Minor edits were made for clarity, grammar, and spelling typos. We also did not include comments and statements (positive or negative), where no actual questions was asked.

IT Q&A

Q: Dr. Lin, can you talk about Spammers entering the visit uninvited?
A: We have taken steps since two providers reported unknown people entering their video room. We have removed vulnerabilities, including patient-initiated chats in the waiting room, and are working with doxy.me to continue to restrict access. We have not heard of other intrusions so please email me if others see any further intrusions.

Q: When you say "if they use Doxy.me," does the front desk have to indicate which platform is needed for the video visit?
A: If I understand the question correctly, your front desk will not need to specify to the patient what platform to use if doxy.me is chosen.

Q: Do we invite patients to the televisit through MyChart or the Doxy.me platform on our smart phones (I don't have a camera installed on my work computer).
A: If you are HPH-provisioned and the patient used MyChart to e-check in, the invite is present in MyChart. If the patient doesn't have MyChart, or otherwise, please invite patients through doxy.me on your smartphone.

Billing/Coding Q&A:

Q: Are there billing issues providers should know for the various payers?
A: Many of the telemedicine policies released by the payers, including Medicare, are very similar in language, terminology and definition as it relates to the various telemedicine services including Telehealth Visits (video), Telephone Visits (Virtual Check-in) and E-Visits. In order to minimize billing errors, I recommend having thorough understanding of the payer's policy which includes coding and billing requirements for telemedicine services which will include the use of specific CPT/HCPCS codes and coding modifiers.

Q: Are there charting issues providers should know for the various payers?
A: For telehealth/video visits, providers should document the service as if it were performed in person. For both telephone visits and E-visits, please be sure to document verbal consent and duration of the visit.

Q: Is there specific verbiage that HHP recommends for obtaining Verbal Consent to Video Visits?
A: There is no specific mandated language other than notating that verbal consent for the telemedicine service was obtained.

Q: I heard that HMSA was only going to pay for non-HMSA Online Care Video visits? (e.g. in Doxy.me). I initially heard though that they were only going to pay for Telehealth for encounters using HMSA Online Care.
A: For PCPs in payment transformation, HMSA will only pay for telemedicine visits if they are using their HMSA Online platform. For other providers, you may use other platforms and HMSA will reimburse a provider for a telehealth/video encounter reported and billed by the individual provider/group practice to HMSA. Reimbursement for our telehealth platform (HMSA online care) is set up to pay direct deposit to providers and is not claims based.

Q: My experience with the Telehealth video has been great so far. If you can't get a good image (usually due to the patient connection), can you still bill?
A: If you are unable to complete the video visit due to technical issues, a provider can revert the video visit to a telephone visit and report the appropriate CPT code.

Q. Can I bill for an E-visit (CPT code 99421-99423) for a patient advice message (EPIC MyChart Messaging)?
A. Assuming all code and documentation requirements are met, CPT code 99421-99423 could be reported. We are currently exploring what capabilities exist to allow a provider to trigger an appropriate level of service (LOS) charge within the MyChart messaging workflow.

Q. How do I report an appropriate E/M visit code through a telehealth/video visit? Am I limited in reporting a certain LOS visit because of not meeting the physical examination requirements for a given E/M visit code?
A. Effective March 30, 2020, CMS, on an interim basis, modified the existing documentation requirements for E/M codes 99201-99215 (new and established patient office/outpatient visits) by no longer requiring the history and exam documentation components to be met for an assigned level of service (LOS). CMS is allowing the LOS to be met based on either the level of Medical Decision Making (MDM) or total time/duration of the video visit. Providers are instructed to refer to the CPT's description of the typical time associated with each E/M code (99201—99215) when deciding the appropriate LOS.