



American Urological Association Frequently Asked Questions on Telehealth/Telemedicine

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What is telemedicine?

Telemedicine is broadly defined as using telecommunication technology to manage the health of a patient. Telemedicine is provided in a variety of formats, including virtual visits (audio and visual visits conducted in real time), telephone calls, portal messages and interprofessional consultations (provider-to-provider verbal and/or written communication, without direct communication to the patient).

The Health Resources Services Administration, an agency of the U.S. Department of Health and Human Services, defines telehealth as the use of electronic information and telecommunication technologies to support 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, media streaming, and terrestrial and wireless communications.

Is there a difference between telehealth and telemedicine?

Telehealth, unlike telemedicine, refers to a *broader scope of remote healthcare services* than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, medical education, and clinical services.

While some states and organizations distinguish telehealth from telemedicine, *the two terms are interchangeable*, according to the American Telemedicine Association

What is a virtual visit?

A virtual visit is a real-time, audio-video healthcare interaction between a healthcare provider and patient. It is similar to a face-to-face visit, but performed via technology rather than live in-person.

Can an advanced practice provider perform telemedicine?

Yes. A Nurse Practitioner or Physician Assistant may perform virtual visits with the same oversight rules as in-person visits.

Where can virtual visits be performed?

A provider may conduct virtual visits from any location with sufficient connectivity for the audio-visual connection. This means providers may conduct an encounter from the office, home, hospital, or other private location of choice. A patient may also connect for a virtual visit from their homes to lessen the risk of exposure during the COVID-19 pandemic.

What Place of Service (POS) code should be used for virtual visits?

Medicare telehealth services should be reported with the POS code that would have been reported had the service been furnished in person, such as office POS 11. In addition, on an interim basis, use the CPT telehealth modifier 95 applied to claim lines that describe services furnished via telehealth. For other virtual visits, use the POS where the service would have been performed, such as office POS 11. For commercial claims, refer to the particular requirements for that insurer.

Do Medicare, Medicaid, and Commercial insurers reimburse providers for virtual visits?

Medicare

Traditionally, Medicare has reimbursed telehealth visits only if the patient is located in an eligible originating site (such as a hospital or other facility), or if the patient resides in a rural zip code and/or Health Professional Shortage Area. Therefore, Medicare does not allow patients to connect from home using their own devices.

Due to the COVID-19 public health emergency, however, the Centers for Medicare and Medicaid Services (CMS) announced that, effective March 6, 2020, the Medicare program will reimburse providers for virtual visits without the originating site restriction (which means the patient can participate from any location, including their home), as well as without the rural/health shortage area restriction, so patients in any location are eligible.

CMS has used its 1135 waiver authority to support this expanded use of telehealth services. The Interim Rule allows telehealth services for both new and established patients. The Department of Health and Human Services will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

The reimbursement amount will reflect the same rate as in-person visits.

For now, these policies only apply during the COVID-19 public health emergency and the agency has provided no indication if all or some of these policies will be retained once the emergency has ended.

Medicare’s Recommendations for Reporting Virtual Visits

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses two-way, interactive audio/video telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial outpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new and established patients. CMS has allowed the use of telehealth visits for new and established patients using
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	HCPCS code G2012 HCPCS code G2010	For new and established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

TELEPHONE VISITS	A communication between a patient and their provider by telephone (audio) only. These are similar to virtual check-ins.	<ul style="list-style-type: none"> • 98966 • 99867 • 99868 • 99441 • 99442 • 99443 	For new and established patients
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[View the CMS fact sheet for telehealth.](#)

Medicare Advantage

Since 2020, Medicare Advantage (MA) plans can offer virtual visit coverage for their beneficiaries. There may be some changes in MA telehealth coverage during the COVID-19 pandemic.

Medicaid

CMS has approved Medicaid waivers to grant states the flexibility allowing Medicaid patients to participate in virtual visits from their homes in 29 states.

You can find your individual state’s current coverage criteria or restrictions for telehealth services on the [Center for Connected Health Policy’s website](#). During the COVID-10 public health emergency, many states have relaxed restrictions on virtual visit coverage. Check [COVID-related state actions](#) and search the page for Medicaid to see if your state has updated its regulations for virtual visits.

Commercial Payers

Many commercial payers reimburse for the performance of virtual visits, though it varies state-to-state and plan-to-plan. Check to see if your state has a telehealth parity law and understand your state’s commercial payer regulations on the [Center for Connected Health Policy’s website](#).

What devices can I use to perform virtual visits?

You can perform virtual visits through any secure device with both audio and video capabilities. This includes desktop computers, laptop computers, and smartphones with a webcam and microphone.

Can I bill for phone calls (without video)?

Some payers will reimburse for (medically necessary) phone calls. Please check with your individual insurance carrier for their rules. Please do not abuse phone calls or use them to relay messages; billable phone calls should replace evaluation and management encounters. For example, billable phone calls should not be used to just relay normal test results.

Providers can also evaluate new and established Medicare beneficiaries who have audio phones only through several options:

Virtual check-ins (CPT codes G2010, G2012)

Telephone assessment and management service provided a qualified nonphysician health care professional (CPT codes 98966-98968)

Telephone evaluation and management service by a physician or other qualified health care professional (CPT codes 99441-99443)

CPT codes for telephone only (98966-98968, 99441-99443) can be used if the following criteria are met: The visit cannot originate 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. The codes are reported based on the time spent speaking with the patient.

Length of phone call	Code
5-10 minutes	99441/98966
11-20 minutes	99442/98967
21-30 minutes	99443/98968

How do I bill for virtual visits in the outpatient setting?

Outpatient virtual visit billing is identical to that of in-person visits. Established (CPT 99211-99215) and new (99201-99205) patient codes can be used depending on the patient status but must meet the same outpatient billing criteria for each level regardless. Check with insurers for their requirements for reporting telehealth claims.

What type of documentation is required for virtual visits?

CMS has relaxed the documentation requirements for these services during the COVID-19 public health emergency (PHE). Similar to in-person visits, documentation for virtual visits should meet billing criteria for new and established patient codes. Providers should indicate that the visit was conducted using a two-way audio-visual device. There is no requirement or expectation that the encounter is recorded or stored for later access. The policy allows office/outpatient E/M level selection (99201-99205, 99211-99215) when furnished via telehealth to be documented based on medical decision making (MDM) or time. Current definitions of MDM and time apply. Documentation of history and/or physical exam in the medical record is not required. The practitioner should, however, document E/M visits as necessary to ensure quality and continuity of care.

Can I perform virtual visits with new patients?

CMS states that the Medicare program will not audit claims to identify whether the patient had an established relationship with the physician prior to the COVID-19 public health emergency. CMS will allow the reporting of new patient evaluation and management services performed as a telehealth service without a previous relationship. New patient codes 99201-99205 can be reported without a previous relationship during the COVID-19 pandemic.

Medicare Advantage, Medicaid, and Commercial payers will reimburse providers for new patient visits according to their respective criteria.

Do I need to obtain informed consent to perform a virtual visit?

Informed consent is required prior to virtual visits. A documented consent, or a consent built into the general healthcare consent, is sufficient for repeated encounters. Verbal consent can be obtained and included in your note. Please check the [Center for Connected Health Policy's website](#) for your state's policy on informed consent.

Can I conduct telemedicine visits with hospital-based patients?

- Emergency room consultations/inpatient consultations/inpatient rounds can all be conducted with telemedicine.
- Some hospitals provide sophisticated platforms that may incorporate digital diagnostic devices such as stethoscopes, thermometers, or visual scopes (InTouch Health, Percuision, etc.).
- Some platforms also can be mobilized by remote control (InTouch Health, V-Go, etc.).
- Hand-held devices such as iPads or smartphones may be used. During the COVID-19 crisis, HIPAA requirements have been waived and you may be able to utilize FaceTime, WhatsApp, or Skype to interact with patients. A virtual physical examination by the physician, nurse practitioner, physician assistant, or nurse can be performed at the patient's bedside by directing the video to a key physical finding/problem. Documentation would be accomplished on the electronic medical record for that facility; no different than for an in-person consultation. Providers should receive prior consent to the consultation from the patient for a telemedical encounter.
- Check with your local hospital for the internal policy regarding the practice of telemedicine with in-patients.

What if a patient requires hands-on evaluation?

Some conditions require hands-on evaluation. In the event that another provider is available, such as when the patient is in a hospital or clinic setting, a virtual exam by that provider may be sufficient. When it is not sufficient or when the encounter is conducted with the patient alone (such as in their home), it may be necessary to request an in-patient follow-up visit urgently or electively. In such cases, there will likely still be value in the limited evaluation. Several conditions can be adequately evaluated without hands-on evaluation.

What is virtual visit etiquette?

Conduct the visit from a private location to preserve patient privacy. Provide a quiet environment so that audio communication is not compromised. Provide adequate lighting so that your virtual image is satisfactory. Use broadband that is robust and reliable. Conduct yourself as if you are in an exam room with the patient. Do not eat, drink, or multi-task while on camera. Maintain a professional appearance. Ensure that both the audio and visual functions are completely disconnected prior to and after conversation with the patient to maintain privacy.

Can I perform a virtual visit with patients in a state where I am not licensed?

While state policies vary, most states require physicians to be licensed in the state where the patient is located. For example, if a provider is licensed in Michigan, he can only perform virtual visits with patients located in the state of Michigan during the visit. However, during the COVID-19 public health emergency, CMS has waived this requirement for Medicare patients. Additionally, many governors have relaxed licensure requirements. It is important to check with your state board of medicine for the latest information on the state's stance in regard to licensure during the COVID-19 public health emergency. For the most up-to-date information, follow this [link](#) on the Federation of State Medical Boards' website.

What software can I use for virtual visits?

There is a wide variety of platforms used for telehealth visits. Providers should use platforms compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, for the COVID-19 public health emergency, the Office of Civil Rights (OCR) (which is responsible for enforcing HIPAA) [announced that it will not impose penalties for noncompliance](#) with the regulatory requirements under the HIPAA rules, as long as providers use the platform for the good faith provision of telehealth. According to the OCR, health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, and Skype, to provide telehealth without risk of penalties for noncompliance with the HIPAA rules, again related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Under this notice, however, covered healthcare providers should not use Facebook Live, Twitch, TikTok, and similar public-facing video-communication applications in the provision of telehealth.

Covered healthcare providers who seek additional privacy protections for telehealth while using video-communication platforms should provide such services through technology vendors that are HIPAA-compliant and willing to enter into HIPAA business associate agreements (BAAs). The list below includes some vendors that self-identify as providing HIPAA-compliant video communication products and willing to enter into a HIPAA BAA.

Skype for Business / Microsoft Teams

- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco WebEx Meetings / WebEx Teams
- Amazon Chime
- GoToMeeting

How do I integrate virtual visits into my scheduling software?

Several software platforms will integrate with scheduling and billing software such as Care Cloud. These include Chiron Health and Curogram. Some platforms offer verification of the telemedicine encounter's benefits. When using Skype, WhatsApp, or FaceTime, the visit can be scheduled as "telemedicine" in the chosen scheduling software.

Should I be concerned about malpractice and virtual visits?

It is important to check with your malpractice insurance carrier to ensure your policy covers providing care via virtual visits. It is unclear if the malpractice risk is lower, the same, or higher at this point. Certainly, there are risks of poor audio connection, inability to perform a physical examination, and potentially fewer physical cues noticed in a virtual visit than in an in-person visit. These limitations should be noted and described to the patient, as well as made part of the consent and documentation process and accepted by the patient.

What technical troubleshooting should I have ready?

Commercial virtual visit platforms typically provide real-time tech support, but during the COVID-19 crisis, demand may exceed supply, and tech support may be temporarily delayed or unavailable.

- It is wise to test your system prior to using it. For commercial platforms, try a mock visit with another staff member to familiarize yourself with the functionality, as well as audio and video experience.
- Consider restarting your computer prior to initiating telemedical encounters for the first time that day.
- Clear browsing data to improve performance for online-based platforms.
- Establish a back-up means of communication, such as a reliable telephone number to reach the patient in the event the audio-visual platform fails.
 - Advise your patients to conduct the visit from a location that is quiet, private, and well lit, but importantly with a strong Wi-Fi or cellular connection. Strong Wi-Fi is preferred.
- Be prepared for freezes in audio and video. In many cases, audio will remain even when video freezes occur. Do not hesitate to repeat yourself or ask the patient to repeat themselves to ensure precise communication.