

Virtual UDS Visits Defined

- 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 patient 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 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 UDS reporting is provided below. The table is arranged by topic area with UDS reporting instructions, followed by clarification of the reporting requirements.

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 within the seven (7) UDS service categories are eligible to be included as countable visits, if those services meet all other countable visit definitions.

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 (not physically at a health center), 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.

Reporting Guidance:

Virtual visits 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 HIT/EHR to record their activities and review the patient's record.
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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 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.
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Coding

Use telehealth-specific codes with the 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 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 visit charges.
- 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, including virtual visits. The only exception is if there are *two different providers at two different locations* providing care on that same day.

Reporting Guidance:

Limitations to count visits are applied for multiple patient visits (in-person and virtual or multiple virtual) on the same day by the same service category or provider type.

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.

Virtual Visit Updates during COVID-19

The recent public health emergency due to the Coronavirus has accelerated interest in and the use of virtual care. Important considerations for virtual visits as of 2021 are outlined below:

- With an increase in virtual visits, there may be a decrease in clinic visits resulting in an impact of reported clinical quality measures. Please refer to [CMS guidance](#) and the telehealth guidance on reporting clinical quality measures as they relate to virtual visits.
- The Coronavirus Preparedness and Response Supplemental Appropriations Act waives certain Medicare telehealth payment requirements during the Public Health Emergency to allow beneficiaries in all areas of the country to receive telehealth services. Under the waiver, limitations on where Medicare patients are eligible for telehealth will be removed during the emergency. In particular, patients outside of rural areas, and patients in their homes will be eligible for telehealth services.

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. Here 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 Cooperative Agreement.
- [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 such Medicaid or private payers as well as Medicare.
- [Centers for Medicare and Medicaid Services Telehealth](#): provides Medicare telehealth services definitions.
- [Medicare Telehealth Payment 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.