up</text>
        <statusCode code="completed"/>
        <effectiveTime>
          <low value="20210316093000"/>
          <high value="20210316101500"/>
        </effectiveTime>
    </encounter>
  </entryRelationship>
</act>
```