Virtual Uniform Data System (UDS) Visits Defined

- A virtual UDS visit is a two-way interactive audio and/or video interaction between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services to the patient that are documented, interactive, live, real-time interactions.
- A virtual visit is one that meets all other requirements of a UDS visit except that it is not an in-person interaction between a patient and provider. Just as with interactions in person, not all virtual interactions are countable.
- State and Federal telehealth definitions and regulations regarding acceptable modes of care delivery, types of providers, informed consent, and location of patients are not applicable in determining virtual visits for UDS reporting.

Glossary of Terms

Below are key terms used throughout this document.

- Asynchronous/Store and forward: Electronic transmission of medical information, such as x-rays, sonograms, other digital images, documents, and pre-recorded audio and/or videos that are not real-time interactions.

- Distant/Consultant/Hub site: Location of provider.

- Mobile Health (mHealth): Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician.

- Originating/Patient/Spoke site: Location of patient.

- Remote patient monitoring: Electronic transmission of collected medical data, such as vital signs, pulse, and blood pressure, from patients in one location (typically the home) to health care providers in a different location.

- Synchronous/Live audio and/or video: Use of two-way interactive audio and/or video technology, such as video conferencing, or other Health Insurance Portability and Accountability Act (HIPAA) compliant video connections between a provider and patient, or telephone, that are "live" or real-time interactions.

- Telehealth: Use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

- Telemedicine: Telemedicine is a subset of telehealth services referring to remote clinical services.

- UDS service categories: Medical, dental, mental health, substance use disorder, vision, other professional, and enabling services.

- Virtual visits: Another term for telemedicine visits.

Virtual Visit Guidance for Health Centers

Guidance for reporting of virtual visits in the UDS is provided below. Topic area considerations follow, including UDS reporting instructions and clarifications.

Virtual Visits

Count patients *throughout* the UDS (demographics, services, clinical, and financial sections) when their visits qualify as a virtual visit, consistent with the health center's scope of project, even if the virtual visit is the first or only visit for the patient during the reporting period, and even if the visit is not billed (though almost all medical, dental, and mental health visits are normally billed). Accordingly, for patients who had virtual visits, the patient must be registered and all relevant demographic, insurance, clinical, and other data about the patients must be collected and reported.

Reporting Guidance

Virtual visits are eligible to be included as countable visits within the seven (7) UDS service categories, if the services provided meet the UDS countable visit definition.

Notes

- The seven service categories include: medical, dental, mental health, substance use disorder, vision, other professional, and enabling services.
- Although reimbursement for items billed is not 'required' to count as a visit for UDS, health centers should consider Health Center Program rules for maximizing revenue and determining eligibility for sliding discounts.
- Do not count the types of services that are unreportable interactions in the UDS, such as distance monitoring of patients' vitals, prescription refills, and provider reading of lab, x-ray, or other test results.
- Virtual group sessions that meet the visit definitions are countable only under the mental health or substance use disorder services categories.

Provision of Care

- If the health center provider virtually provided care to a patient who is elsewhere (i.e., not physically at a health center), count the patient and the virtual visit.
- If the provider was not physically present at the health center when providing care to the patient, who was in a separate location, count the patient and the virtual visit.
- If the health center has authorized patient services by another provider (not at the health center) who provided the care to the patient at the health center through virtual visits and the health center paid for the services, count the patient and the visit as a virtual visit.
- If the health center has referred the patient's care to another provider and the health center did not pay for the service, do not count the interaction as a visit.

Reporting Guidance

Virtual visits, whether the patient or the provider (or both) is not physically in the same room, provided by the health center or by paid referral are counted.

Notes

- If the originating location of the patient is at the health center and the patient received care from a non-health center provider at a distant location, the health center may bill a facility fee. However, for purposes of UDS reporting, do not count the visit unless the health center paid for the service.
- The provider needs access to the health center's Health IT/EHR at the time of the visit to review the patient's health record and to record their activities.

Modes

Only count virtual visits provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient.

Reporting Guidance

Despite the numerous modes of virtual visits, limitations are set to match UDS reporting definitions of countable visits.

Notes

A Countable Visit

- Live video and/or audio (synchronous, real-time): Use of two-way interactive audio (i.e., telephone) and/or video technology, such as video connections between a provider and a patient (i.e., "face-time").

NOT a Countable Visit

- Store and forward (asynchronous, not real-time): Electronic transmission of medical information, such as digital images, documents, and pre-recorded videos.
- Remote patient monitoring: Electronic transmission of collected medical data, such as vital signs and blood pressure, from patients in one location to health care providers in a different location.
- Mobile Health (mHealth): Technologies, such as smartphone and tablet apps, that enable patients to capture their own health data without a clinician's assistance or interpretation.
- Other asynchronous technologies: Email, fax, internet/online questionnaires, prescribing, or other transmissions.

Coding

Use telehealth-specific and audio-only codes with the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes such as G0071, G0406-G0408, G0425-G0427, G2025, modifier ".95," or Place of Service code "02" to identify virtual visits.

Reporting Guidance

Codes must be used/documented to demonstrate services provided to patients via interactive audio and/or video telecommunication systems.

Notes

- Use only eligible CPT or HCPCS codes. Although third-party payers may not recognize or pay for virtual visits, they must be coded and charged. Charges are generally comparable to clinic (in-person) visit charges.
- Telephone evaluation and medicine audio-only synchronous codes include CPT codes 99441, 99442, and 99443.
- Do not count services as virtual visits if they are not coded as such.
- Telehealth services coded with a "GQ" (used for asynchronous, or store and forward technologies) modifier cannot be counted as a visit.
- Do not count consultations (such as CPT 99241-99245) in the UDS as virtual visits.

Multiple Visits

On any given day, count one and only one visit per patient per service category, regardless of the number of visits (in-person and/or virtual). The only exception is if there are *two different providers based out of two different in-scope service delivery sites* providing care on that same day.

Reporting Guidance

Limitations to count visits are applied for multiple patient visits (e.g., in-person and virtual or multiple virtual) on the same day by providers of the same service category, unless services provided by different providers of the same service category are assigned different service delivery locations.

Notes

- When a patient is seen by a provider in-person at the health center and separately by a distant (virtual) provider of the same service category on the same day, count each as a visit (one clinic visit and one virtual visit) if the service with the distant provider is paid for by the health center or performed by a health center provider.
- When a patient is with staff from the health center who is supporting the service and the patient receives services from a distant provider, count this as one virtual visit, and ***only*** if the health center paid for or provided the care virtually.

Telehealth Policy Changes after COVID-19

A range of administrative steps were taken by the U.S. Department of Health and Human Services to more permanently and temporarily adopt telehealth use. Important considerations for virtual visits as of 2023 are outlined below:

- The reporting of clinical quality measures in the UDS is impacted by virtual visits. Please refer to the telehealth guidance on reporting UDS clinical quality measures as they relate to virtual visits, including telephone-only.

- Certain Medicare telehealth payment requirements implemented during the Public Health Emergency have continued to allow beneficiaries in all areas of the country to receive telehealth services. Health centers can continue to provide behavioral health telehealth services (including audio-only) as distant site providers, to patients in their home, and with no geographic restrictions for originating sites. Other Medicare telehealth flexibilities provided during the emergency specific to non-behavioral health services are in place until December 31, 2024. More information on telehealth policy changes after the COVID-19 public health emergency is available here.

Telehealth Resources for Health Centers

Telehealth can be an important tool for improving access to quality health care, especially for underserved and medically vulnerable populations. Below are some resources for health centers interested in offering or expanding telehealth services:

- Health Information Technology, Evaluation, and Quality Center (HITEQ): a HRSA-funded National Training and Technical Assistance Partner.

- National Consortium of Telehealth Resource Centers: 12 HRSA-supported regional and two national centers (including the Center for Connected Health Policy) provide expert and customizable technical assistance, advice on telehealth technology, and state-specific regulations and policies, including Medicaid, Medicare, and private (commercial) payers.

- Centers for Medicare and Medicaid Services Telehealth: provides Medicare telehealth services definitions.

- Medicare Telehealth Payment Eligibility Analyzer: checks if an address is eligible for Medicare telehealth originating site payment.

- State Medicaid & CHIP Telehealth Toolkit: a resource to aggregate telehealth information and highlights questions that health centers may ask themselves when establishing new telehealth policy.

- List of Medicare Telehealth Codes: provides a list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.