Provider Telehealth Visits Checklist for Blood Pressure and Diabetes Management

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HSAG HEALTH SERVICES ADVISORY GROUP

The *Provider Telehealth Visits Checklist for Blood Pressure and Diabetes Management* is developed by Health Services Advisory Group (HSAG) to guide practices to prepare and conduct telehealth visits focused on blood pressure control and diabetes management. Use the checklist to improve chronic disease management for at-risk patients.[1,2,3]

Before the Visit

1. Conduct 10–15 minute pre-visit huddles each day for all scheduled patients. Review the patient history, reason for the visit, and anticipate care needs and special situations.
2. On the day prior to the appointment, send the patient a reminder, and provide the link to download the app or software, or other instructions, as applicable. If this is the patient's first telehealth visit, allow extra time for the visit "check-in," and troubleshoot any technical issues. Include the following instructions in the patient reminder:
   a. Check and document your blood pressure, temperature, and weight right before the visit.
      – If the patient does not have a blood pressure machine, ask him/her to check with the insurance carrier to find out if the insurance policy covers relevant durable medical equipment (DME), such as digital blood pressure cuffs.
   b. Write down:
      – A list of current medications you are taking.
      – Questions and concerns you want to discuss during the visit.

Patient Check-In/Intake

1. Obtain the patient's reported temperature, weight, and blood pressure to document in the patient chart. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are acceptable for numerator compliance with the Quality Payment Program (QPP) reporting quality measure: Controlling High Blood Pressure.[4] If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."
2. If the patient is hypertensive and does not have a digital device, use the pre-visit to advise the purchase of the digital monitor or designate an office area for blood pressure monitoring "drop-in."
3. If the patient has diabetes and a glucometer, get glucometer readings during the intake.

Provider Visit

1. Focus on aggressive risk reduction, e.g., intensification of diabetes medications, hypertension medications, the addition of statins.
2. Take a thorough history in terms of adherence to new medication or dose adjustments and ask about any relevant side effects.
3. With medication adjustments, arrange a follow-up telehealth visit at a short interval, e.g., 2 weeks, to ensure that improving trends and associated risk reduction are proceeding appropriately.

Patient Check-Out

1. Summarize changes made to the care plan for the patient.
2. Remind the patient to record blood pressure/glucometer readings between office visits and share them with the practice at the next office visit.
3. Promptly contact the patient to schedule the next appointment.
4. Ensure the patient knows the next steps if the provider ordered any labs or screening/diagnostic tests.
5. Collect feedback on the telehealth experience.

After the Visit

1. Document appropriate quality data codes for the visit.
   a. List of service payables under the Medicare Physician Fee Schedule when furnished via telehealth: www.cms.gov/files/zip/list-telehealth-services-calendar-year-2022-updated-06172022.zip
   b. Add the appropriate quality data codes for the two claims-based quality measures: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%); and Controlling High Blood Pressure for Medicare Part B beneficiaries.[3,4,5] This list below can be used as a quick coding reference sheet for the two quality measures*:

Measure	CPT/G Codes	Code Description
Diabetes		
Diabetes: HbA1c Poor Control (>9%)	CPT II 3046F	Most recent HbA1c level > 9.0%
	3046F with modifier 8P	HbA1c level was not performed during the measurement period (12 months)
	CPT II 3044F	Most recent HbA1c level < 7.0%
	CPT II 3051F	Most recent HbA1c level ≥ 7.0% and < 8.0%
	CPT II 3052F	Most recent HbA1c level ≥ 8.0% and ≤ 9.0%
Blood Pressure: To report systolic and diastolic blood pressure values, each value must be submitted separately. Both the systolic and diastolic blood pressure measurements are required for inclusion.		
Controlling High Blood Pressure	G8752	Most recent systolic blood pressure < 140 mmHg
	G8753	Most recent systolic blood pressure ≥ 140 mmHg
	G8754	Most recent diastolic blood pressure < 90 mmHg
	G8755	Most recent diastolic blood pressure ≥ 90 mmHg
	G8756	No documentation of blood pressure measurement, reason not given

CPT = Current Procedural Terminology

**Please note that this document is not exhaustive. Please reference the original specification sheets for full codes available, such as denomination exclusions:*

- Centers for Medicare & Medicaid Services (CMS). Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%). Available at https://qpp.cms.gov/docs/QPP_quality_measure_specifications/Claims-Registry-Measures/2022_Measure_001_MedicarePartBClaims.pdf.
- CMS. Controlling High Blood Pressure. Available at https://qpp.cms.gov/docs/QPP_quality_measure_specifications/Claims-Registry-Measures/2022_Measure_236_MedicarePartBClaims.pdf.

References:

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3. CMS. MLN Matters. New/Modifications to the Place of Service (POS) Codes for Telehealth. Accessed on August 19, 2022. Available at: https://www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf.
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