



COVID Impact on HEDIS Measure Specifications

The National Committee for Quality Assurance (NCQA) develops and maintains the Healthcare Effectiveness Data and Information Set (HEDIS) and determines the criteria that is acceptable for closing gaps in care for all HEDIS measures. Due to the impact of COVID-19 on patient care, the NCQA removed telehealth exclusions from the following key measures:



Telehealth Revisions for Medical Providers

The NCQA wants to support the increased use of telehealth patient care caused by the pandemic. These updated guidelines were released on July 1st, 2020. To capture telehealth care for HEDIS purposes, submit all claims using the applicable CPT code with the GT Modifier (UB-04 & CMS 1500). To be reimbursed for telehealth services, please add a Place of Service (POS) code of 02 to the claim. More information on billing guidelines for telehealth can be found on the Provider Telehealth Flier.

HEDIS Measure Name	Telehealth Update
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Telehealth restrictions are removed. Any follow up visit can now be performed via telehealth.
Controlling High Blood Pressure (CBP)	The Representative BP can occur during telehealth, e-visit or virtual check-in with the regular treating physician or remote blood pressure monitoring in the measurement year. The following examples will meet criteria if entered into the patient’s medical record and then coded appropriate on a claim: <ul style="list-style-type: none"> • Members getting BP taken at automatic device at a pharmacy and then reporting to Provider. • Members having BP done by nurse and then nurse reporting to provider via telehealth. <p>*BPs taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope will not count.</p>
Comprehensive Diabetes Care (CDC)	The Representative BP can occur during telehealth, e-visit or virtual check-in with the regular treating physician or remote blood pressure monitoring in the measurement year. The following examples will meet criteria if entered into the patient’s medical record and then coded appropriate on a claim: <ul style="list-style-type: none"> • Members getting BP taken at automatic device at a pharmacy and then reporting to Provider. • Members having BP done by nurse and then nurse reporting to provider via telehealth. <p>*BPs taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope will not count.</p>
Prenatal and Postpartum Care (PPC)	Prenatal care provided via telehealth, online assessment, or virtual check-in meet criteria. Timeliness of prenatal care, if all other elements (i.e. within the first trimester of pregnancy or within 42 days of enrollment with the MCO) are satisfied. A pregnancy diagnosis code must be billed with the telehealth modifier.
Well-Child Visits in the First 30 Months of Life (W30)	Telehealth is now acceptable for well care visits.

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HEDIS Measure Name	Telehealth Update
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	Telehealth is now acceptable for the counseling for nutrition and physical activity submeasures. Member-reported height, weight, BMI percentile are acceptable only if the information is collected by a primary care practitioner or specialist, if the specialist is providing a primary care service related to the condition being assessed, while taking a patient's history. The information must be recorded, dated and maintained in the member's legal health record.
Child and Adolescent Well Care Visits (WCV)	Telehealth is now acceptable for well care visits.

Please note the following changes to Well Care:

- The former *Well-Child Visits in the First 15 Months of Life (W15)* measure was revised to *Well-Child Visits in the First 30 Months of Life (W30)* for HEDIS MY 2020.
 - Well-Child Visits in the First 15 Months:* Children who turned 15 months old during the measurement year, six or more well-child visits.
 - Well-Child Visits for Age 15 Months–30 Months:* Children who turned 30 months old during the measurement year: Two or more well-child visits.
- The former *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)* and *Adolescent Well-Care Visits (AWC)* measures have been combined into *Child and Adolescent Well-Care Visits (WCV)* for HEDIS MY 2020.
 - Children between 3-21 years of age have at least one well visit in the measurement year.



Telehealth Revisions for Oral Healthcare Providers

The NCQA wants to support the increased use of telehealth patient care caused by the pandemic. These updated guidelines were released on July 1st, 2020. To capture telehealth care the encounter must show a problem focused limited oral examination code (CDT D0140) billed in conjunction with the Teledentistry – Synchronous; real-time encounter CDT Code D9995.

HEDIS Measure Name	Telehealth Update
Annual Dental Visit (ADV)	Teledentistry or a virtual synchronous; real-time encounter is now acceptable for dental visits. Teledentistry services utilized for dental emergencies will now satisfy the ADV measure.



Questions on the HEDIS measures?

You can reach out to your dedicated Quality Practice Liaison or Aetna Better Health of Pennsylvania's Quality Management Department at AetnaBetterHealthPAQM@aetna.com.



Questions on billing?

Medical Providers: Contact Provider Relations at **1-866-638-1232** or refer to the COVID-19 Virus Related FAQs (April 7 Update) on the [Aetna Better Health of Pennsylvania website](#).

Oral Healthcare Providers: Contact Skygen USA provider customer service at **800-508-4892**.