



Telehealth Resources Toolkit
From the 2023 Quality Improvement Summit:
Tackling Telehealth: Improving Quality and Access by Integrating Virtual Care in Urology

Practical Implementation of Telehealth

Tips for Implementing a Successful Telehealth Program

Table with 2 columns and 10 rows of tips for implementing a successful telehealth program, including scheduling telemedicine appointments, training staff, and assessing program effectiveness.

Conditions Appropriate for Virtual vs. In-person Visits

During the Quality Improvement Summit, panel members discussed conditions within their respective subspecialties suitable for virtual and in-person visits. The AUA recommends adhering to institutional protocols concerning suitable candidates for telemedicine. If there is doubt whether the patient is an appropriate candidate for telemedicine, the overall recommendation is to schedule the patient for an in-person visit.

Table with 3 columns: Condition, Virtual, and In-person. Rows include Erectile Dysfunction and Peyronie's Disease with lists of suitable visit types for each.



		<ul style="list-style-type: none"> • Collagenase clostridium histolyticum injections
Hypogonadism	<ul style="list-style-type: none"> • New patient or follow-up • Review labs • Annual follow-ups 	<ul style="list-style-type: none"> • New patient visit, especially if the patient also has fertility issues (for the physical exam)
Ejaculatory Dysfunctions	<ul style="list-style-type: none"> • Delayed ejaculation -New patient or follow-up -Work up or treatment • Premature ejaculation -New patient or follow-up -Work up or treatment • Hematospermia 	<ul style="list-style-type: none"> • New patient visit • Cystoscopy • Transrectal ultrasound (TRUS) • Imaging
Infertility	<ul style="list-style-type: none"> • Follow-up • Review labs • Review semen analysis • Check-in • Discuss next steps • Post operative (post-op) varicoceles patients 	<ul style="list-style-type: none"> • New patient (need genitourinary exam) • Follow-up • Vasectomy consultation • Post-op if vasovasotomy (VV), vasectomy reversal, or Microdissection Testicular Sperm Extraction (mTESE) patient • TRUS to evaluate ejaculatory duct obstruction • Post vasectomy semen analysis drop off
Orchialgia	<ul style="list-style-type: none"> • Follow-up • Post-op • Refer to pelvic floor physical therapy 	<ul style="list-style-type: none"> • New patient (need genitourinary exam) • Follow-up • Cord block • Imaging
Pediatric	<ul style="list-style-type: none"> • Prenatal consultations • Kidney stone management • Voiding dysfunction management 	<ul style="list-style-type: none"> • Any patient with testicular chief complaints (undescended, missing/vanishing, retractile testes) • Any patient with penile chief complaints
Oncology	<ul style="list-style-type: none"> • Review pathology results (let patient choose in-person or virtual) • Review prostate cancer screening results • Post-op nephrectomy, partial nephrectomy, prostatectomy if no issues at discharge 	<ul style="list-style-type: none"> • Review pathology results (let patient choose in-person or virtual) • Intrauterine catheter (IUC) removal • Post-op cystectomy (need labs, imaging, exams)

Websites and Resources

- [Good “Webside” Manner: Recommendations for Effective Virtual Care](#) (Institute for Healthcare Improvement)
- [National Consortium Of Telehealth Resource Centers](#)
- [National Telehealth Technology Assessment Resource Center](#)



- [Office for the Advancement of Telehealth \(OAT\)](#) (Health Resources & Services Administration)
- [Telehealth for Providers: What You Need to Know](#) (Centers for Medicare and Medicaid Services)
- [Telehealth Resource Center: Guides & Reports](#) (American Medical Association)
 - [Future of Telehealth](#)
 - [Remote Patient Monitoring Implementation Playbook](#)
 - [Return on Telehealth: Telehealth Framework for Practices](#)
 - [Telehealth Clinical Education Playbook](#)
 - [Telehealth Implementation Playbook](#)
 - [Telehealth Quick Guide](#)
- [Telehealth.hhs.gov](#) (Department of Health & Human Services)
 - [Best Practice Guides](#)
 - [Telehealth and Cancer Care](#)
 - [Telehealth for Rural Areas](#)
 - [Telehealth Training and Workforce Development](#)
 - [Health Equity in Telehealth](#)
- [The American Telemedicine Association](#)
 - [Practice Guidelines](#)
 - [ATA'S Quick-Start Guide to Telehealth During a Health Crisis](#)

Telehealth Policy

Websites and Resources

- [Center for Connected Health Policy](#) (National Telehealth Policy Resource Center)
- [Federal Activity](#) (The American Telemedicine Association)
- [State Activity](#) (The American Telemedicine Association)
- [Telehealth Laws, Regulations & Policies](#) (American Medical Association)
- [Telehealth.hhs.gov](#) (Department of Health & Human Services)
 - [Telehealth Policy](#)

Medico-Legal Considerations in Telehealth

Recommended Documentation for Telemedicine Visits

Documentation Components	
<ul style="list-style-type: none">• Date of the visit• Consent for visit from patient or patient representative (verbal or written)• Category for office visit—real-time audio with video or audio/telephone only• Start time and end time for telehealth encounter	<ul style="list-style-type: none">• Patient location for the visit• Provider location for the visit• Names and roles of all participants• Date the patient was last seen or was billed for correspondence to avoid date overlap with other billable services

Websites and Resources

- Informed Consent
 - [AHRQ's Easy-to-Understand Telehealth Consent Form](#) (Agency for Healthcare Research and Quality)



- [AHRQ's Making Informed Consent an Informed Choice: Training Modules for Health Care Leaders and Professionals](#) (Agency for Healthcare Research and Quality)
- [AHRQ's Telehealth Consent Teach-back Documentation](#) (Agency for Healthcare Research and Quality)
- [How to Obtain Consent for Telehealth](#) (Agency for Healthcare Research and Quality)
- [Telehealth.hhs.gov](#) (Department of Health & Human Services)
 - [Licensure](#)

Coding and Reimbursement in Telehealth

Current Procedural Terminology (CPT) Codes for Telehealth

Codes	Description	Details
99202-99205	Outpatient E/M, New Patient	<i>Level of service can be based on total time of the encounter or Medical Decision Making (MDM) (see Medical Decision Making Chart below)</i> 99202: 15-29 minutes/straightforward MDM 99203: 30-44 minutes/low level of MDM 99204: 45-59 minutes/moderate level of MDM 99205: 60-74 minutes/high level of MDM
99211-99215	Outpatient Evaluation and Management (E/M), Established Patient	99211: visit did not require the presence of a physician/other qualified health care professional (supervision) <i>Level of service can be based on total time of the encounter or MDM</i> 99212: 10-19 minutes/straightforward MDM 99213: 20-29 minutes/low level of MDM 99214: 30-39 minutes/moderate level of MDM 99215: 40-54 minutes/high level of MDM
99421-99423	Online digital E/M service, established patient, for up to 7 days, cumulative time	99441: 5-10 minutes 99442: 11-20 minutes 99443: >21 minutes
99441-99443	Telephone E/M services by a physician/qualified health care professional to <i>established</i> patient, parent, or guardian not originating from a related E/M service provided within previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	99441: 5-10 minutes 99442: 11-20 minutes 99443: >21 minutes
99446-99449, 99451, 99452	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional (written only for 99451-99452)	99446: 5-10 minutes 99447: 11-20 minutes 99448: 21-30 minutes 99449: 30+ minutes 99451: 5+ minutes 99452: 30 minutes



Medical Decision Making (MDM) Chart

	Problems Addressed	Data to Review			Risk of Complications/ Morbidity/ Mortality
2	Straightforward <ul style="list-style-type: none"> 1 self-limited/minor 	Minimal or none			Minimal
3	Low Complexity <ul style="list-style-type: none"> 2+ self-limited/minor 1 stable chronic illness 1 acute, uncomplicated illness or injury 	1. Two points from: <ul style="list-style-type: none"> Review prior external note(s) Review the result(s) of each unique test Ordering of each unique test 	2. Assessment requiring an independent historian(s)		Low
4	Moderate Complexity One of the following: <ul style="list-style-type: none"> 1+chronic illness/ worse 2+stable chronic Undiagnosed/ uncertain Acute/ systemic symptoms Acute complicated injury 	1. Three from: <ul style="list-style-type: none"> Review external note(s) Review of the result(s) Ordering each unique test Independent historian(s) 	2. Independent interpretation of test performed by another physician/QHCP	3. Discuss management or test interpretation with external physician/ other QHCP/ appropriate source (not separately reported)	Moderate Examples only: <ul style="list-style-type: none"> Prescription drug management Minor surgery w/identified patient/procedure risk Elective major surgery Diagnosis or treatment significantly limited by social determinants of health
5	High Complexity <ul style="list-style-type: none"> 1+ chronic illnesses/ severe exacerbation 1+ acute or chronic illness/ threat to life or bodily function 	2 of the 3 categories from level 4			High Examples only: <ul style="list-style-type: none"> Drug /intensive monitoring for toxicity Major surgery w/ identified



			<p>patient/procedure risks</p> <ul style="list-style-type: none"> ○ Decision regarding emergency major surgery ○ Decision regarding hospitalization, DNR/de-escalate
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Healthcare Common Procedure Coding System (HCPCS) G-Codes for Telehealth

Codes	Description	Details
G0406- G0408	Follow-up inpatient consultation, communicating with the patient via telehealth	G0406: 15 minutes G0407: 25 minutes G0408: 35 minutes
G0425- G0427	Telehealth consultation, emergency department or initial inpatient, communicating with the patient via telehealth	G0425: 30 minutes G0426: 50 minutes G0427: 70 minutes
G2012, G2252, G2251	Brief communication technology-based service, e.g. virtual check-in, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	G2012: 5-10 minutes G2252: 11-20 minutes G2251: 5-10 minutes (non-E/M provider)
G2061- G2063	Qualified non-physician health care professional online assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days (i.e. physical therapist, occupational therapist, speech language pathologists, clinical psychologists)	G2061: 5-10 minutes G2062: 11-20 minutes G2063: >21 minutes
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service	G2212: >89 minutes for new patients; >69 minutes for established patients

Codes Related to Remote Patient Monitoring

Codes	Description	Details
0811T- 0812T	- Remote multi-day complex uroflowmetry (e.g., calibrated electronic equipment); set-up and patient education on use of equipment -device supply with automated report generation, up to 10 days	
98975- 98978	Remote therapeutic monitoring (e.g., therapy adherence, therapy response)	
99091	Collection and interpretation of physiologic data (e.g., electrocardiogram, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician/qualified health care professional, minimum of 30 minutes, each 30 days	



99453 99454	- Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education - device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Minimum 16 days
99457- 99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	99457: 20 minutes 99458: additional 20 minutes

Code Modifiers for Type of Telemedicine Service and Place of Service Description

Modifiers	Place of Service
95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system	02: Telehealth provided other than in patient's home 10: Telehealth provided in patient's home
93: Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system	21: Inpatient hospital 23: Emergency room hospital
GT: via interactive audio and visual telecommunications systems (CMS: patient at originating site)	
GQ: Asynchronous telemedicine service	

*Coding information valid as of December 2, 2023

Websites and Resources

- American Urological Association Coding Resources
 - [AUA Coding Resources and Information](#)
- [Telehealth.hhs.gov](https://www.hhs.gov/telehealth) (Department of Health & Human Services)
 - [Billing and Coding Medicare Fee-for-Service Claims](#)