Houston Methodist Virtual Medicine
Frequently Asked Questions

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 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 Hyperspace (on your computer)
  - You can also perform video visits within Epic mobile (Haiku iPhone and Canto iPad apps).

- **I keep hearing about different telemedicine options/platforms. What do I need to know?**
  - PCG/SPG 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 members of the medical staff) who need to see patients in isolation that have tested positive for COVID-19 can use the Vidyo telemedicine platform via an app on their mobile devices.

- **Are there any patient requirements/details I need to know about?**
  - While restrictions typically mandate patients must be in a state in which 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 is green on their schedule.

- **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 of MyChart Video Visit. Patients are not able to connect from MyChart when a visit type has been converted.

HOUSTON
Methodist®
LEADING MEDICINE

- **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 is not 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 does not differ in requirements from face-to-face visits.
  - When documenting and selecting your LOS, keep in mind the following:

- Established patient visits only require 2 of the 3 key components to support billing. In most instances you will not have a physical exam performed and documented. As a result, you will 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 3 out of the 3 requirements (i.e., 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 an 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 & 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, 999407, 99408, 99409, 99495, 99496

Documenting/Coding Telephone Encounters

- **Can I use/bill for a telephone encounter in order 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 are not 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 & plan and/or medical guidance provided
    - Total time spent on the call with the patient

- **What CPT codes should be reported?**
  - 99441 – Telephone evaluation & management service by a physician or other qualified healthcare 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

- o *Note that 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?**
  - o 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?**
  - o From the Epic drop down button, click Patient Care > Call Patient.
  - o Document patient consent and initiation of the call, along with all required documentation.
  - o Enter the appropriate billing code in the Charge Capture section.
  - o 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?**
  - o 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.
  - o 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?**
  - o 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?**
  - o Go to the Apple® App Store on your iPhone. Search for Intune Company Portal and download to your device.
  - o Once installed on your device, open the Comp Portal app and sign in using your Houston Methodist email address and password.
  - o Follow the prompts in the app. Once these are complete, open Comp Portal.
  - o Tap All Apps. Install the following apps: Haiku and Haiku Config (iPhone), Canto and Canto Config (iPad) and F5 Access. Do not install these apps from the Apple® App store. These must be installed directly from the Comp Portal.
  - o Once installed, Open F5 Access and press Enable when prompted.
  - o Open Haiku Config or Canto Config and tap Start.
  - o When the configurator completes, tap Open.
  - o Haiku or Canto will open. Enter your Houston Methodist user name 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.

Inpatient Video Visits

Getting Started

- **Can I perform a video visit in the inpatient setting?**
  - Physicians (both employed and private members of the medical staff) who need to see patients in isolation can use the Vidyo telemedicine platform via their own mobile devices. iPads are being deployed to our hospitals to ensure availability for patient use. Providers use their own devices to connect with patients.

- **How can I get set up for Vidyo?**
  - To get set up using your smartphone/tablet:
    - Download the VidyoMobile app, found in the App Store (iOS) or Google Play Store (Android).
    - Once downloaded, enter the following in the Portal field: telemed.houstonmethodist.org.
  - To get set up using your computer:
    - Go to telemed.houstonmethodist.org. Select to download VidyoDesktop.
    - Enter telemed.houstonmethodist.org in the VidyoPortal field.

- **How do I log in and connect with the patient?**
  - Each hospital unit has devices deployed for telerounding. Nursing is responsible for helping you log in to connect with the correct patient. Guest relations is responsible for deploying devices for patient engagement.
  - Ask the charge nurse for the name of the iPad and corresponding Vidyo provider and patient usernames. ***The password will always be 12345.***
    - Note the *example* naming conventions for Vidyo usernames in the table below. The number in the username varies based on the device.
    - **To connect with the correct patient, the number in your username must correspond with the number in the patient's username.** For example, if you need to connect with "patient 1," (e.g., telehmslpt1), be sure to use the corresponding "provider 1" iPad and username (e.g., telehmslprov1).

	Provider at Hospital	Patient at Hospital	Provider at Hospital ED	Patient at Hospital ED	Provider at ECC	Patient at ECC
HMB	telehmbprov3	telehmbpt3	telehmbprov1	telehmbpt1	-	-
HMCC	telehmccprov1	telehmccpt1	-	-	-	-
HMCL	telehmclprov1	telehmclpt1	telehmcledprov1	telehmcledpt1	-	-
HMH	telehmhprov1	telehmhpt1	hmhed1	hmhedpt1	televosseccprov1 teplepleccprov1 telekirbyeccprov1	televosseccpt1 teplepleccpt1 telekirbyeccpt1
HMSL	telehmslprov1	telehmslpt1	telehmsledprov1	telehmsledpt1	telesiennaeccprov1	telesiennaeccpt1
HMTW	telehmtwprov1	telehmtwpt1	telehmtwedprov1	telehmtwedpt1	telewoodeccprov1	telewoodeccpt1
HMW	telehmwprov1	telehmwpt1	telehmwedprov1	telehmwedpt1	telecincoeccprov1	telecincoeccpt1
HMWB	telehmwbprov1	telehmwbpt1	telehmwbedprov1	telehmwbedpt1	telecypeccprov1 telespringeccprov1	telecypeccpt1 telespringeccpt1

- o Ensure a webcam is connected to the device and functioning properly, confirm speaker sound and verify the microphone is enabled.
  - o If you experience technical issues, contact telemedsupport@houstonmethodist.org.

- **Are there any other tips that can help?**
  - o When logged in to Vidyo, make sure you connect to the patient's room, and also make sure the patient is connected.
  - o Your username must correspond with the appropriate patient username. If you need to connect to "patient one," (e.g., telehmslpt1), be sure to use the corresponding "provider one" iPad and username (e.g., telehmslprov1).

Questions/Support

- **What if I have questions or need technical support? What if my patient still can't connect to the video visit, even after my staff and I have tried to help?**
  - o If you or the patient needs help connecting, email TelemedSupport@HoustonMethodist.org with "URGENT" in the subject line.
  - o If you have questions, email TelemedSupport@HoustonMethodist.org.

- **After the video visit, do I have to log off and hang up?**
  - o Yes. If either party doesn't log off and/or hang up, a telemedicine license will continue to appear in use, and it won't be freed up for another provider/patient to use.

- **What if the patient can't get the audio to work on their computer to complete the visit?**
  - o Call the patient on the phone and use the phone for audio and the computer/webcam for video only.

- **What if the patient's video feed is slow or choppy when using a mobile device?**
  - o Ask the patient to connect to Wi-Fi to improve connection quality.

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, Vidyo, 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 & Medicaid patients? If you want to bill through a patient's insurance, you'll need to research the payer's guidelines for telemedicine. 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.

o **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:

- 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.