

## **Telehealth Guidance for Electronic Clinical Quality Measures (eCQMs) for Eligible Professional/Eligible Clinician 2022 Quality Reporting**

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 2022. Guidance provided applies to eCQMs used in each of the following programs:

- Quality Payment Program (QPP): The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Advanced APM: Primary Care First (PCF)

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 2022 quality reporting performance period. This guidance is specific to the 2022 quality reporting performance period.

Most Eligible Professional/Eligible Clinician eCQMs for the 2022 performance period 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 <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.<sup>1</sup> 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 the header guidance section of the eCQM, encounters identified with CMS telehealth eligible codes are eligible for inclusion within the Eligible Professional/Eligible Clinician eCQMs for the 2022 performance period whether the encounter was provided in-person or via telehealth. When reviewing this list of quality measures, please note Eligible Professionals and Eligible Clinicians performance could be impacted if the quality action being evaluated cannot be completed during the telehealth encounter. 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. Eligible Professionals and Eligible Clinicians are responsible for making sure they can meet all other requirements of the measure specification, including other quality actions that cannot be completed by telehealth.

To report questions or comments on the eCQM specifications, visit the [eCQM Issue Tracker](#).

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<sup>1</sup> 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 publication titled, “[Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020 \(ZIP\)](#)” updated February 26, 2021.

**Table 1: ELIGIBLE FOR TELEHEALTH ENCOUNTER<sup>a</sup> ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2022 REPORTING**

CMS eCQM ID	MIPS Quality ID	Measure Title
CMS2v11	134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
CMS50v10	374	Closing the Referral Loop: Receipt of Specialist Report
CMS56v10	376	Functional Status Assessment for Total Hip Replacement
CMS66v10	375	Functional Status Assessment for Total Knee Replacement
CMS68v11	130	Documentation of Current Medications in the Medical Record
CMS74v11	379	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
CMS90v11	377	Functional Status Assessments for Heart Failure
CMS117v10	240	Childhood Immunization Status
CMS122v10	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS124v10	309	Cervical Cancer Screening
CMS125v10	112	Breast Cancer Screening
CMS127v10	111	Pneumococcal Vaccination Status for Older Adults
CMS128v10	009	Anti-depressant Medication Management
CMS130v10	113	Colorectal Cancer Screening
CMS131v10	117	Diabetes: Eye Exam
CMS134v10	119	Diabetes: Medical Attention for Nephropathy
CMS135v10	005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepirilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS136v11	366	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
CMS137v10	305	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
CMS138v10	226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
CMS139v10	318	Falls: Screening for Future Fall Risk
CMS144v10	008	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS145v10	007	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
CMS146v10	066	Appropriate Testing for Pharyngitis
CMS147v11	110	Preventive Care and Screening: Influenza Immunization
CMS149v10	281	Dementia: Cognitive Assessment
CMS153v10	310	Chlamydia Screening for Women
CMS154v10	065	Appropriate Treatment for Upper Respiratory Infection (URI)
CMS155v10	239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
CMS156v10	238	Use of High-Risk Medications in Older Adults
CMS157v10	143	Oncology: Medical and Radiation - Pain Intensity Quantified

CMS eCQM ID	MIPS Quality ID	Measure Title
CMS159v10	370	Depression Remission at Twelve Months
CMS161v10	107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS165v10	236	Controlling High Blood Pressure
CMS177v10	382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS249v4	472	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
CMS347v5	438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
CMS349v4	475	HIV Screening
CMS645v5	462	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy

<sup>a</sup>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<sup>b,c</sup> ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2022 REPORTING**

CMS eCQM ID	MIPS Quality ID	Measure Title	Reason Not Eligible for Telehealth
CMS22v10 <sup>b</sup>	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
CMS69v10 <sup>b</sup>	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
CMS142v10 <sup>b</sup>	019	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical action is not appropriate for remote visit
CMS143v10 <sup>b</sup>	012	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical action is not appropriate for remote visit
CMS646v2 <sup>b</sup>	N/A	Intravesical Bacillus-Calmette-Guerin for non-muscle invasive bladder cancer	Clinical action is not appropriate for remote visit
CMS771v3 <sup>b</sup>	476	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	Clinical action is not appropriate for remote visit
CMS75v10 <sup>c</sup>	378	Children Who Have Dental Decay or Cavities	Measure does not contain telehealth eligible codes
CMS129v11 <sup>c</sup>	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
CMS133v10 <sup>c</sup>	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

<sup>b</sup>Telehealth is not appropriate for encounters within these eCQMs for performance period 2022. 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.

<sup>c</sup>These eCQMs are not appropriate for telehealth, as they either do not require an encounter or the encounter value sets within the measure do not contain any temporary or permanent “telehealth eligible” CPT or HCPCS codes from the Medicare Telehealth Service list.

To represent “telehealth-eligible” CPT and HCPCS codes for eQMs 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 eQm 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="20220316093000"/>
        <high value="20220316101500"/>
      </effectiveTime>
    </encounter>
  </entryRelationship>
</act>

```