



**Centers for Medicare & Medicaid Services**

# **Telehealth Guidance for Electronic Clinical Quality Measures (eCQMs) for Eligible Clinician 2025 Quality Reporting**

**May 2024**

## **Telehealth Guidance for Electronic Clinical Quality Measures (eCQMs) for Eligible Clinician 2025 Quality Reporting**

This document provides supplemental information related to the allowance of telehealth encounters for the Eligible Clinician electronic clinical quality measures (eCQMs) used in the Centers for Medicare & Medicaid Services (CMS) quality reporting programs for performance period 2025.

Guidance in this document is intended to provide interested parties with clarity on eCQM telehealth eligible codes that appear in the eCQM specifications for the 2025 quality reporting performance period. Most Eligible Clinician eCQMs for the 2025 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.<sup>1</sup> Please note that while a measure may be denoted as telehealth eligible, (1) it does not mean that all codes within the encounter value sets are telehealth eligible and (2) specific codes within the encounter value sets may not be eligible as of January 1, 2025, due to changes to provisional codes outlined in the CY 2024 Physician Fee Schedule Final Rule List of Medicare Telehealth Services.<sup>2</sup>

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 Clinician eCQMs for the 2025 performance period whether the encounter was provided in-person or via telehealth. 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. When reviewing this list of quality measures, please note Eligible Clinicians' performance could be impacted if the quality action being evaluated cannot be completed during the telehealth encounter. 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 using the publication titled "[List of Telehealth Services for Calendar Year 2024 \(ZIP\)](#)," updated 11/13/2023.

<sup>2</sup> The CY 2024 Physician Fee Schedule Final Rule is available on the [Federal Register](#).

The following eCQMs contain Medicare telehealth eligible codes found in encounter value sets, which can be used for in-person or telehealth encounters.

**Table 1. Electronic clinical quality measures eligible for telehealth encounter: 2025 reporting**

CMS eCQM ID	MIPS quality ID	Measure title
CMS2v14	134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
CMS50v13	374	Closing the Referral Loop: Receipt of Specialist Report
CMS56v13	376	Functional Status Assessment for Total Hip Replacement
CMS68v14	130	Documentation of Current Medications in the Medical Record
CMS90v14	377	Functional Status Assessments for Heart Failure
CMS117v13	240	Childhood Immunization Status
CMS122v13	001	Diabetes: Glycemic Status Assessment Greater Than 9%
CMS124v13	309	Cervical Cancer Screening
CMS125v13	112	Breast Cancer Screening
CMS128v13	009	Antidepressant Medication Management
CMS130v13	113	Colorectal Cancer Screening
CMS131v13	117	Diabetes: Eye Exam
CMS135v13	005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS136v14	366	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
CMS137v13	305	Initiation and Engagement of Substance Use Disorder Treatment
CMS138v13	226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
CMS139v13	318	Falls: Screening for Future Fall Risk
CMS144v13	008	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS145v13	007	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF less than or equal to 40%)
CMS146v13	066	Appropriate Testing for Pharyngitis
CMS149v13	281	Dementia: Cognitive Assessment
CMS153v13	310	Chlamydia Screening in Women
CMS154v13	065	Appropriate Treatment for Upper Respiratory Infection (URI)
CMS155v13	239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
CMS156v13	238	Use of High-Risk Medications in Older Adults
CMS157v13	143	Oncology: Medical and Radiation - Pain Intensity Quantified
CMS159v13	370	Depression Remission at Twelve Months
CMS165v13	236	Controlling High Blood Pressure
CMS177v13	382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS249v7	472	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
CMS314v2	338	HIV Viral Suppression
CMS347v8	438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
CMS349v7	475	HIV Screening

CMS eCQM ID	MIPS quality ID	Measure title
CMS645v8	462	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy
CMS951v3	488	Kidney Health Evaluation
CMS1157v1	340	HIV Annual Retention in Care
CMS1188v2	205	Sexually Transmitted Infection (STI) Testing for People with HIV

Note: Provisional codes listed in the CY 2024 PFS Final Rule List of Medicare Telehealth Services will have a different rate of reimbursement for PY2025. Please reference the file in footnote 1 for the complete list.

**Table 2. Electronic clinical quality measures not eligible for telehealth encounter – do not contain telehealth-eligible encounters: 2025 reporting**

CMS eCQM ID	MIPS quality ID	Measure title	Reason not eligible for telehealth
CMS74v14	379	Primary Caries Prevention Intervention as Offered by Dentists	Measure does not contain telehealth eligible codes
CMS75v13	378	Children Who Have Dental Decay or Cavities	Measure does not contain telehealth eligible codes
CMS129v14	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
CMS133v13	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
CMS1056v2	494	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level)	Measure does not contain telehealth eligible codes and does not require an encounter during the measurement period

The following eCQMs may contain telehealth-eligible codes, but telehealth is not appropriate for encounters for the listed eCQMs in performance period 2025. 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.

**Table 3. Electronic clinical quality measures not eligible for telehealth encounter – may contain telehealth-eligible encounters: 2025 reporting**

CMS eCQM ID	MIPS quality ID	Measure title	Reason not eligible for telehealth
CMS22v13	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
CMS69v13	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
CMS142v13	019	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical action is not appropriate for telehealth visit
CMS143v13	012	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical action is not appropriate for telehealth visit
CMS646v5	481	Intravesical Bacillus-Calmette-Guerin for Non-Muscle Invasive Bladder Cancer	Clinical action is not appropriate for telehealth visit
CMS771v6	476	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	Clinical action is not appropriate for telehealth visit

The Quality Data Model (QDM) v5.6 introduced the “Encounter, Performed” *class* attribute that allows measures to specify telehealth encounters with *class = virtual*. This mechanism allows expressions to specifically exclude *class = virtual* encounters, regardless of the “Encounter, Performed” code. For the eCQMs listed in Table 3, the logical representation (*class !~ virtual*) has been added to each measure and will exclude encounters identified using the respective CPT and HCPCS codes for eCQMs in quality reporting as non-virtual encounters.

Please see example logic below using Encounter.class represented by the concept *virtual*<sup>3</sup> to exclude encounters containing telehealth-eligible codes, if they occurred virtually rather than in-person. Thus, for the eCQMs listed in Table 3, the “Encounter, Performed” attribute *code* uses the value sets that include the CPT and HCPCS codes that are eligible for telehealth, but the *class* attribute specifically identifies those occurring by telehealth (virtually) such that they are excluded from the measure.

**Example eCQM logic specifically excluding encounters that occur via telehealth:**

```
define "Has Qualifying Encounter":
  exists ["Encounter, Performed": "Office Visit"] ValidEncounter
    where ValidEncounter.relevantPeriod during "Measurement Period"
      and ValidEncounter.class !~ "virtual"
```

<sup>3</sup> An encounter class attribute was added to the updated Quality Data Model (QDM) v5.6. This allows the addition of concepts representing classifications of patient encounters such virtual visits using a value set (<https://terminology.hl7.org/ValueSet-v3-ActEncounterCode.html>), defined as part of HL7 v3.

Figure 1 provides an example to represent telehealth encounters in Quality Reporting Document Architecture (QRDA) Category I using the Encounter Class template with an act code “VR” for virtual from the HL7 ActCode code system. Note that the QRDA uses the “VR” code to represent the same meaning as the *class* attribute *virtual*.

**Figure 1. QRDA I example for representing telehealth encounter using encounter class**

```
<encounter classCode="ENC" moodCode="EVN">
  <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2015-08-01"/>
  <!-- Encounter Performed (V6) -->
  <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2021-08-01"/>
    <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"/>
    <text>Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up</text>
    <statusCode code="completed"/>
    <effectiveTime>
      <low value="20250316093000"/>
      <high value="20250316101500"/>
    </effectiveTime>
    <-- QDM Attribute: Encounter Class -->
    <entryRelationship typeCode="REFR">
      <act classCode="ACT" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.24.3.171" extension="2021-08-01"/>
        <code code="VR" displayName="Virtual" codeSystem="2.16.840.1.113883.5.4" codeSystemName="ActCode"/>
      </act>
    </entryRelationship>
  </encounter>
```

**VERSION HISTORY**

Date	Comments
May 2024	Original publication