

## **Telehealth Guidance for Electronic Clinical Quality Measures (eCQMs) for Eligible Professional/Eligible Clinician 2020 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 2020. This guidance is specific to the 2020 quality reporting performance period. 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](#)

The eCQM specifications posted on the Electronic Clinical Quality Improvement (eCQI) Resource Center for 2020 are final and are not subject to revision for the 2020 performance period.

For the 2020 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>).<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 guidance or definition statements in the header of an eCQM HTML document, encounters identified with CMS telehealth-eligible codes are eligible for inclusion within the eligible professional/eligible clinician eCQMs for the 2020 performance period, whether the encounter was provided in person or via telehealth.

**There are 42 telehealth-eligible eCQMs for the 2020 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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<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 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 below. This update will be made available in Cypress 5.4.2 scheduled for release in September 2020.

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

**TABLE 1. ELIGIBLE FOR TELEHEALTH ENCOUNTER<sup>a</sup> ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2020 REPORTING**

CMS eCQM ID	MIPS Quality ID	Measure Title
CMS2v9	134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
CMS50v8	374	Closing the Referral Loop: Receipt of Specialist Report
CMS56v8	376	Functional Status Assessment for Total Hip Replacement
CMS66v8	375	Functional Status Assessment for Total Knee Replacement
CMS68v9	130	Documentation of Current Medications in the Medical Record
CMS74v9	379	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
CMS75v8	378	Children Who Have Dental Decay or Cavities
CMS90v9	377	Functional Status Assessments for Congestive Heart Failure
CMS117v8	240	Childhood Immunization Status
CMS122v8	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
CMS124v8	309	Cervical Cancer Screening
CMS125v8	112	Breast Cancer Screening
CMS127v8	111	Pneumococcal Vaccination Status for Older Adults
CMS128v8	009	Anti-depressant Medication Management
CMS130v8	113	Colorectal Cancer Screening
CMS131v8	117	Diabetes: Eye Exam
CMS134v8	119	Diabetes: Medical Attention for Nephropathy
CMS135v8	005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS136v9	366	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
CMS137v8	305	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
CMS138v8	226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
CMS139v8	318	Falls: Screening for Future Fall Risk
CMS142v8	019	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
CMS143v8	012	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
CMS144v8	008	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS145v8	007	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
CMS146v8	066	Appropriate Testing for Children with Pharyngitis

CMS eCQM ID	MIPS Quality ID	Measure Title
CMS147v9	110	Preventive Care and Screening: Influenza Immunization
CMS149v8	281	Dementia: Cognitive Assessment
CMS153v8	310	Chlamydia Screening for Women
CMS154v8	065	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
CMS155v8	239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
CMS156v8	238	Use of High-Risk Medications in the Elderly
CMS159v8	370	Depression Remission at Twelve Months
CMS161v8	107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS165v8	236	Controlling High Blood Pressure
CMS177v8	382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS249v2	472	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
CMS347v3	438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
CMS349v2	475	HIV Screening
CMS645v3	462	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy
CMS771v1	476	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

<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: 2020 REPORTING**

CMS eCQM ID	MIPS Quality ID	Measure Title	Reason Not Eligible for Telehealth
CMS22v8 <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
CMS69v8 <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
CMS157v8 <sup>b</sup>	143	Oncology: Medical and Radiation - Pain Intensity Quantified	Measure guidance specifies face-to-face encounter is required
CMS129v9 <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
CMS133v8 <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 2020, based on other information provided directly in the measure specification, such as in the measure guidance section, precluding them from becoming telehealth eligible. The 2020 specifications are final and guidance cannot be changed. 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.

These eQMs 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 (V2) -->
  <templateId root="2.16.840.1.113883.10.20.24.3.133" extension="2017-08-01"/>
  <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 (V4) -->
      <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2017-08-01"/>
      <id root="b26e67f8-17b1-479a-a7ed-02f7962b9617"/>
      <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="20200501090000"/>
        <high value="20200501094500"/>
      </effectiveTime>
    </encounter>
  </entryRelationship>
</act>
```