

DEPARTMENT OF HEALTH & HUMAN
SERVICES

Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: May 4, 2022

TO: All Medicare Advantage, Cost, PACE, and Demonstration Organizations

FROM: Jennifer R. Shapiro, Director, Medicare Plan Payment Group

SUBJECT: Risk Adjustment Processing System (RAPS) and Encounter Data System (EDS)
Submission – UPDATE

In the January 15, 2021 HPMS Memo, “Update - Applicability of diagnoses from telehealth services for risk adjustment,” CMS stated that Medicare Advantage (MA) organizations and other organizations that submit diagnoses for risk adjustment payments continue to be able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility, which include being from an allowable inpatient, outpatient, or professional service, and from a face-to-face encounter. Please refer to the April 10, 2020 and January 15, 2021 HPMS memoranda for additional information. Diagnoses resulting from telehealth services can meet the risk adjustment face-to-face requirement when the services are provided using an interactive audio and video telecommunications system that permits real-time interactive communication.

This use of diagnoses from telehealth services applies both to submissions to the RAPS and EDS. While MA organizations and other organizations that submit diagnoses for risk adjustment payments identify which diagnoses meet risk adjustment criteria for their submissions to RAPS, MA organizations (and other organizations as required) must report all items and services they provide to enrollees to the EDS under 42 CFR § 422.310.

To report services provided via telehealth, use modifier “95” (Synchronous telemedicine service rendered via real-time Interactive audio and video telecommunications system) for applicable encounter data records (EDRs) and chart review records (CRRs). Effective January 1, 2022, a new modifier “93” was added to the Current Procedural Terminology (CPT®) code set. Modifier 93 represents a “Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system.” To report EDRs and CRRs for audio-only services (for dates of service on or after January 1, 2022) to the EDS, use modifier “93.”

Also, when an EDR or CRR for a service provided via telehealth is submitted (i.e., modifier ‘95’ is used), there are now two code options to indicate the place of service (POS): 1) POS 02 for telehealth services provided other than in patients home, or 2) new POS 10 for telehealth services provided in patients home (which is a location other than a hospital or other facility where the patient receives care in a private residence).

The contents of this document do not have force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under law.

Questions can be addressed to RiskAdjustmentPolicy@cms.hhs.gov, please specify, “Risk Adjustment Processing System (RAPS) and Encounter Data System (EDS) Submission – UPDATE” in the subject line.

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