



Telehealth services for risk adjustment payments Coronavirus (COVID-19) update: May 8, 2020

Dear Valued Provider:

As a result of the 2020 COVID-19 pandemic, CMS released **new** guidance regarding **risk adjustment data** submissions for telehealth services on April 10, 2020. CMS authorized Medicare Advantage (MA) organizations to submit diagnoses for risk adjustment from telehealth encounters, **only when those encounters meet all criteria for risk adjustment data submission**. More specifically, diagnoses must be a result of an allowable inpatient, outpatient, or professional service, rendered by an acceptable provider type, and based on a face-to-face encounter. **To meet the risk adjustment face-to-face requirement for telehealth encounters, CMS requires the provider to use an interactive audio and video telecommunications system that permits real-time communication between the provider and patient.**

To report virtual evaluation and management (E&M) services to Simply Healthcare Plans, Inc. (Simply) for an audio and video encounter, please use applicable E&M CPT[®] code, CPT Telehealth modifier “95,” **and** any applicable place of service (POS) code. An audio-only encounter does not satisfy the criteria for risk adjustment data eligibility. Therefore, **you must include CPT Telehealth modifier “95” in addition to the POS** so Simply can identify the encounter as a face-to-face telehealth encounter. This guidance applies to eligible face-to-face telehealth encounters within open data submission periods, which include 2019 and 2020 dates of service (DOS).

Diagnoses submitted for risk adjustment purposes from a telehealth encounter must meet the following requirements:

- Encounter must be face-to-face using an interactive audio and video telecommunications system that permits real-time communication between the provider and patient.
- Provider must use CPT Telehealth modifier “95.”
- Services rendered must be those which are allowable by CMS, included within the Simply plan benefit package, and clinically appropriate to furnish via a face-to-face telehealth encounter; and
- Encounter must meet all other criteria for risk adjustment eligibility, which include, but are not limited to, being from an allowable inpatient, outpatient, or professional service.

If you have questions about this communication or need assistance with any other item, call the number on the back of your patient’s Simply member ID card.

Thank you for your continued partnership.

Sincerely,

Simply Healthcare Plans, Inc.

Sources: Centers for Medicare & Medicaid Services (CMS) – Dept. of Health & Human Services (HHS), HPMS memo, *Applicability of Diagnoses from Telehealth Services for Risk Adjustment*, April 10, 2020; and CMS – HHS, *Stakeholder Call on the CY 2021 Rate Announcement and MA and Part D COVID-19 Guidance*, April 29, 2020.

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.