



Outpatient Video Visits

Getting Started

- **I'm a Houston Methodist Primary Care Group (PCG) or Specialty Physician Group (SPG) provider and would like to see my patients virtually. How do I get started?**
 - Provide your department administrator with your HM network ID and your HM-issued computer name so they can coordinate with IT to get you set up.
 - To find your computer name, go to the Windows **Start** button in the lower left corner of your screen, click **Settings > System > About**. Your **Device name** displays in the **Device specifications** section.
 - IT will install a special version of Epic directly to your device to enable video visits.
 - Once set up, you can connect with your patients through video visits via Epic (on your computer).
 - You can also perform video visits within Epic mobile apps (**Haiku/Canto**).
- **I keep hearing about different telemedicine options/platforms. What do I need to know?**
 - SPG/PCG physicians wanting to see patients for outpatient visits must use Epic on their computers or the Epic mobile app for their iPhone (**Haiku**) or iPad (**Canto**).
 - Physicians (both employed and private medical staff members) who need to see patients in isolation that have tested positive for COVID-19 can use the Vidyio telemedicine platform via an app on their mobile devices.
- **Are there any patient requirements/details I need to know about?**
 - While restrictions typically mandate that patients must be in a state where the provider is licensed, certain restrictions have been lifted due to COVID-19. In addition, the Texas governor's office has relaxed previous restrictions on virtual care, and providers can now establish a new relationship with patients through this method.
 - Prior to scheduling a video visit, the patient must be **MyChart** active.
 - Prior to the video visit, the patient must sign consent forms sent through **MyChart**.
 - Once scheduled, patients will receive instructions and consent forms via **MyChart** and a text via the **WELL** app.
 - Before the visit, staff should call patients to help them download the **MyChart** app and instruct them on how to begin the visit.
 - Patients are instructed to join the video visit five minutes prior to their appointment and wait for the provider.
 - The video visit link is live for one hour before and two hours after the visit.
 - Video visits should be conducted behind a closed door to maintain patient privacy.
 - Providers will get a **Haiku/Canto** notification when the patient has joined and/or can see when patients are connected, if the **video** icon on their schedule is **green**.
- **If I already have an office visit scheduled with the patient, can I convert it to a MyChart Video Visit?**
 - No. If the appointment was initially scheduled as an office visit, the appointment must be cancelled and rescheduled with a visit type **MyChart Video Visit**. Patients aren't able to connect from **MyChart** when a visit type has been converted.

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- **I'm using my computer to connect to the visit. What do I do?**
 - Launch the **Epic Video Visit** icon from your desktop and log in to Epic.
 - The camera on the patient's appointment row in your schedule will turn **green** once the patient has connected.
 - Open the encounter. Select the **Connect to video** tab. A video screen will pop up and connect. Please allow up to 30 seconds for the connection to fully establish.
 - If any connection issues occur, close the video connection window and try again.
- **I'm using my iPhone/iPad to connect to the visit. What do I do?**
 - Log in to **Haiku/Canto** app and navigate to the schedule. Video visits will display with a **camera** icon on the visit.
 - Tap to open the encounter. On the bottom toolbar, select the **Telemed** button. You may need to tap the **right arrow** on the bottom toolbar or swipe to locate the **Telemed** button.
 - When the patient has joined, select **Join Video Call**. Both parties will be placed in the virtual room to complete the visit.
- **Can I use Dragon, e-prescribe controlled substances or view documents stored in OnBase during video visits?**
 - No. This functionality isn't available during the actual video visit.
 - To use this functionality after the video visit is complete, you must log in to Epic the way you usually do via the regular **Epic** icon to access Dragon, e-prescribe controlled substances and use OnBase tools.
- **What does the patient need to do to join the video visit?**
 - The patient must log in to the **MyChart** app and join the waiting room to wait for the provider. Once the provider joins, the patient/provider are connected.
 - Patients cannot initiate a call directly.
- **Are patients able to schedule video visits through the call center or online?**
 - No. Video visits are dictated by the provider. When the provider decides to see a patient virtually, the office staff will reach out to the patient and schedule the video visit.

Outpatient Video Visit Billing Guidance

- **Considering the COVID-19 pandemic, are there any changes to billing for services rendered?**
 - Services rendered during the global period will be billed/not billed according to normal billing rules.
 - SPG/PCG administration has set guidelines for maximum out-of-pocket expenditures for patients.
- **Are there general guidelines for reference?**
 - CPT and many insurance carriers have identified codes/services that can be performed and billed via a virtual platform. During this time, all ambulatory LOS services, new, established and consultation visits may be performed and billed to insurance via a virtual platform.
 - Documentation and coding for virtual visits and face-to-face visits aren't different.
 - When documenting and selecting your LOS, keep in mind the following:
 - Established patient visits only require two of the three key components to support billing. In most instances you won't have a physical exam performed and documented. As a result, you'll select your LOS based on the history and assessment and plan.



- Time-based billing is appropriate in a virtual environment. Document and report your LOS based on time (still applying the 50% rule) for those encounters in which it is appropriate.
- New patient visits still require three out of the three requirements (e.g., history, exam and medical decision making) to support the LOS billed. As far as the physical exam, keep in mind there are several body systems (when appropriate) that can be examined by simply observing the patient through the virtual platform.
- **What are some telemedicine-approved CPT codes? Note: the following may not be the exhaustive list.**
 - **Psychiatry Services:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90863, 96116.
 - **Medicine Services:** 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 92227, 92228, 93228, 93229, 93268, 93270, 93271, 93272, 96040, 97802, 97803, 97804, 98960, 98961, 98962.
 - **Evaluation and Management Services:** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99231, 99232, 99233, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99307, 99308, 99309, 99310, 99354, 99355, 99406, 99407, 99408, 99409, 99495, 99496

Documenting/Coding Telephone Encounters

- **Can I use/bill for a telephone encounter to conduct patient care during the COVID-19 pandemic?**
 - Yes. A charge capture feature has been added to bill for telephone encounters with patients, if they don't have **MyChart** or have trouble logging in for a video visit.
- **What does my telephone encounter documentation need to include?**
 - Telephone E/M codes are defined by CPT and the AMA as time-based codes. This means that the typical documentation of history, exam and medical decision making aren't the main components to use when selecting the telephone level of service.
 - Documentation for telephone encounters must include, at a minimum, the following elements:
 - Reason for call, aka. chief complaint.
 - Brief, problem-focused history of the chief complaint.
 - Assessment and plan and/or medical guidance provided.
 - Total time spent on the call with the patient.
- **What CPT codes should be reported?**
 - 99441 – Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent or guardian 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; 5-10 minutes of medical discussion.
 - 99442 – 11-20 minutes of medical discussion.
 - 99443 – 21-30 minutes of medical discussion.

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- **Note:** During the COVID-19 pandemic, we are waiving the established patient criteria for the use of these CPT codes.
- **Is there a specific ICD-10-CM code to be assigned for COVID screening?**
 - For cases where there is concern about possible exposure to COVID-19, but this is ruled out after evaluation, use the following code:
 - Z03.818 – Encounter for observation for suspected exposure to other biological agents ruled out.
- **How do I document the telephone encounter in Epic?**
 - From the Epic **drop-down** button, click **Patient Care > Call Patient**.
 - Document patient consent and initiation of the call, along with all required documentation.
 - Enter the appropriate billing code in the **Charge Capture** section.
 - Sign and close the telephone encounter.

E-Visit Information

- **I've heard about e-visits. What are these and how are they different from video visits and telephone encounters?**
 - Currently, e-visits are only for virtual urgent care needs. E-visits allow patients to complete and submit questionnaires via **MyChart** for review by a virtual care team.
 - A COVID-19 screening questionnaire is now available and will assist the Houston Methodist Virtual Urgent Care team in patient triage.

Installing Epic Mobile Apps

- **Can I install Houston Methodist Epic mobile apps on an Android device?**
 - No. Houston Methodist Epic mobile apps are only supported on iPhones/iPads.
- **How do I install Haiku on my iPhone and/or Canto on my iPad?**
 - Go to the Apple® App Store on your iPhone. Search for **Intune Company Portal** and download to your device.
 - Once installed on your device, open the **Comp Portal** app and sign in using your Houston Methodist email address and password.
 - Follow the prompts in the app. Once these are complete, open **Comp Portal**.
 - Tap **All Apps**. Install the following apps: **Haiku and Haiku Config** (iPhone), **Canto and Canto Config** (iPad) and **F5 Access**. **Note:** Don't install these apps from the Apple® App store. These must be installed directly from the **Comp Portal**.
 - Once installed, Open **F5 Access** and press **Enable** when prompted.
 - Open **Haiku Config** or **Canto Config** and tap **Start**.
 - When the configurator completes, tap **Open**.
 - **Haiku** or **Canto** will open. Enter your Houston Methodist username and password and log in. When the next screen displays, accept the agreement. You should see a **VPN connection** icon at the top of the screen, next to the wireless signal. Installation should then be complete.



Guidance for Private Practices

- **To limit exposure and increase social distancing, what are my options for transitioning to virtual visits?**
 - First, you must choose the right telemedicine solution for your practice. While we recommend you check with your EHR provider for vendor recommendations to ensure compatibility, there are a variety of HIPAA-compliant video/audio conferencing solutions, such as Zoom, Caregility, Vidy, WebEx, etc.
- **What other things should I consider?**
 - **Your staff.** You won't be able to build a successful telemedicine program without buy-in from all your staff. Whether you have a team of providers or just one physician, it's very likely other staff will be involved in helping with your telemedicine program.
 - **Your equipment.** Depending on your telemedicine program, your equipment set-up might take some time (like purchasing data servers, telemedicine carts, mobile medical devices, etc.), or it might be as simple as purchasing a high-quality webcam. Your telemedicine vendor should be able to provide equipment recommendations. If you have an IT expert on staff, you may want to delegate this task to them.
 - **Training and technical support.** The best telemedicine software solutions are intuitive and user-friendly, but you still need to be trained. If your telemedicine software vendor offers training, figure out what kind of training you'll need, and block off time to really learn the platform. Investing time and energy up front will make the rest of the implementation much easier. In terms of technical support, some vendors offer support service directly to your patients and handle all that for you. Or, you may need to train your staff to troubleshoot or handle basic tech support questions from patients.
 - **Telemedicine policy.** Do a little research on what your state medical board requires, especially considering changing regulations due to COVID-19.
 - **Billing policy.** There are different factors to consider when deciding on your telemedicine billing policy. For instance, will you be billing through insurance? Will you be offering telemedicine visits as a cash service? Do you want to offer telemedicine to Medicare and Medicaid patients? If you want to bill through a patient's insurance, you'll need to research the payer's telemedicine guidelines. Medicare, Medicaid and private payers all differ in what telemedicine services they'll cover and how to bill them. If you're billing cash, make sure you have the patient sign a form saying they're choosing not to use their insurance for any telemedicine visits.
 - **Your clinic workflows.** Once you research the state's telemedicine policy, your use cases and your billing policy, you must build your telemedicine program workflows. Involve the staff that will be involved and map out your workflows. Some key questions for consideration include:
 - If a patient requests a telemedicine visit, what happens next?
 - How is the visit scheduled or triaged?
 - Do you need to verify their insurance?
 - What does staff need to do to prepare for the visit?
 - What will the follow-up steps be after the visit to make sure all documentation and billing is processed correctly?
 - Walk through example scenarios and decide what the steps will be and which staff member is responsible for each.
 - **Patient communication.** Many of your patients will be thrilled to do telemedicine visits. It's important to identify the best way to get the word out and educate patients on how to get started. This may include a mix of in-office brochures, posters, stickers, email campaign, social media campaigns, your website, etc. Be sure to educate your patients on all aspects, some of which include:

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- Virtual visits are being delivered in a HIPAA-compliant manner.
- Information on what patients must do to get started (e.g., download an app for phone, tablet or computer and how to log in).
- Instructions for ensuring camera and microphone are working properly.