



**Summary of HSCRC's Memo**  
*"Charging and Reporting for Expanded Telehealth Services"*  
March 30, 2020

On March 27<sup>th</sup>, 2020, the Health Services Cost Review Commission (HSCRC) released a detailed memo regarding the rules and regulations around charging and reporting for expanded telehealth services. The memo can be found [here](#).

The memo begins by informing hospitals that CMS announced expanded telehealth coverage for Medicare beneficiaries on March 6th, 2020 (See LHA's Telehealth Guide [here](#)) and, as a result of this, the HSCRC has voted to approve an addendum to Appendix D, "to provide guidelines for the reporting and charging for the temporary expansion of telehealth services."

The commission's general rule is that hospitals will not charge patients a clinic fee for telehealth services if the provider is able to bill for his / her professional services. However, if the telehealth services are solely rendered by a non-physician provider, who is employed by the hospital and cannot bill for their professional services, the normal clinic charge will be acceptable. Upon further inquiry to Chris Peterson, Director of the Center of Payment Reform and Provider Alignment, it was stated that while the professional fees billed during the state of emergency will have no GBR impact, the clinic fees will be viewed as "normal charges" and will be counted toward GBR.

The memo breaks out telehealth services into five (5) categories, each having its own rules and regulations. The end of this summary will outline all five categories and the commission's rules surrounding each.

There are two other important pieces of information to address.

- These changes are only in place while the state of Maryland is under a state of emergency
- These expanded services can apply to all patients as Maryland is an All-Payer state

If you have any questions regarding the HSCRC memo feel free to contact Luke Bengel at [lbengel@lighthouseha.com](mailto:lbengel@lighthouseha.com) . We wish you and your family health and safety in this time of crisis.

Sincerely,  
The Lighthouse Team

## Categories of Services Outlined by the HSCRC

### 1) Real Time Audio –Visual

- **Visit Format**
  - ✓ Visit performed using real time audio / visual technology
- **Rendering Provider**
  - ✓ Solely by a Non-Physician provider
- **Visit Requirements**
  - ✓ Service provided utilizes the same staffing structure as face-to-face
  - ✓ Only difference is patient is at home vs. the hospital receiving services
    - **NOTE: Per Dennis Phelps, the provider is allowed to be working remotely due to the emergency and does not have to be on-site at the clinic**
- **Billing Methodology**
  - ✓ Clinic charge billed
  - ✓ Use existing Appendix D to report and charge exact same RVUs and pricing as a face-to-face visit
  - ✓ Claims will include modifiers to alert the HSCRC and payers that services were provided remotely during the state of emergency
    - For guidance on billing of telehealth services, please refer to LHA's Telehealth Reimbursement Grid found [here](#)

### 2) Professional Services Visit

- **Visit Format**
  - ✓ Visit performed using real time audio / visual technology
- **Rendering Provider**
  - ✓ Clinician who can bill for professional services (i.e. Physician)
- **Visit Requirements**
  - ✓ Visit performed using real time audio / visual technology
    - **NOTE: Per Dennis Phelps, the provider is allowed to be working remotely due to the emergency and does not have to be on-site at the clinic**
- **Billing Methodology**
  - ✓ Professional fee billed on HCFA – 1500
  - ✓ Hospitals do not report or charge the patient for any clinic services or procedures provided to patient
    - HSCRC recommends keeping internal record of all services provided

### 3) Telephone Only Services

- **Visit Format**
  - ✓ Visit performed over the telephone
- **Rendering Provider**
  - ✓ Clinician who can bill for professional services (i.e. Physician) or non-physician provider
- **Visit Requirements**
  - ✓ Prior consent must be received from patient
- **Billing Methodology**
  - ✓ If services provided by a Clinician who can bill for professional services (i.e. Physician)
    - No RVUs should be reported or charges for hospital coordination time or other services
  - ✓ If services provided by a Clinician who can bill for professional services (i.e. Physician)
    - RVUs outlined in memo should be charged and reported

#### 4) Online Digital Services

- **Visit Format**
  - ✓ Visit performed via online digital services (i.e) patient portal
- **Rendering Provider**
  - ✓ Clinician who can bill for professional services (i.e. Physician) or non-physician provider
- **Visit Requirements**
  - ✓ Prior consent must be received from patient
- **Billing Methodology**
  - ✓ If services provider by a Clinician who can bill for professional services (i.e. Physician)
    - No RVUs should be report or charges for hospital coordination time or other services
  - ✓ If services provider by a Clinician who can bill for professional services (i.e. Physician)
    - RVUs outline in memo should be charged and reported

#### 5) Other

- **Visit Format**
  - ✓ Visit has transitioned to a remote evaluation of a quick check-in
- **Rendering Provider**
  - ✓ Clinician who can bill for professional services (i.e. Physician) or non-physician provider
- **Visit Requirements**
  - ✓ Prior consent must be received from patient
- **Billing Methodology**
  - ✓ If services provider by a Clinician who can bill for professional services (i.e. Physician)
    - No RVUs should be report or charges for hospital coordination time or other services
  - ✓ If services provider by a Clinician who can bill for professional services (i.e. Physician)
    - RVUs outline in memo should be charged and reported