

**If a telehealth consultation discusses and addresses a Medicare Risk Adjustment condition, will CMS recognize the diagnosis for risk adjustment purposes?**

In order to submit the diagnoses from a visit for risk adjustment purposes, the visit must be an allowable inpatient, outpatient or professional service, **AND** the visit must be a face-to-face encounter. CMS recently released guidance clarifying the face-to-face encounter requirement in the context of telehealth and other virtual services. CMS clarified that telehealth services provided using an interactive **audio and video** telecommunications system that permits real-time interactive communication satisfy the face-to-face requirement for purposes of risk adjustment data eligibility. This clarifying guidance applies to all telehealth services provided in 2019 and 2020.

*Source: Centers for Medicare & Medicaid Services (CMS), Dept. of Health & Human Services (HHS), April 10, 2020*

**Will this affect Risk Adjustment Processing Systems (RAPS) and Encounter Data Systems (EDS) Submissions to CMS?**

The CMS guidance related to diagnoses from telehealth services applies to both submissions to the Risk Adjustment Processing System (RAPS) and the Encounter Data System (EDS). While Medicare Advantage (MA) organizations and other organizations that submit diagnoses for risk adjusted payment identify which diagnoses meet risk adjustment criteria for their submissions to RAPS, MA organizations (and other organizations as required) report all the services they provide to beneficiaries to the EDS and CMS identifies those diagnoses that meet risk adjustment filtering criteria. In order to report services to the EDS that have been provided via telehealth and that satisfy the face-to-face encounter requirement, use CPT telehealth modifier “95” with any place of service.

Please note it is important to use specific codes when services provided are telephonic only, e-visits or virtual check-ins, so that MA organizations and CMS can identify that telehealth services provided were audio only or otherwise not acceptable for risk adjustment purposes. Please refer to the “COVID-19 Telehealth and Other Virtual Services Eligible for Risk Adjustment Grid.”

*Source: Centers for Medicare & Medicaid Services (CMS), Dept. of Health & Human Services (HHS), April 10, 2020*

**What is the expectation on how a provider would assess and document vitals or conduct a physical exam via telehealth for an Annual Wellness Visit (AWV) or Annual Physical Exam?**

Physicians and healthcare providers should continue to apply accurate documentation to their medical note for telehealth visits on information they can collect during the telehealth visit. On March 30, 2020, CMS published an interim final rule (Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency) to provide additional flexibility to physicians during the COVID-19 pandemic. CMS has removed any requirements regarding documentation of history and/or physical exam in the medical record for office/outpatient E/M encounters provided via telehealth.

*Source: Centers for Medicare & Medicaid Services (CMS) Interim Final rule Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency, March 30, 2020, <https://www.cms.gov/files/document/covid-final-ifc.pdf>*