

Telehealth Guidance for 2022 Centers for Medicare & Medicaid Services (CMS) Web Interface Measures for the COVID-19 Public Health Emergency

Purpose

This resource is specifically for clinicians that are reporting CMS Web Interface measures within groups, virtual groups, and Alternative Payment Model (APM) Entities under the Merit-based Incentive Payment System (MIPS). The following information outlines how telehealth may relate to reporting measure data within the CMS Web Interface.

For telehealth guidance on electronic clinical quality measures (eCQMs), please refer to the [Telehealth Guidance for Electronic Clinical Quality Measures \(eCQMs\) for Eligible Professional/Eligible Clinician 2022 Quality Reporting \(PDF\)](#) in the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#). This link also provides additional information on eCQM tools and resources.

Telehealth: Assignment and Sampling of Patients

This section details how telehealth visits were considered for assignment and sampling during a performance period in which a public health emergency (PHE) has been declared. The information below is in relation to the current circumstances surrounding the 2022 COVID-19 PHE.

As referenced in [Diagram 1](#), the 2022 CMS Web Interface sampling methodology involves 3 steps to identify patients for CMS Web Interface quality measures.

1. Patients are identified to be assigned to the group, virtual group, or APM Entity.
2. Patients are identified as eligible for the CMS Web Interface quality sample based on having at least 2 eligible encounters during the measurement period and not meeting exclusion criteria.
3. Eligible patients are sampled into each measure's denominator based on having at least one eligible encounter per the measure specifications as well as other demographic and clinical criteria for denominator inclusion.

Steps 1 and 2 are inclusive of the telehealth codes added to the CMS assignment methodology for 2020¹ and continued for 2021 and 2022 and don't exclude previously finalized codes in the assignment methodology with a corresponding telehealth modifier or Place of Service (POS) code. A listing of the telehealth codes can be found in [Appendix A](#).

¹ These codes were finalized in the May 8, 2020 COVID-19 Interim Final Rule with Comment Period (IFC) (85 FR 27583) for purposes of patient assignment under the Shared Savings Program and in the September 2, 2020 IFC (85 FR 54820) for purposes of patient assignment under MIPS.

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Step 3 relates to the 2022 CMS Web Interface denominator sampling methodology, while Steps 1 and 2 relate to assignment and the determination of eligibility for the quality sample. In Step 3, patients must have at least one encounter, per the measure specifications, identified in the Encounter Codes tab of the 2022 CMS Web Interface Coding Document to be sampled in the measure.

For the 2022 performance period, the following 6 CMS Web Interface measures include 6 Current Procedural Terminology (CPT) codes (99421, 99422, 99423, 99441, 99442, and 99443) and 2 HCPCS codes (G2010 and G2012) for sampling purposes (as identified in measure specifications and coding documents for each measure specified below) that are among the telehealth codes added to the CMS Web Interface assignment methodology due to the COVID-19 PHE. For the following 6 CMS Web Interface measures, patients will be sampled in Step 3 using a code set that includes the above CPT and HCPCS codes.

1. Falls: Screening for Future Fall Risk (CARE-2)
2. Controlling High Blood Pressure (HTN-2)
3. Breast Cancer Screening (PREV-5)
4. Colorectal Cancer Screening (PREV-6)
5. Preventive Care and Screening: Influenza Immunization (PREV-7)
6. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (PREV-10)

The following 2022 CMS Web Interface measure, Depression Remission at Twelve Months (MH-1), includes 6 of the above CPT codes (99421, 99422, 99423, 99441, 99442, and 99443) for sampling purposes (as identified in 2022 MH-1 measure specifications and coding documents) that are among the telehealth codes added to the CMS Web Interface assignment methodology due to the COVID-19 PHE. For the 2022 MH-1 measure, patients will be sampled in Step 3 using a code set that includes the above 6 CPT codes.

The following 2022 CMS Web Interface measure, Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (DM-2), includes 3 of the above CPT codes (99441, 99442, and 99443) for sampling purposes (as identified in 2022 DM-2 measure specifications and coding documents) that are among the telehealth codes added to the CMS Web Interface assignment methodology due to the COVID-19 PHE. For DM-2, patients will be sampled in Step 3 using a code set that includes the above CPT codes. For the 2022 DM-2 measure, patients will be sampled in Step 3 using a code set that includes the 3 above CPT codes.

For sampling purposes relating to the following 2 CMS Web Interface measures, Preventive Care and Screening: Screening for Depression and Follow-Up Plan (PREV-12) and Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (PREV-13), the 2022 CMS Web Interface measure specifications and coding documents don't include any of the telehealth codes that were previously added to the CMS Web Interface assignment methodology due to the COVID-19 PHE. Therefore, the added telehealth codes for assignment purposes won't impact the sampling methodology of the other 2 CMS Web Interface measures in Step 3, specifically how patients are sampled into measure denominators.



Step 3 doesn't exclude telehealth modifiers or POS codes associated with the Encounter Codes in the 2022 CMS Web Interface Coding Documents. A measure's denominator for the 2022 performance period may therefore include patient encounters that occurred via:

- In-person only.
- Telehealth only.
- A mix of in-person and telehealth.

Diagram 1: Assignment and Sampling of Patients

Step 1: Assigned Patients

Telehealth codes added for the 2020, 2021 and 2022 performance periods due to the COVID-19 PHE are used to assign patients to groups, virtual groups, and APM Entities.

Previously finalized encounter codes used in the assignment methodology that include telehealth modifiers or POS codes won't be excluded.

Step 2: Quality Eligible Patients

Patients included in the assignment process had at least 2 primary care services within the group, virtual group or APM Entity during the performance period.

Draws from assigned patients, thereby includes telehealth codes added for the 2020, 2021 and 2022 performance periods due to the COVID-19 PHE, as well as previously finalized codes billed as telehealth.

Step 3: Quality Sample for CMS Web Interface Measures

Quality sample for each measure requires at least one eligible visit, as defined in the measure specifications.

The sampling process for the 10 CMS Web Interface measures includes patients eligible for the measures based on previously finalized codes billed as telehealth.

Telehealth and Reporting on the CMS Web Interface Measures

Table 1 contains the list of CMS Web Interface measures and provides information on which measures may allow the quality action to be performed or documented during a telehealth encounter. It's important to reference the measure specifications to determine if medical information captured during a telehealth visit counts toward performance. For numerator compliance, a telehealth encounter may include medical information obtained over the phone, email, or other electronic communication used to interact with a patient. If the quality action of the measure is captured during a telehealth encounter, the medical record documentation is required to support what's reported within the CMS Web Interface. All 10 of the 2022 CMS Web Interface measures allow for numerator compliance during a telehealth encounter.

For the purpose of meeting the performance within the numerator of the CMS Web Interface measures, it's the responsibility of the group, virtual group, or APM Entity to ensure they can perform or complete and document all aspects of the quality action as defined within the measure specification.

The [2022 CMS Web Interface Measure Specifications and Supporting Documents \(ZIP\)](#) posted in the [Quality Payment Program \(QPP\) Resource Library](#) are final and not subject to change for the 2022 performance period. For the 2022 performance period, PREV-13 was updated and as a result, the measure allows telehealth visits. Clinicians may now document the status or prescription of statin therapy within the measurement period during telehealth encounters.

Table 1: 2022 Telehealth Applicability for Reporting CMS Web Interface Measures

Measure ID	CMS Web Interface Measure Title	Numerator Guidance
CARE-2	Falls: Screening for Future Fall Risk	Screening for future fall risk may be completed during a telehealth encounter.
DM-2	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Documentation of most recent HbA1c result may be completed during a telehealth encounter.
HTN-2	Controlling High Blood Pressure	A blood pressure reading may be taken by either a clinician, or a remote monitoring device and conveyed by the patient to their clinician during a telehealth encounter.
MH-1	Depression Remission at Twelve Months	PHQ-9 or PHQ-9M administration may be performed during a telehealth encounter. Patient remission, a follow-up PHQ-9 or PHQ-9M result less than 5, may be determined during a telehealth encounter.

Measure ID	CMS Web Interface Measure Title	Numerator Guidance
PREV-5	Breast Cancer Screening	Documentation of screening for breast cancer may be completed during a telehealth encounter.
PREV-6	Colorectal Cancer Screening	Documentation of colorectal cancer screening may be completed during a telehealth encounter.
PREV-7	Preventive Care and Screening: Influenza Immunization	Report of previous receipt of an influenza immunization during the flu season may be completed during a telehealth encounter. The influenza immunization itself can't be completed during a telehealth encounter.
PREV-10	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Screening for tobacco use and cessation intervention may be completed during a telehealth encounter.
PREV-12	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Screening for depression may be completed during a telehealth encounter. Documentation of recommended follow-up plan for a positive depression screen may be completed during a telehealth encounter.
PREV-13	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Documentation of statin therapy prescribed or being taken during the measurement period can be completed during a telehealth encounter.

Appendix A: Telehealth Codes

Service	HCP/ CPT Code(s)*
Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related evaluation/management (E/M) service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.	G2010
Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	G2012
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days. Each code in this section references a different length of time for the E/M service.	99421 99422 99423
Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. Each code in this section references a different length of time for the E/M service.	99441 99442 99443

* Healthcare Common Procedure Coding System (HCP/Current Procedural Terminology (CPT) Code(s)