

# **Visit Types Setup and Support Guide**

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## Your Responsibilities for Safe Use

This documentation will help guide you through the available software configuration options so you can decide the right configuration for your organization. Of course, safe and compliant use of the software in any configuration requires you and your users to use good judgment and perform certain responsibilities, including each of the following: enter and read information accurately and completely; be responsible for configuration decisions; ensure compliance with laws and regulations relevant for your organization; confirm the accuracy of critically important medical information (e.g., allergies, medications, results), just as you would with paper records; actively report suspected errors in the software to both Epic and affected personnel; thoroughly test the software to ensure it's accurate before using it; and use the software only according to standards of good medical practice. You also are responsible for training your personnel and other users to perform these responsibilities. Not performing any of these responsibilities may compromise patient safety or your compliance with applicable requirements.

# Table of Contents

<b>Visit Types Setup and Support Guide</b>	<b>5</b>
<b>Visit Type Setup: Essentials</b>	<b>7</b>
Define Benefit Groupings	7
Import Visit Type Records	7
Create Simple Visit Types	9
Build Advanced Visit Types	18
Group Commonly Scheduled Visit Types Using Panels	46
Dynamically Show Multiple Visit Types in Book It Using Conditional Panels	50
Modify Visit Types for Certain Patients, Departments, and Providers	51
Require a Linked Order for Scheduling Certain Visit Types and Panels	61
Use a Rule to Restrict When a Visit Type Can Be Scheduled	62
Limit the Number of Visit Types for a Given Time Period with Session Limits	63
<b>Visit Type Setup: Bells &amp; Whistles</b>	<b>69</b>
Build Scheduling Codes	69
Set Up Group Sessions	70
Prevent Certain Advanced Visit Types from Being Scheduled Immediately	71
Allow Time for Patients to Prepare for and Recover from Appointments	73
Generate Orders for a Third-Party System	74
Automatically Generate Orders for Appointments	76
Use Visit Modes to Create Unified Visit Types for In-Person and Remote Appointments	79
<b>Visit Type Support: Ongoing Tasks</b>	<b>90</b>
Keep Administrative Notes for Visit Types and Panels	90
Prevent a Visit Type From Being Used	90
Update Visit Type Restrictions Due To Department Roll-Outs	90
Modify Visit Types Based On Department or Provider Requests	90
Recalculate Session Counts Due to Visit Type Group Changes	91
Consolidate Visit Types	92
Determine Best Visit Type Length and Analyze Visit Type Modifier Build	92
Delete Visit Type Modifiers	96
Extract and Audit Visit Type Build Information	97
View the Records That Are Linked to a Pool	97
View the Records That Are Linked to a Visit Type or Panel	98
Customize the Columns in the Visit Type, Panel, and Agent Select Window for the Master File Editor	99
Update Telehealth Modes for Multiple Scheduled Appointments	100

<b>Visit Type Support: Common Issues</b>	<b>102</b>
A visit type isn't available for a given department.	102
A visit type's length is incorrect.	102
A visit type is pulling in the wrong pool.	102
A "No modalities could be found" error appears when an imaging front desk user clicks Add-on.	103

# Visit Types Setup and Support Guide

Visit types and appointments: you can't have one without the other. Visit types help schedulers efficiently determine how, when, where, and with which providers patients can schedule for their appointments.

During your organization's implementation, you spend a lot of time and effort analyzing the visit types from your legacy system. The culmination of your organization's visit type analysis is a list of visit types and visit type modifiers to build in your system.

This guide provides you with instructions for importing your visit types and visit type modifiers en masse, and creating individual visit types and visit type modifiers, which you might need to do due to department requests or because of changing technology, such as new modalities in your radiology and cardiology departments.

After you've gone live, don't expect your visit types to remain the same forever. New modalities and rollouts to additional departments can trigger changes to your visit type build. To help you maintain your visit type build and make changes when necessary, this guide also helps you to address these requests. Likewise, to help you address schedulers' issues with their visit types, this guide provides you with some common troubleshooting solutions.

## Related topics

You might also be interested in the following related information:

- [Visit Types Strategy Handbook](#)
- [Appointment Scheduling Setup and Support Guide](#)
- [Provider Schedules Setup and Support Guide](#)

## Across your organization

While visit types primarily affect Cadence and its scheduling workflows, visit types also impact and are impacted by other application workflows and functionality:

- The Benefits Engine can calculate a patient's copay for an appointment based on the visit type's benefit grouping. The system can also warn schedulers about non-covered services or required referrals for certain visit types based on Benefits Engine build.
- Cupid and Radiant use visit types to schedule technologists and imaging modalities. Visit types can handle the sometimes complex world of radiology and cardiology procedures.
- EpicCare Ambulatory's Workflow Engine relies on visit types to determine the sets of tools and information that are available to clinical users for a specific encounter.
- Organizations with both EpicCare Ambulatory and EpicCare Inpatient can use visit types to distinguish between outpatient and inpatient appointments.
- MyChart relies on visit types for its direct scheduling and e-visit functionality.

In addition, visit types are used closely with several other Cadence features. Refer to the following guides for information on setting up visit types to work with the related feature:

- [Appointment Request Scheduling Setup and Support Guide](#)
- [Decision Trees Setup and Support Guide](#)
- [Prerequisites Setup and Support Guide](#)
- [Recalls Setup and Support Guide](#)
- [Resource Administration and Scheduling Setup and Support Guide](#)

## In the Foundation System

Save time and effort in your build by starting with Foundation System visit types, which are already optimized for automation and online scheduling. Most specialties have visit type build available in the Foundation System.

You can see all of the Foundation System visit types and the corresponding patient and scheduling instructions in the [Foundation Hosted](#) environment.

# Visit Type Setup: Essentials

In this section, we'll cover everything that you need to do to start using visit types. This includes what you need to do to make visit types available to your users and how to configure visit types to match our recommendations.

## Define Benefit Groupings

The Benefits Engine uses benefit groupings to bundle similar visit types for the purpose of determining whether a service is covered, whether a referral is required, and the copay amount due for a given appointment. Benefit groupings are represented by a category list in the Visit Type (PRC) master file.

The Foundation System has a number of visit type benefit groupings defined such as Not Covered, E-Visit Benefit Grouping, and Urgent Care. You can see the full list of Foundation System visit type benefit groupings by logging into the [Foundation Hosted](#) environment as your organization's scheduling administrator (ESADM) and opening the Benefit Grouping (I PRC 1550) item in Category List Maintenance.

To configure visit type benefit groupings:

1. In Hyperspace, follow the path Epic button > Admin > General Admin > Category List Maintenance.
2. In the Category Editor window, enter PRC for the database.
3. Enter 1550-Benefit Grouping for the item.
4. In the Category List Maintenance activity, click Generate ID to automatically create an ID for your benefit grouping.
5. Enter a title for your benefit grouping.
6. Enter any abbreviations or synonyms for the grouping.
7. If you use Prelude, in the Verification Duration field, you can enter the number of days visits with this benefit grouping are considered verified.
8. Click Category Maintenance in the activity toolbar to add another category.

## Import Visit Type Records

While you can certainly build visit types by hand, which we discuss later in this guide, your initial visit type build can be an automated task.

Epic recommends that you use an import spreadsheet to collect the information necessary to complete your initial visit type build. You use this spreadsheet to import your visit type information into Chronicles, which creates individual visit type records. The import specification for visit types is PRC,1000-TEMPLATE - VISIT TYPE.

## Considerations

When you get visit type requests or when planning your initial list of visit types, you might wonder when you should create new visit types and when you should use existing records. Here are some reasons to do each.

Reasons to Modify Existing Visit Types:

- A different length of time needed for a patient of a specific age or gender. Use [visit type modifiers](#) for this need.
- A different length of time needed when scheduled with a certain clinician. Use [visit type modifiers](#) for this need.
- A different length of time needed when scheduled in a certain department. Use [visit type modifiers](#) for this need.
- A visit type is currently used to schedule a provider's time as unavailable. Use [template exceptions](#) for this need.

Reasons to Create New Visit Types:

- The visit requires specific providers (a pool).
- The visit requires another visit prior to scheduling.
- The visit can't be scheduled with 'x' amount of time from another visit type.
- The visit type needs a questionnaire.
- The visit type needs to be scheduled only on certain days of the week. This is common for specialty testing services that require specific machines.
- The visit type can't be scheduled within a certain time frame of an appointment that uses the same visit type.
- The visit type has different copays, referrals, or non-covered services in different departments.
- The visit type needs to use a different visit navigator for the encounter.
- The visit type needs an encounter type that should never be opened by providers, such as an appointment scheduled only to release orders to another system.

The [Visit Types Strategy Handbook](#) contains more information about this topic.

## Create an Import Spreadsheet

To create a visit type import spreadsheet, you use the [Excel Import Spreadsheet Generator](#), also known as JXPORT. JXPORT is a powerful tool that builds correctly formatted import spreadsheets that you can use to move data into Chronicles.

For more information about using JXPORT, refer to the [Create an Import Spreadsheet](#) topic or contact your Epic representative.

## Populate the Spreadsheet with Visit Types

Once you've created your visit type import spreadsheet you can complete all the necessary information about each visit type using the information documented in the Visit Type Analysis Tool.

Remove duplicate entries in your spreadsheet by selecting the Data tab in Excel and clicking Remove Duplicates.

## Create a Text File and Upload It to the Epic Server

After your import spreadsheet is final, you use it to create a text file that you can upload to the appropriate Epic server:

1. If necessary, download the [Import Spreadsheet Macro](#) zip file. Follow the steps in the [Install the Epic Export Macro](#) topic for your version of Excel.
2. Open the Excel spreadsheet containing the data you want to extract to a source file. Then open the macro.
3. In the data spreadsheet, open the macro window (Tools > Macro > Macros).
  - Note: Depending on your version of Excel, your file path to the macro might differ.
4. Verify that All Open Workbooks is selected.
5. Select the Export Data macro and click Run.
6. When the Export Data window opens, enter a file name for your source file and navigate to the location in which it will be saved (usually on the desktop). Click Save to create the file.
7. Use FTP to connect to the appropriate Epic server and copy your text file into a folder on the server.

## Scan and Import Your Visit Type File

After you have uploaded your visit type text file to your Epic server, you can check it for errors and import the visit types using import specification PRC,1000-Template - Visit Type.

Scan the source file:

1. In Chronicles, open the Visit Type (PRC) master file.
2. Go to Enter Data > Import Visit Types > Scan Source File.
3. At the Import Specification prompt, enter #PRC,1000.
4. Enter text file's path and file name; for example, /folder1/folder2/PRC.txt.
5. In the Clear log? field, enter Yes.
6. Select Log Print and press ENTER at the following screen.
7. If errors exist, correct them in the spreadsheet, recreate a text file, upload it to your Epic server, and then repeat steps 1-6.

Import the source file:

1. From the Chronicles Main Menu, select Enter Data > Import Visit Types > Import Data.
2. At the Import Specification prompt, enter #PRC,1000.
3. In the Clear log? field, enter Yes.
4. Enter the text file's path and file name.
5. Enter an initial contact date. Type t for today's date and press ENTER.
6. In the Continue with Import Processing? field, enter Yes and press ENTER.

## Create Simple Visit Types

While we recommend that you use an import to create your initial visit type build, you might need to manually create a visit type:

- For a department that requests an additional visit type if existing visit types do not work for them.
- To meet new departments' unique scheduling practices as you roll Cadence out to additional departments.

## Considerations for Creating or Modifying Visit Types

When you get visit type requests or when planning your initial list of visit types, you might wonder when you should create new visit types and when you should use existing records. Here are some reasons to do each.

Reasons to Modify Existing Visit Types:

- A different length of time needed for a patient of a specific age or gender. Use [visit type modifiers](#) for this need.
- A different length of time needed when scheduled with a certain clinician. Use [visit type modifiers](#) for this need.
- A different length of time needed when scheduled in a certain department. Use [visit type modifiers](#) for this need.
- A visit type can be conducted in multiple care settings. Allow schedulers to set the [visit mode flag](#) for this need.
- A visit type is currently used to schedule a provider's time as unavailable. Use [template exceptions](#) for this need.

Reasons to Create New Visit Types:

- The visit requires specific providers (a pool).
- The visit requires another visit prior to scheduling.
- The visit can't be scheduled with 'x' amount of time from another visit type.
- The visit type needs a questionnaire.
- The visit type needs to be scheduled only on certain days of the week. This is common for specialty testing services that require specific machines.
- The visit type can't be scheduled within a certain time frame of an appointment that uses the same visit type.
- The visit type has different copays, referrals, or non-covered services in different departments.
- The visit type needs to use a different visit navigator for the encounter.
- The visit type needs an encounter type that should never be opened by providers, such as an appointment scheduled only to release orders to another system.

The [Visit Types Strategy Handbook](#) contains more information about this topic.

## Considerations for Sharing Visit Types

For more information about Epic recommendation for sharing visit types across specialties, refer to the [Visit Types, Orders, and Appointment Requests](#) topic.

## Define the Visit Type

These instructions just cover the basic setup for a visit type. The other fields on this form are used in other features. Don't worry if they are blank when you first create the record. You'll fill them in as you need the other features.

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.
2. In the Visit Type Select window, select the Create tab, enter a name for your visit type, and click Accept. The General form opens.
3. In the Abbreviation field, enter the visit type's abbreviation. This appears in several places in Cadence reports and displays.
4. In the Default length field, enter the time, in minutes, that it typically takes a provider to perform an appointment with this visit type.
  - A calculated length from an external source, visit type modifiers, and questionnaires allow you to adjust visit type lengths in certain situations; for example, for a certain department or with patients of a certain age. For information about creating visit type modifiers, refer to the [Modify Visit Types for Certain Patients, Departments, and Providers](#) topic. For information about creating visit type conditions in questionnaires to change the visit length, refer to the [Change the Visit Length Based on an Answer](#) topic.
5. In the External name field, enter the visit type's name as it appears on printed materials seen by patients, for example appointment letters or a patient itinerary.
6. In the Status field, enter Active to allow schedulers to make appointments with this visit type. At a later time, you can set a visit type to inactive to prevent schedulers from using the visit type.
7. In the Synonyms field, enter alternative ways that schedulers can enter or look up the visit type. For example, you might enter "OV" for an office visit.
8. If your organization uses visit types to determine whether a service is covered, whether a referral is required, or the copay amount, enter a [benefit grouping](#).

## General Information

### Abbreviation

### Synonyms

### External Name

### Status

### Schedulable via Mobile Apps?

### Web Description

## Scheduling

### Use Advanced Scheduling Settings?

### Default Length



### Update Length When Changing?



### In/Outpatient

### Require In/Outpatient?

### Auto Confirmation Call?

### Auto No Show Call?

### Arrival Time Offset

### Interpreter Type Needed



### Reason for Early Arrival

## Include Scheduling and Patient Instructions

Scheduling instructions appear to schedulers when making an appointment. For example, certain visit types might require the scheduler to remind the patient not to eat or drink prior to the appointment.

Patient instructions appear to patients in appointment-related correspondence and, starting in November 2024, in the Care Journeys activity if the visit is part of a procedural care journey. Refer to the [Show Surgical and](#)

Procedural Instructions in the Care Journeys Activity topic for more information. They also appear in the system for a scheduler to recite to a patient over the phone or in person. For an office visit, you might include instructions to remind the patient to bring any insurance information and copayment if one is required by her insurance company. You can create patient instructions in plain text or SmartText.

In the following example, you can see the difference in wording between the scheduling instructions and patient instructions for the Foundation System's EEG visit type:

**Instructions**

Use Instructions From Visit Type

Use different instructions for inpatient appointments

Scheduling Instructions

Patient should have hair clean and free from any mousses, oils, and/or hairspray. Patient is to avoid any chemical treatments (hair coloring, relaxers, and permanent waves) within 48 hours prior to appointment.

Use SmartText Patient Instructions

Patient Instructions

Have hair clean and free from any mousses, oils, and/or hairspray. Avoid any chemical treatments (hair coloring, relaxers, and permanent waves) within 48 hours prior to your appointment.

## Considerations

There are two benefits to creating SmartText patient instructions for a visit type:

- The patient instructions for a visit type are complex and could benefit from rich text formatting to make them easier for the patient to follow in a Cadence letter.
- You want to create several variations of patient instructions and use rules for the system to determine which SmartText to use for a particular appointment. For example, you might have different instructions for pediatric and adult patients but use the same visit type for both age groups.

The following SmartLinks support rich text formatting for SmartText patient instructions:

- 60001-Patient Visit Instructions (mnemonic: .PVINST)
- 60168-Patient Instructions (mnemonic: .VISPATINSTR)

All print groups and HTML displays that show patient instructions support rich text formatting.

## Create SmartText Patient Instructions

Here's an overview of the setup needed to use patient instructions SmartText in your visit types:

- Optionally create rules to associate with your SmartText records.
- Create the SmartText records and add rules and override SmartText records to them.
- Add the rules and SmartText records to your visit types.

## Create Visit Type Patient Instructions Rules

Create rules in the 5040-Visit Type Patient Instructions context if you want to list several SmartText records in a visit type record and conditionally determine which SmartText record to use. The system evaluates these rules when determining which SmartText record to use for a particular appointment. Use rules and alternate SmartTexts in the visit type instead of the SmartText record when the overrides are specific to the visit type. For general information about creating rules, refer to the [Create or Edit a Rule](#) topic.

## Create Patient Instruction SmartText Records

1. In Hyperspace, open the Patient Instructions Editor (search: Patient Instructions).
2. Select the Create tab, enter a name for the record, and click Accept. The system creates a SmartText record with functional type 3004-Cadence Patient Instructions.
3. On the General tab, enter the patient instructions and format them as needed. For general information about editing SmartText records, refer to the [Create and Edit a SmartText](#) topic.
4. On the Languages & Overrides tab, enter a Patient context rule and an override SmartText if there are times when this SmartText should use an alternate SmartText.

## Add Scheduling and Patient Instructions to Visit Types

1. In Hyperspace, open a visit type record (search: Visit Type).
2. Select the Instructions form.
3. To use the scheduling and patient instructions from another visit type, enter a visit type in the Use instructions from visit type (I PRC 903) field. To enter instructions specific to this visit type, go to the next step.
4. Enter scheduling instructions in the Scheduling instructions (I PRC 900) field.
5. Select the Use SmartText patient instructions (I PRC 909) check box if you want to use SmartText

instructions instead of plain text instructions for this visit type.

- If there's only one SmartText record you want to use for this visit type, leave the Rule field blank and enter the SmartText record in the table.
  - If there are multiple SmartText records that could be used for the visit type depending on the outcome of a rule, enter your rules (I PRC 917) and SmartText records (I PRC 916) in the table. List your rule and SmartText pairs in order from most to least restrictive. The system evaluates rows in this table from the top down and uses the first SmartText that matches the appointment.
  - To apply multiple SmartText records for a visit type to a patient's appointment, list your rules and SmartText records and select the Append SmartTexts? (I PRC 907) check box. The system appends the SmartText records in the listed order for all records that do not have a rule specified and for all records that have a rule that returns true.
6. If you're not using SmartText patient instructions, enter plain text patient instructions in the Patient instructions (I PRC 910) field.
  7. The instructions you entered in steps 4 or 5 apply to outpatient and inpatient appointments that use this visit type, but you can specify different instructions to use for inpatient appointments by selecting the Use different instructions for inpatient appointment (I PRC 902) check box.
  8. Enter inpatient scheduling (I PRC 905) and patient instructions (I PRC 915) as needed for your inpatient appointments. If you're using SmartText patient instructions, enter a rule (I PRC 919) and a SmartText record (I PRC 918) similar to how you set up the outpatient patient instructions.

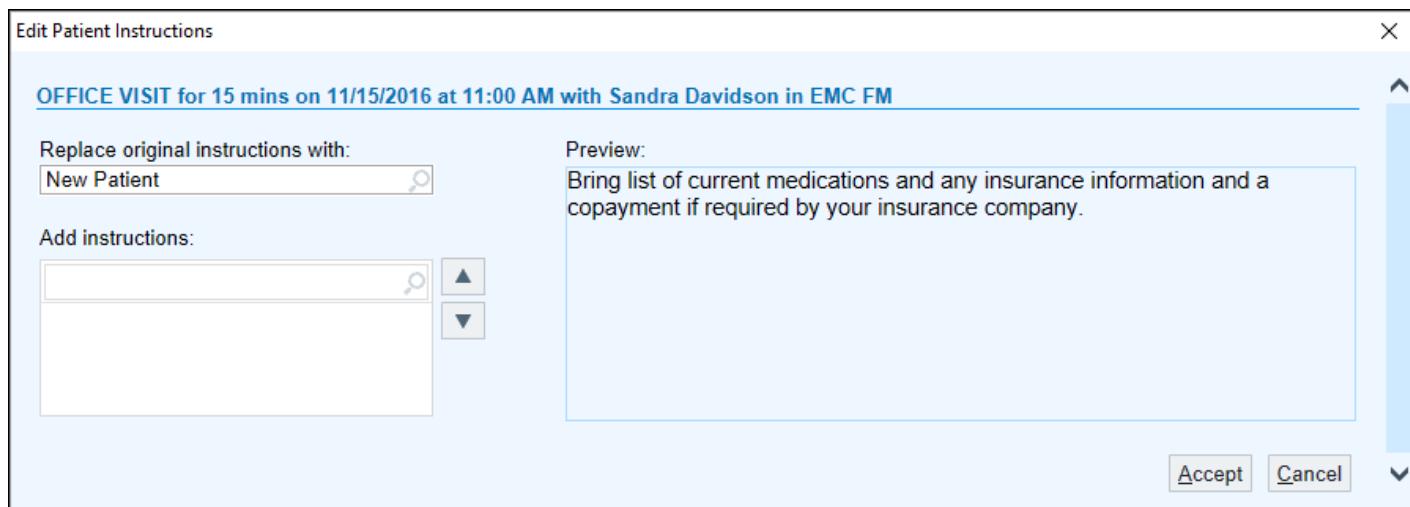
## Allow Schedulers to Edit Patient Instructions

If there are times when a scheduler needs to change the patient instructions for an appointment for a particular patient because you cannot use a rule to allow the system to use a different set of patient instructions, you can allow them to edit the instructions. For example, a provider might waive the fasting requirements for a diabetic patient, so the appointment instructions need to change.

Schedulers can edit the instructions for a future appointment after it has been scheduled and can choose only from your preconfigured SmartText patient instruction records; they cannot edit instructions using free text.

Complete the following tasks to make this possible:

- At the system level, define the SmartText patient instruction records that schedulers can choose from to either add to the beginning of the original instructions or replace the original instructions for appointments. You don't need to be using SmartText patient instructions with your visit types to allow schedulers to add or replace instructions for appointments.
- Give schedulers security to edit patient instructions.
- Add the Edit patient instructions option to the Future tab of the Appointment Desk or the right-click menu for appointments in the Snapboard.



## Define Replacement and Additional Patient Instructions in Cadence System Definitions

Define which SmartText patient instructions schedulers are allowed to use to edit the instructions for an appointment and the display names that appear for each record. The display name should be scheduler-friendly, so they don't need to decipher your SmartText naming convention when they are trying to choose the right instructions.

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Communications > Visit Guide form.
3. Enter display names (I SDF 4120) and the SmartText records (I SDF 4121) that schedulers can choose from to replace the original instructions for an appointment.
4. Enter display names (I SDF 4130) and the SmartText records (I SDF 4131) that schedulers can choose from to prepend to the original instructions for an appointment.

## Give Schedulers Security to Edit Patient Instructions

Follow these steps to give schedulers the security needed to edit patient instructions for appointments:

1. In Hyperspace, open the scheduler's Cadence security class (search: Cadence Security).
2. Select the Appointment Functions form.
3. Enter Yes in the Edit patient instructions (I ECL 5058) field.

## Add the Edit Patient Instructions Option to the Appointment Desk and Snapboard

You need to give schedulers a way to edit patient instructions from the Appointment Desk or the Snapboard:

- Refer to the [Design the Look and Use of the Appointment Desk Tabs](#) topic for information about adding the Edit Patient Instructions action to the right-click menu or toolbar for the Future tab of the Appointment Desk.
- Refer to the [Design the Right-Click Menu on the Snapboard](#) topic for information about adding the Edit Patient Instructions option to the right-click menu for appointments in the Snapboard.

## Decide Who Can Schedule the Visit Type

Visit type restrictions determine where a visit type can be scheduled and who can schedule the visit type.

- Specialty restrictions allow you to limit the visit type to centers, departments, or providers with a given specialty.  
In this example, the Foundation System restricts the scheduling of the CT Abdomen w Contrast Sedation visit type to departments with a specialty of radiology. However, to allow central schedulers to make

appointments with this visit type, users in departments with a specialty of Central Scheduling can also schedule the visit type.

Specialty Restrictions				
Specialty	Center	Department	Provider	Can Schedule
Admitting/Central Scheduling [48]				<input checked="" type="checkbox"/> Allowed
Radiology [40]				<input checked="" type="checkbox"/> Allowed
Can Schedule With All Others				
<input checked="" type="checkbox"/> Not Allowed				

Security Classification Restrictions	
Security Classification	Can Schedule
IMAGING ES PRIMARY SCHEDULER [1050040]	<input checked="" type="checkbox"/> Allowed
Can Schedule With All Others	
<input checked="" type="checkbox"/> Not Allowed	

Other Restrictions	
Require Linked Order When Scheduling?	<input checked="" type="checkbox"/> Yes - Required
Remove Restricted Providers Added by Pools and Decision Trees	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Restriction Rule	<input type="checkbox"/>
Can Overrule	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

- Security classification restrictions prevent schedulers from scheduling certain visit types. For example, you might prevent secondary schedulers from scheduling some of your more difficult advanced visit types. In the example shown previously, the CT Abdomen w Contrast Sedation visit type is restricted to imaging primary schedulers.

To indicate a specialty restriction:

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type and enter your visit type.
2. Go to the Restrictions form for your visit type.
3. In the Specialty Restrictions table, enter the areas or providers for which you want to add a restriction or an allowance.
4. In the Can schedule column, specify whether schedulers can schedule this visit type for the corresponding specialty, center, department, or provider. Enter one of the following:
  - Allowed
  - Not Allowed
  - Panel Only
5. Use the "Can schedule with all others" field to determine whether any user not mentioned in the table can schedule with this visit type.

To indicate a security classification restriction:

1. In the Security Classification Restrictions table enter a Cadence security classification.
2. In the Can schedule column, enter Allowed or Not Allowed to specify whether users belonging to this security classification can schedule this visit type.
3. In the Can schedule with all others field, indicate whether users belonging to security classifications not listed here can schedule this visit type. Enter Allowed or Not Allowed. If blank, security classifications not

listed here can schedule the visit type by default.

4. Use the Can schedule with all others field to determine whether any user not mentioned in the table can schedule with this visit type.

Here are some examples of how you might use these fields:

- If you need to limit a visit type to scheduling for a certain specialty, enter that specialty in the table, choose the Allowed option for that specialty, and then choose No in the "Can schedule with all others" field.
- If a visit type is available to everyone except users with a certain security class, enter that security class in the table, choose the Not Allowed option for that class, and then choose Yes in the "Can schedule with all others" field.

If you set up visit type restrictions as described above, you can have those restrictions apply to providers who were added to an appointment by a pool or decision tree by setting the Remove restricted providers added by pools and decision trees (I PRC 2260) setting to Yes. The setting applies to providers added by a decision tree or by a pool.

Note that if the setting is set to No or left blank, visit type restrictions are not applied to providers added to appointments by pools or decision trees.

To configure the setting:

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type and enter your visit type.
2. Go to the Restrictions form for your visit type.
3. In the Remove restricted providers added by pools and decision trees (I PRC 2260) field, enter Yes.

## Prevent Providers from Having Two Appointments of Certain Visit Types Too Close Together

You can use scheduling rules to specify a minimum number of hours that must pass between appointments of certain visit types for any one provider. For example, you can prevent providers from ever having two consults scheduled back to back.

1. In Hyperspace, open the visit type record (search: Visit Type) and go to the Scheduling Rules form. (This is the Provider Rules form in Hyperdrive.)
2. In the Visit Type field, enter the visit type to which you want this rule to apply. You can enter the same visit type here that you opened in step one if you want to prevent providers from having appointments of this visit type too close together.
3. In the Min hours between field, enter the number of hours that must pass after an appointment of one visit type before an appointment of the other visit type can occur.
4. In the Overrule? field, specify whether users with Overrule security can overrule this scheduling rule.

## Build Advanced Visit Types

Advanced visit types handle organizations' complex scheduling rules, giving schedulers enough information to efficiently and safely schedule series of complex visits involving time restrictions and chemical agents:

- Oncology treatments or radiation therapy visits often require that certain agents be administered in intervals or require a pool of resources or providers at different points during the visit.
- Mammograms can be set up with duplicate settings to prevent schedulers from scheduling more than one

for a patient in a given year.

- Nuclear medicine procedures often require that a patient receive an injection a certain amount of time before a scan.
- Radiology and cardiology procedures often require the use of certain modalities or resources as well as specific providers.

## Organize Pools of Providers or Resources

Many advanced visit types rely on knowing the groups of providers, resources, or subgroups of providers with which the visit type can be scheduled. For example, an oncology treatment might require a provider, a technician, and a treatment chair. Instead of forcing a scheduler to navigate among multiple schedules to find a time that works, you can build pools for each of these resources.

Pools are groups of providers or resources that share a given quality. For example, the Foundation System has pools for providers, such as the EMC Urologist Pool, and resources, such as the EHS Medical Imaging MRI Modality Pool.

Pools help schedulers more efficiently schedule advanced appointments by giving the Auto Scheduler a pared-down list of providers or resources to search in order to find an appointment slot. Cadence's Auto Scheduler can search through these pools for the scheduler to quickly find the correct combination of resources for the procedure or appointment.

Pools can go beyond just lists of providers, resources, and subgroups. Using Smart Pools, you can create pool records that can be reused across your advanced visit types. For example, Smart Pools you create might include:

- The referred to provider on the patient's referral for the visit.
- A particular member of the patient's care team.
- The patient's PCP or any provider on the PCP's team.
- The provider who placed the order for the visit.
- The patient's PCP and a telemedicine resource for scheduling telemedicine visits in MyChart.

To create Smart Pools, you must have the Cadence Smart Pools license, which is included in the standard Cadence license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

Refer to the [Configure the Auto Scheduler](#) topic for more information on configuring how the Auto Scheduler searches pools to schedule appointments.

If you want to import pools all at once instead of manually creating each pool, you can use an import specification to bring in this data. For example, this import is useful when you're implementing because you have a lot of pools to create at once. Use import specification PLS,D,2-Stand Alone Import Specification - PLS to import all pools. For more information about importing records, refer to the [Standard Import Guide](#).

## Considerations

It can be easy to confuse **subgroups** with pools. Both are types of records and both are groupings of providers. You can tell these two record types apart by how they are used:

- Schedulers use subgroups to view or select groups of providers with a common trait, such as gender or spoken language, or who are on a team for scheduling, such as care teams
- Auto Scheduler searches use pools to identify which providers and resources to schedule with an advanced visit type. Schedulers might see pools when scheduling, but they can't select a pool. Pools can be made up of subgroups. For example, you can enter a subgroup of chemotherapy chairs rather than entering the chairs one-by-one when you build the pool record.
- Because of the flexibility offered by pools, the system views them as more specific than visit types, so the pool setup is respected over the visit type restrictions. For example, let's say you have two machines that need to be used in tandem for a specific procedure, and they both need to be scheduled. You can set up visit type restrictions to stop these machines from being scheduled by themselves for this procedure, then build a pool with both of these machines and attach it to the visit type.

## Create Pools

When you create a pool, you create one or more rows in a table that define how the pool searches the system for providers and resources to schedule for a visit type. For example, for a pool used to schedule a visit with the referred to provider listed on the patient's referral, select the Referred To Provider search type. Some search types allow you to specify where in the system the pool searches for providers and resources. For example, you might want to search for all providers in a specific department or a particular care team member in all departments where they can be scheduled. Some search types also allow you to further refine how to search for providers and resources, such as by specialty or care team relationship. You could search for all providers with a specialty of dermatology.



Understand which records are affected by changes you make to a pool by checking the Linked Records form in the pool editor. This form shows a list of visit types and decision trees that use a particular pool.

Basic Information									
Name	MFM SURGEONS								
Status	Active								
<input checked="" type="checkbox"/> Randomize	<input type="checkbox"/> Reading Pool	<input type="checkbox"/> Protocolling Pool	Sort By Availability?						
<input type="checkbox"/> Tiered Pool	Auto-Tier Days to Search								
Description Pool for Surgeon in EMH Maternal Fetal Medicine.									
Pool Definition									
#	Search Type	Team/Location	Row Inclusion Rule	Only In Network	Stop				
1	All Providers	In Current Department							
<input type="checkbox"/> Only Include Providers Accepting New Patients									
<table border="1"><tr><td>Provider Types</td></tr><tr><td>Physician</td></tr></table>			Provider Types	Physician	<table border="1"><tr><td>Provider Specialties</td></tr><tr><td>General Surgery</td></tr></table>			Provider Specialties	General Surgery
Provider Types									
Physician									
Provider Specialties									
General Surgery									

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Pools.
2. Create a pool.
3. In the Status (I PLS 5) field, enter Active to make the pool available to your advanced visit types.

4. In the Sort By Availability? (I PLS 120) field, enter how you want to sort providers in the pool.
  - Leave the field blank to use the Sort providers by availability? (I SDF 10735) setting on the Scheduling > Auto Scheduler form in Cadence System Definitions.
  - Enter No to use the order of providers as they are listed in the Make Appointment activity.
  - Enter Yes to allow the Auto Scheduler to use providers based on their availability, with the goal of assigning appointments to the most available pool members first.
5. In the Description (I PLS 40) field, enter a description of the pool to help you remember its purpose later.
6. Select the Randomize? (I PLS 115) check box to allow the providers, resources, or subgroups in the pool to be listed randomly when an appointment is scheduled using the Auto Scheduler, with the goal of evenly distributing appointments to the pool members.
7. Add a row to the Pool Definition table to define how the system gathers providers, resources, and subgroups for the pool. The system evaluates rows in this table in the order they are listed and can stop when it finds providers, resources, or subgroups.
8. In the Search Type (I PLS 200) field, choose how the system searches for providers, resources, or subgroups to include in the pool.

Pool Definition					
#	Search Type	Team/Location	Row Inclusion Rule	Only In Network	Stop
▲ 1	All Providers	In Current Department			
<input type="checkbox"/> Only Include Providers Accepting New Patients					
Provider Types Physician			Provider Specialties General Surgery		

- All Providers
  - All Resources
  - Care Team Member
  - Ordering Provider
  - PCP
  - Referred To Provider
  - Specific Providers
  - Specific Subgroups
  - Recent and Upcoming Providers (available starting in November 2023)
  - Current User (available starting in August 2023)
  - Current Search Terms (available starting in May 2024)
  - Specific Search Terms (available starting in May 2024)
  - Follow Up Providers (available starting in November 2024)
9. Depending on the search type you selected, the Team/Location (I PLS 201) field is available for you to choose where the system should search for providers or resources.

**Pool Definition**

#	Search Type	Team/Location	Row Inclusion Rule	Only In Network	Stop
1	All Providers	In Current Department			
<input type="checkbox"/> Only Include Providers Accepting New Patients					
Provider Types Physician		Provider Specialties General Surgery			

- Starting in November 2023, you can use the following options in the Team/Location field to filter providers by specialty when you're using the PCP and Care Team Member search types:
  - Specific Specialty
  - Team in Specific Specialty. Keep in mind that "team" in this context refers to a subgroup. If you enter this option, the system looks at a provider's schedulable departments (I SER 40), checks the department's specialty, and returns the subgroups associated with all the departments matching that specialty.
- Also starting in November 2023, you can use the following options in the Team/Location field to filter providers by specialty and department when you're using the Ordering Provider search type:
  - In Specific Department
  - In Ordering Department Specialty
  - Team in Ordering Department Specialty
  - Team in Specific Department
- Starting in May 2024, you can use the following options in the Team/Location field to filter providers by the department specialty on the referral when you're using the Referred to Provider search type:
  - In All Departments
  - In Referred to Department Specialty. With this option, if a referral was scheduled and the referred-to provider was pulled onto the appointment by a pool, only the departments with the referred-to provider's specialty are pulled in to the search.

10. Depending on the search type and team/location option you selected, additional options are available for you to further refine how the system searches for providers or resources. Some of these additional options include:

**Pool Definition**

#	Search Type	Team/Location	Row Inclusion Rule	Only In Network	Stop
1	All Providers	In Current Department			
<input type="checkbox"/> Only Include Providers Accepting New Patients					
Provider Types Physician		Provider Specialties General Surgery			

- Department (I PLS 240)
  - Department Specialty (I PLS 241)
  - Relationship (I PLS 231), used to search for specific Care Team Member relationships
  - Only Include Providers Accepting New Patients (I PLS 252), available starting in August 2023, is used to filter providers during scheduling based on the status of new patient items on the provider record, as described in the [Indicate in Book It Whether a Provider Is Accepting New Patients](#) topic. If this checkbox is selected, providers without new patient items set are excluded from Smart Pool searches and do not appear for MyChart or Book It scheduling.
  - Provider Type (I PLS 250), available starting in November 2023, is used to filter providers based on their Provider Type (I SER 1041).
  - Starting in November 2023, you can use the following options to filter providers that the patient recently saw or will see in the future when you're using the Recent and Upcoming Providers search type:
    - i. Lookback Range (I PLS 260)
    - ii. Lookforward Range (I PLS 261)
    - iii. Allow Scheduling Only in Encounter Department? (I PLS 262)
    - iv. Filter Encounter Rule (I PLS 263)
    - v. Include Provider's Team? (I PLS 264)
11. In the Inclusion Rule (I PLS 210) field, you can enter a rule from the 5050-Pool Search Inclusion Rule context. The system uses this rule to determine whether the row should be evaluated for a particular visit.
  12. In the Only In Network (I PLS 211) field, enter Yes if you want to include only providers that are in network.
  13. In the Stop (I PLS 212) field, enter Yes if the system should stop evaluating subsequent rows in the Pool Definition table if it finds providers or resources for this row or any row before it.
  14. Add more rows to the Pool Definition table as needed to complete your pool.

## Guide Schedulers to Providers a Patient Has Recently Seen

### Starting November 2023

Help schedulers see providers who patients have recently seen and with whom they have an established relationship during scheduling. You can create a Smart Pool and link it to an advanced visit type that, when selected in Book It during scheduling, returns providers the patient has recently seen or with whom they have an upcoming appointment. This feature reduces the need for the scheduler to have to search through a patient's Appointment Desk for recent encounters with providers who could be scheduled with, as well as reduces the risk of scheduling with the incorrect provider.

To use this feature, you need to create a Smart Pool that uses search type 10-Recent and Upcoming Providers and link the Smart Pool to an advanced visit type. You can also configure system- and pool-level settings that control the range in which the system searches for providers who patients have recently seen, as well as department- and rule-based filters. This feature is most likely to be useful for Smart Pools linked to visit types for patient-initiated care, as described in the Core Visit Types table in the [Guided Scheduling Build](#) topic.

## Considerations

This feature works similarly to setup you might already have in Patient Access System Definitions, as described in the [Determine Which Providers Can Be Scheduled for a Visit](#) topic. Using advanced visit types with the Recent and Upcoming Providers search type ensures that the same providers appear for schedulers in Hyperspace and for patients in MyChart.

Before creating a Smart Pool using the Recent and Upcoming Providers search type, consider configuring the following settings on the Scheduling > Pools tab in Cadence System Definitions that control the behavior of the search type. You can later override some of these settings in the Smart Pool you create if necessary.

- Provider Lookback Range (I SDF 10470). Specify how many days in the past the system searches for providers with whom a patient has previously had an encounter. The default value is 730 days. Only encounters that are closed or completed are included in the lookback range.
- Provider Lookforward Range (I SDF 10471). Specify how many days in the future the system searches for providers with whom a patient has an appointment scheduled. The default value is 365 days. Only encounters of type 50-Appointment are included in the look-forward range.
- Allow Scheduling Only in Encounter Department (I SDF 10472). Enter Yes to have the system search for providers with whom the patient has a recent or upcoming encounter only in the department in which the patient saw that provider for that recent or upcoming encounter. The default behavior is to include all departments the provider works in. As an example of how this setting works, say that patient John saw Doctor Smith in the Red department last month. Doctor Smith also has a schedule in the Blue department.
  - Allow Scheduling Only in Encounter Department set to Yes. When a scheduler makes an appointment for patient John using the advanced visit type with the Recent and Upcoming Providers search type, Book It returns results for Doctor Smith only in the Red department.
  - Allow Scheduling Only in Encounter Department set to No or left blank. When a scheduler makes an appointment for patient John using the advanced visit type with the Recent and Upcoming Providers search type, Book It returns results for Doctor Smith in both the Red and Blue departments.
- Allowed Lookback Encounter Types (I SDF 10473). Specify which encounter types are allowed in the lookback range for pools with the Recent and Upcoming Providers search type. The default value is encounter type 50-Appointment. Note that the look-forward range uses only encounter type 50-Appointment.
- Filter Encounter Rule (I SDF 10474). Enter a Patient-context rule to exclude providers from the Recent and Upcoming Providers search type.
- Default Scheduling Lookback Days Range - Specialty Override (I SDF 10475, I SDF 10476, I SDF 10477, I SDF 10478). In this table, set specialty overrides for the lookback range, look-forward range, and whether providers should be included only in the encounter department.

Next, create a Smart Pool using search type 10-Recent and Upcoming Providers and link it to an advanced visit type. Refer to the [Organize Pools of Providers or Resources](#) and [Create an Advanced Visit Type](#) topics for more information. Note that you can override the following Cadence System Definitions settings in the pool:

- Lookback Range (I PLS 260)
- Lookforward Range (I PLS 261)
- Allow Scheduling Only in Encounter Department (I PLS 262)
- Filter Encounter Rule (I PLS 263)

You can also set the Include Provider's Team (I PLS 264) field to Yes, in which case a recent or upcoming provider's team members are also returned by the pool. The default value is No.

Additionally, you likely want to specify provider types (I PLS 250) that are allowed for scheduling so that resources and other potentially unwanted provider types for the specific pool are not included.

In the Foundation System, visit types for specific specialties, such as visit type (PRC) records 704-Established - Family Medicine and 811-Established – OBGYN, use advanced visit types with a pool with the Recent and Upcoming Providers search type. The pools used in those visit types are configured to find providers in a specific specialty that the patient has seen in the last 730 days (this 730 days value comes from the Provider Lookback Range (I SDF 10470) setting in Cadence System Definitions) and includes the provider's team. The screenshot below shows this configuration in the Foundation System for the Established – OBGYN visit type.

The screenshot displays the 'Basic Information' and 'Pool Definition' sections of the Foundation System's provider pool configuration interface.

**Basic Information:**

- Name:** ESTABLISHED - PEDIATRICS
- Status:** Active
- Sort By Availability?** (checkbox)
- Randomize:** (checkbox)
- Reading Pool:** (checkbox)
- Protocolling Pool:** (checkbox)
- Tiered Pool:** (checkbox) **Auto-Tier Days to Search:** 6

**Description:** Used in Pediatrics to pull in the patient's PCP, the PCP's team members in the specialty, or providers the patient has recently seen and their team members in that specialty.

**Pool Definition:**

#	Search Type	Team/Location	Row Inclusion Rule	Only In Network	Stop
1	PCP	In All Departments			Yes
2	PCP	Team in Specific Specialty			Yes
3	Recent and Upcoming Providers	In Specific Specialty	<b>Lookforward Range (days):</b> 0	<b>Filter Encounter Rule:</b>	
Lookback Range (days):					
Allow Scheduling Only in Encounter Department?					
Yes					
Include Provider's Team?					
Yes					
Department Specialty					
Pediatrics					
Provider Types					
Physician					
Provider Specialties					

In May 2025 with special update E11404382 and C11404382-HSweb, you can filter recent and upcoming providers based on provider search terms. You can configure two types of search term matching:

- When selecting a search term type under the Include Providers with Current Search Terms of the Following Types section (A), the system returns recent and upcoming providers who match the current search term type used during scheduling. Current search terms can be added to the visit from an order, a request, or a decision tree. Refer to the [Configure Smart Pools to Use Search Terms](#) topic for more information about current search terms.
- When selecting a specific search term under the Include Providers with the Following Search Terms section (B), the system returns recent and upcoming providers who have the specified search term on their provider record. Refer to the [Configure Provider Search Terms in Provider Records](#) topic for more info.

### Basic Information

<p>Name ESTABLISHED - PEDIATRICS</p> <p>Status <input checked="" type="checkbox"/> Active</p> <p><input type="checkbox"/> Randomize    <input type="checkbox"/> Reading Pool    <input type="checkbox"/> Protocolling Pool</p> <p><input checked="" type="checkbox"/> Tiered Pool    Auto-Tier Days to Search <input style="width: 20px; height: 20px;" type="button" value="..."/></p>	<p>Description Used in Pediatrics to pull in the patient's PCP, the PCP's team members in the specialty, or providers the patient has recently seen and their team members in that specialty.</p>
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### Pool Definition

#	Search Type	Team/Location	Row Inclusion Rule	Only In Network	<span style="font-size: small;">(i) Stop</span>
	Department Specialty Pediatrics			Provider Specialties	
	Provider Types Physician				
<b>A</b>	Include Providers with Current Search Terms of the Following Types <input checked="" type="checkbox"/> Specialty <input type="checkbox"/> Subspecialty <input type="checkbox"/> Condition <input type="checkbox"/> Treatment <input type="checkbox"/> Keyword				
<b>B</b>	Include Providers with the Following Search Terms Specialty/Subspecialty Term <input type="text"/> Condition Term <input type="text"/> Treatment Term <input type="text"/> Keyword Term <input type="text"/>				

## Set Up Tiered Pools

### Starting in November 2024

Streamline the scheduling process in Book It or MyChart with the new tiered pool options in Smart Pools. Tiered pools enable schedulers in Book It and patients in MyChart to first search for availability with the most suitable providers. If necessary, schedulers and patients can then expand their search with a single click, eliminating the need for a multi-step, manual search process.

Use cases for tiered pools include:

- Simplified visit scheduling: Tiered pools allow you to show schedulers and patients the best provider options first, followed by gradually expanding groups of still-appropriate options. For example, a patient in MyChart trying to schedule an appointment could see appointment times with their PCP, then expand the search to view appointments with the PCP's team and providers in the PCP's department. If the patient does not find a suitable appointment time with their PCP, they can easily click to expand their search.
- Account for provider hierarchy in scheduling: Certain visit types can be scheduled with many different providers. For basic visit types, tiered pools allow you to configure the search to prioritize basic providers first, then expand the search to more experienced staff.

## Build Options



If your organization has pools setup for Specialty Guided Scheduling Optimization, use the Build Wizard in Hyperspace to identify potential pools that are a good candidate for Provider Tiered Scheduling based on the current pool configuration. To get started, open the Build Wizard and search for feature 424144 – Provider Tiered Scheduling (Application: Cadence, MyChart).

If you need to adjust these settings after running the Build Wizard, refer to the manual setup steps below:

1. In Hyperspace, open the pool (search: Pools).
2. Select the Tiered Pool (I PLS 121) checkbox.
3. Optionally, set the Auto-Tier Days to Search (I PLS 122) field to the number of days within which a search must return a result for this tier to be used. For example, if you set the field to 6, the system checks the schedules of providers in the tier for the next six days to find solutions. If any solutions are found, they appear in Book It and MyChart. In Book It, if no solutions are found, the system automatically checks the schedules of providers in the next tier and displays the secondary solutions. If you don't enter a value in this field, the system checks the schedules of providers in the tier indefinitely into the future, meaning that the search could return results far in the future and the next tier in the pool might never be used.
4. Add a row in the Pool Definition table that includes providers who should be returned in the first tier of search results.
5. Set the Stop (I PLS 212) field to Yes for the row.
6. Add additional rows in the Pool Definition table that include additional providers who should be returned when a scheduler or patient expands the search results in Book It or MyChart. Be sure to set the Stop field to Yes in each row unless the providers configured in the following row or rows should also be pulled in for that tier. For example, if the patient's PCP and the PCP's team are one tier, configure a row for the PCP and configure a row for the PCP's team and set the Stop field to Yes only for the second row.



The behavior for Stop pool rows differs between Book It and MyChart. In Book It, when a user chooses to manually Expand Search, pool providers are added until the system reaches a row that's configured as a Stop row. Schedulers can continue clicking Expand Search to add tiers until all providers in the pool have been added. In MyChart, when a patient clicks Show all providers, the system adds all providers in a pool, ignoring any rows set to Stop.

For example, in the Smart Pool shown below, if you enter 6 in the Auto-Tier Days to Search field for the first row, a search in Book It looks at the PCP's availability for six days before automatically expanding to also include the providers in the second row, including providers on the PCP's team in specific specialties. Users can further expand the search beyond these initial results because the tiered pool has additional rows configured.

Basic Information					
Name	Sort By Availability?			Description	
ESTABLISHED - PEDIATRICS				Used in Pediatrics to pull in the patient's PCP, the PCP's team members in the specialty, or providers the patient has recently seen and their team members in that specialty	
<input type="checkbox"/> Randomize	<input type="checkbox"/> Reading Pool	<input type="checkbox"/> Protocolling Pool			
<input checked="" type="checkbox"/> Tiered Pool	Auto-Tier Days to Search 6				
Pool Definition					
#	Search Type	Team/Location	Row Inclusion Rule	Only In Network	Stop
1	PCP	In All Departments			<input type="checkbox"/> Yes
2	PCP	Team in Specific Specialty			<input checked="" type="checkbox"/> Yes
3	Recent and Upcoming Providers	In Specific Specialty			<input type="checkbox"/>

You can use an import specification to simplify the process of updating a large number of pools to use tiers. Use import specification PLS, D,2-Stand Alone Import Specification - PLS to import all pools. For more information about importing records, refer to the [Standard Import Guide](#).

## Create an Advanced Visit Type

Advanced visit types allow schedulers to more easily schedule complex appointments with multiple providers, scheduling rules, and other restrictions. You start building an advanced visit type like a simple visit type, but these advanced records have additional configuration options that allow the Auto Scheduler to return lists of appointment slots to your schedulers.

### Prerequisites

You need to build any pool records prior to adding them to your advanced visit types. Refer to the [Organize Pools of Providers or Resources](#) topic for more information on building pools.

### Considerations

The following instructions for creating an advanced visit type assume that the pools you associate with the visit type should always be scheduled with the visit type.

However, to account for more complex scheduling scenarios, you can conditionally associate pools with advanced visit types. For example, an MRI visit might be scheduled with a technologist in one department but with a technologist and a room in another department.

Conditional pools restrict or include pools for an advanced visit type based on rules that evaluate the patient being scheduled or whether conditions are met by other pools.

For more information, refer to the [Restrict or Include Pools Using Conditional Pools with Advanced Visit Types](#) topic.

## Enter Basic Information for the Advanced Visit Type

Simple and advanced visit types have several tasks in common. Follow this task to specify general information for an advanced visit type: [Create Simple Visit Types](#)

### Associate Pools with an Advanced Visit Type

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.
2. In the Visit Type Select window, select the Create tab, enter your advanced visit type, and click Accept.
3. Go to the Pools form and check the Use advanced? (I PRC 950) checkbox. This enables the Pools grid.
  - a. In February 2024 and prior versions, enter Yes in the Use advanced? (I PRC 950) field. This enables the Pools grid.
4. In the Pool column, enter the primary pool from which the visit type should draw providers or resources.
  - o To help the Auto Scheduler more quickly find an appointment time, we recommend that you specify the pool with the fewest resources or least availability as the primary pool.
5. In the # column, specify the number of providers or resources to use from this pool.
6. In the Offset column, enter the amount of time between when the appointment begins and when the provider or resource is needed. Enter a number of minutes in multiples of 5 or enter one of the following mnemonics:

- LEN#: Enter LEN#, where # is the line number of an earlier pool for the visit type. The pool uses the length of the specified pool as its offset. For example, you might say a pool starts 15 minutes after an earlier pool ends.
  - OFF#: Enter OFF#, where # is the line number of an earlier pool for the visit type. The pool uses the specified pool's offset as its offset. For example, you might say a pool starts 15 minutes after an earlier pool begins.
  - Note that at least one pool must have an offset of 0 for a given visit type.
7. In the Length column, indicate the length of time that the providers or resources from the pool should be present during the appointment. Enter a length in multiples of 5 minutes or enter one of the following mnemonics:
- VTM: The system uses the length of the associated visit type modifier as the pool length.
  - CALC: The system calculates the appointment length from an external source such as the scheduling duration of an appointment request in a Beacon treatment plan. See below for additional information about the CALC mnemonic.
  - SLT: The system uses the slot length as the pool length.
  - PRIM: For secondary pools, the system uses the length of the primary pool.
  - LEN#: Enter LEN#, where # is the line number of an earlier pool for the visit type. The system uses this pool's length for the pool's length.
  - OFF#: Enter OFF#, where # is the line number of an earlier pool for the visit type. The system uses this pool's offset as the pool's length.

The CALC mnemonic uses the calculated appointment length as the length for the specified pool. The calculated length for an appointment is determined by considering multiple sources that either specify a base length or provide adjustments (additions or subtractions) to arrive at a final, specific, and custom-tailored length for the appointment being scheduled.

- The base calculated length is determined by considering different sources in a specific sequence. Different sources will or will not be available based on what (for example, an order) is being scheduled and the visit type modifiers for the provider or resource. The following sources are considered in the following order. The length provided by the first source that can provide any length is the length that is used:
  - Any external source. For example, an order with infusion medications sent from a treatment plan.
  - The provider or resource's "replace" visit modifier, if applicable.
  - The default appointment length.
- Visit type modifiers that add or subtract are always respected and are added to or subtracted from whatever the base calculated length is determined to be. Replace and add/subtract modifiers are never combined because only the one, most specific, modifier is used.
- Questionnaires that add or subtract are also always respected. Any addition or subtraction is made to the base length plus any addition or subtraction already made by a visit type modifier. If multiple questionnaires adjust the length, then the final questionnaire adjustment is the sum of all the individual questionnaire adjustments. For example, one questionnaire adds 45 minutes and another subtracts 15 minutes resulting in a net increase of 30 minutes.

In this example from the Foundation System, the Non-Stress Test (EMC) visit type schedules:

- A nurse from the EMC OB Nurse Pool for 15 minutes starting at the beginning of the appointment.
- A modality from the EMC OB NST Pool for 30 minutes starting at the beginning of the appointment.

## Advanced Visit Type

Use advanced?

YES 

Remove restricted providers from pools? 

### Schedule with Pools

	Pool	#	Offset	Length
1	EMC OB NURSE POOL [129]	1	0	15
2	EMC OB NST POOL [132]	1	0	30
3				

Visit length is 30 minutes.

[Edit Pool](#)

VTM = visit type modifier length

CALC = [calculated appointment length](#)

SLT = slot length

PRIM = length of first pool

OFF# = offset of specified pool

LEN# = length of specified pool

### Pool Conditions

- EMC OB NURSE POOL (pool 1) is always used [Edit](#)
- EMC OB NST POOL (pool 2) is always used [Edit](#)

## Restrict or Include Pools Using Conditional Pools with Advanced Visit Types

Conditional pools restrict or include pools for an advanced visit type based on conditions being met by other pools or the rules that evaluate the appointment being scheduled. Starting in November 2024, conditions can also be based on tags or question answers. Using conditional pools can result in fewer visit type records to maintain, reduce manual pool entry by schedulers, and make visit types do more of the work so you and your schedulers don't have to.

How does this work during scheduling? After a scheduler selects a department or provider for an appointment from one pool, the system can then pull in other pools based on this selection. Here are some examples:

- For example, suppose an MRI visit needs to use different pools depending on the department. The South department schedules a technologist, while the West department schedules a technologist and a room. In the visit type record, you can set conditions so that when a scheduler makes an appointment using the MRI visit type in the West department, the system automatically adds the pool for the room.
- In another example, suppose your oncology department needs to schedule pools of chairs based on the selected nurse. In the visit type record, you can set multiple conditions, one for each nurse. When the

scheduler selects a nurse from the nurse pool, the system automatically adds the appropriate chair pool based on the nurse selection.

In addition, the system can add pools based on patient rules. For example, if you need to add a specific pool of providers when the patient is under 12 years old, you can add a pool and add a condition with a patient rule. When a scheduler makes an appointment with this visit type and the patient is under 12, the system adds the pool of providers to the appointment.

Starting in November 2024, the system can include or restrict pools based on tags added to the appointment via decision tree or appointment request, or based on the answers to questions asked via order entry, decision trees, or questionnaires.

**Important:** Keep in mind that for all conditions (except for tag and question answer conditions, starting in November 2024) and for all rules (except for patient rules), you need at least one pool in use on the visit type before you can set them up. Conditions and rules use this earlier pool to determine if the visit type should include the conditional pool.

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type and open an advanced visit type.
2. On the Pools form, enter two or more pools. In February 2024 and prior versions, enter two or more pools on the Advanced form.
3. Click the Edit button next to the pool for which you want to create conditions.

The screenshot shows the 'Master File Edit' interface for visit types. In the 'Pools' section, there is a table with four rows:

Pool	#	Offset	Length
1 INFUSION RESOURCES	1	0	CALC
2 EMH CHEMO INF NURSE 1	1	0	15
3 EMH CHEMO INF NURSE 2	1	0	15

The 'Edit Pool' button is located at the bottom right of this section. Below the pools, the 'Pool Conditions' section is expanded for 'INFUSION RESOURCES (pool 1)'. It contains the message 'INFUSION RESOURCES (pool 1) is always used' and 'Edit' and 'Clear' buttons. The 'EMH CHEMO INF NURSE 1 (pool 2)' and 'EMH CHEMO INF NURSE 2 (pool 3)' sections are also visible but collapsed.

4. In the Edit Conditions window, click Add Condition. The Type field becomes available.
5. Select the type of condition you want to create. Choose one of the following:
  - Department
  - Provider
  - Department & Provider
  - Department Rule
  - Provider Rule
  - Patient Rule
  - Tag (Starting in November 2024)
  - Question Answer (Starting in November 2024)

6. Select the pool that these conditions are based on.
  - If you select a type of Patient Rule, you do not need to choose a pool here.
  - Starting in November 2024, if you select a type of Tag or Question Answer, you do not need to choose a pool here.
7. If you want the condition to be exclusionary, select the Exclude check box. This means the pool is used if the condition is not true.
8. Enter the providers, department, and rules as necessary for the condition.
  - Department: Enter a department to which the condition applies. For example, you can choose that the pool only applies when a certain department is selected in an earlier pool.
  - Provider: Enter a provider to whom the condition applies. For example, you can choose that the pool only applies if Dr. Seeger is selected in an earlier pool.
  - Department & Provider: Enter a combination of department and provider to which the conditions applies. For example, you can choose that the pool only applies when Dr. Seeger in a certain department is selected in an earlier pool.
  - Rules: Enter a rule that determines when a pool is used for an appointment. You can create rules using the following rule contexts: 5021-Pool Configuration-Department, 5022-Pool Configuration-Patient, and 5020-Pool Configuration-Provider.
    - In February 2024 and prior versions, if you haven't created a rule yet, click New to create a new rule in the Rule Editor. The rule you create is automatically entered in the Rule field.
  - Tag: Starting in November 2024, enter a tag to which the condition applies. For example, you can choose that the pool applies only when a certain tag is present on the visit during scheduling.
  - Question Answer: Starting in November 2024, enter a question record to which the condition applies. For example, you can choose that the pool applies only when a certain form question or a certain order-specific question is answered a certain way.
9. If you create more than one condition, choose the logic used between the conditions to determine if the pool is used. The custom logic can use the keywords of "And", "Or", and "Not", and also allows parentheses for grouping.

Pool Conditions: EMH CHEMO INF NURSE 1 (pool 2) X

Logic  
And   Or   Custom   1

**Condition 1** ▲

Type  
 Search

From Pool  
 Search

Exclude?

Provider	
1	CHEMO INFUSION EMH, CHAIR A
2	CHEMO INFUSION EMH, CHAIR B
3	CHEMO INFUSION EMH, BED A
4	<input type="text"/> <span style="border: 1px solid #ccc; padding: 2px 10px; border-radius: 10px;">Search</span>

Rule  
Edit Rule

+ Add Condition ✓ Accept ✗ Cancel

The previous image shows a provider condition based on a provider selected in the first pool.

10. Click Accept to save the pool condition.
11. You can view a summary of the condition in the Pool Conditions table. From here, you can also edit or delete a condition, or clear all conditions for a specific pool.

The previous image shows a visit type from the Foundation System that uses conditional pools. The Oncology Tx 30Min EMH visit type always uses the EMH Chemo Infusion Chair Pool. Then, based on the chair selected from this pool, the system pulls in the applicable infusion nurse pool.

## Ensure Proper Visit Type Sequencing

An advanced visit type's sequencing rules allow you to indicate when a visit type can be scheduled in relation to other visit types. For example, your oncology department might require patients to consult with their oncologists before receiving chemotherapy treatment. By using sequencing rules, you can ensure that schedulers make the consult appointment prior to the treatment appointment.

### Considerations

Sequencing rules are only respected if the visit types are scheduled during the same appointment entry process. For example, if you create a sequencing rule specifying that an injection must come before a scan, that rule is only enforced when a user schedules both visit types at the same time. If a patient calls to schedule their injection today, and then calls a day later to schedule their scan, that sequencing rule is not enforced. However, sequencing rules are still respected if an appointment in a sequence is cancelled and rescheduled. For example, if a patient calls and schedules an injection and a scan on the same day, but calls back to reschedule the scan, the sequencing will remain as originally intended.

You should use panels for a series of visit types that are commonly scheduled together, versus using sequencing rules in a visit type for visits that aren't commonly scheduled together but need specific timing when they are scheduled. Visit types within a panel use sequencing rules to determine placement. Refer to the [Group Commonly Scheduled Visit Types Using Panels](#) topic for more information on panels.

Starting in Epic 2017, you can simplify your build by using parent and child visit types, but plan carefully beforehand to determine how many parent visit types you need, which visit types make sense to use as parents, and which visit types need to remain individual. A parent visit type's rules are automatically applied to its child visit types, and any changes you then make to the parent visit type's rules also apply to its child types. For example, if you know that a certain set of labs must be scheduled the same amount of time before specialty consults, you can pick one lab visit type to be the parent for those labs and one consult visit type to be the parent for those specialty consults. You can then build your lab-consult sequencing rules just once for the parent visit types instead of individually for every lab visit type and every consult visit type in use at your organization.

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.

2. In the Visit Type Select window, enter your advanced visit type, and click Accept.
3. Go to the Visit Sequencing form. Here you specify how the current visit type can be scheduled in relation to other visit types.
  - When you enter a sequencing rule that involves another visit type, Cadence automatically updates that visit type with information from the sequencing rule.
  - For this reason, only one user can access the Visit Sequencing form for any visit type at any given time.
4. Starting in Epic 2017, if you want this visit type to be a child, enter a visit type in the Parent visit type field and click Accept. If you want this visit type to be a parent or an individual type, continue to step 5.
5. Starting in Epic 2017, to copy another visit type's sequencing rules, enter a visit type in the Copy from visit field and click Copy from.
6. Starting in May 2024 version, to create a new rule, click the add button to the right of the table. To edit an existing rule, expand a row in the table. In February 2024 and prior versions, enter values directly in the grid.
7. In the Sequence field, indicate where the current visit type should be scheduled in relation to the visit type you will enter in the Visit Type column. Choose from the following options:
  - Before
  - After
  - Interval: Use this option if the visit types can be scheduled in any order.
8. In the Visit Type field, enter the visit type for which you're defining a sequencing rule.
9. Use the following fields to indicate the time that must elapse between the two visit types. The amount of time begins at the end of the first appointment and ends at the beginning of the second appointment.
  - Min (hr)
  - Min (min)
  - Max (hr)
  - Max (min)
10. In the Overrule? field, enter Yes or No to indicate whether schedulers with Overrule security can disregard this sequencing rule.
11. Repeat steps 4-9 to indicate additional sequencing rules for the visit type.

The screenshot shows the 'Sequencing Rules' configuration page. At the top, there are sections for 'Parent Visit Type' (with a search icon and 'Edit' button) and 'Copy Rules from Visit Type' (with a search icon and 'Copy From' button). Below these are 'Sequencing Rules' settings for a specific visit type:

Visit Type	Sequence Type	Minimum	Maximum	Allow Overrule?	Child Visit Types
LAB [1023]	After	30 min			

Below this, there's an 'Edit' dialog box for a rule:

Visit Type	Sequence Type	Minimum	Maximum
LAB [1023]	After	30 min	

Buttons at the bottom of the dialog are 'Delete Rule', 'Accept' (green checkmark), and 'Cancel' (red X).

Below the main table, two rows are listed:

- PUBLIC HEALTH SCREENING After 30 min [2002]
- LAB - ONLINE SCHEDULING After 30 min [862]

A note below the table says: "Click on a row to expand it for editing."

**Child Visit Types**: There are no child visit types.

## Prevent Agent Conflicts

Agents are substances, such as contrast dye or barium, administered in visit that might conflict with other substances used during other visits. By creating agent records in your system and associating them with advanced visit types, procedure categories, or procedures you can ensure that schedulers are warned against or prevented from scheduling appointments with conflicting substances that could potentially harm patients.

You can also use agents to space out appointments and prevent patients from becoming overwhelmed or exhausted. For example, you can use agents to space out stressful or tiring therapy sessions.

Cadence looks at both a patient's past and future appointments when checking for agent-related risks or conflicts. You can link agent records to visit types, procedure categories, and procedures, with procedures being the most specific level of configuration. For example, when a user schedules an appointment for a procedure that has an agent, and that procedure is linked to a visit type that also has agents, only the agents in the procedure are used. Linking agents to procedure categories or procedures allows you to use the agent conflict checking feature when you have multiple procedures that combine into a single visit type for scheduling. The agent is applied to every visit type in the procedure or procedure category, which might not be ideal when scheduling panel visits where you want the agent to apply to only the first visit, such as in nuclear medicine.

### Create Agent Conflict Types

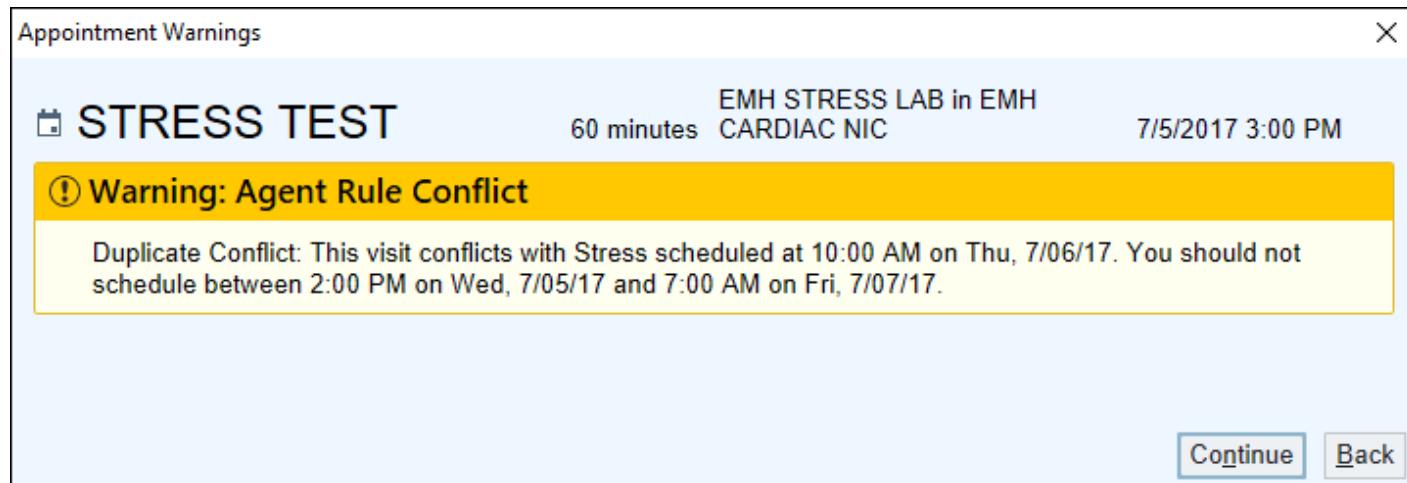
Starting in Epic 2017

Agent conflict types allow you to classify agent conflicts in the warnings that appear to schedulers. For example, you might create a Duplicate conflict type so that it's easier for a scheduler to understand the conflict.

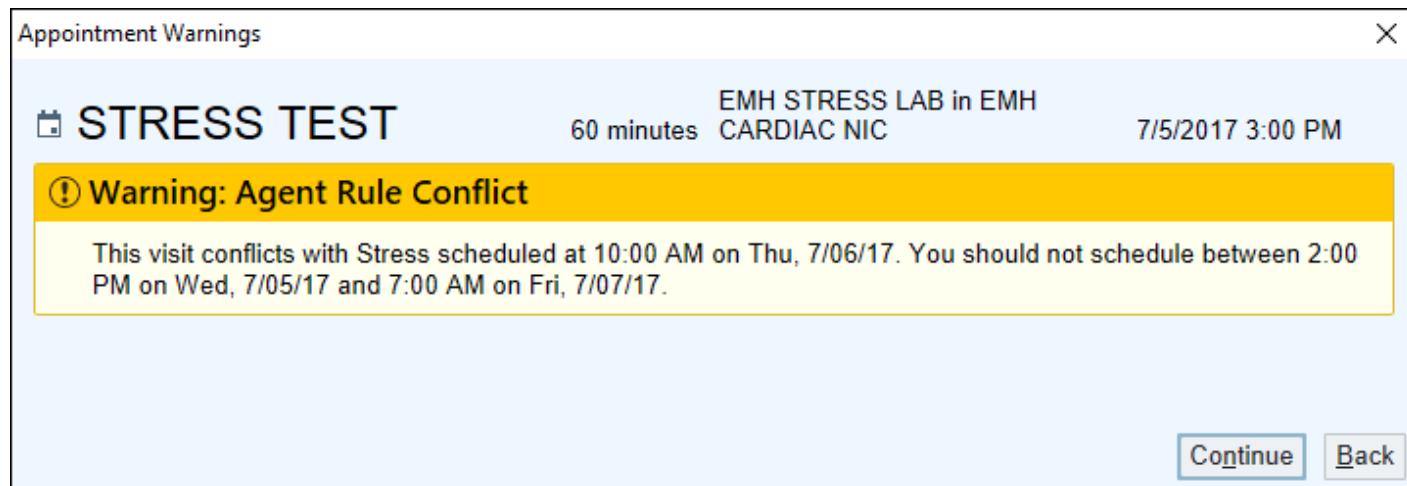
In the examples below, a scheduler is warned about scheduling a visit that uses the Stress agent too close to

another visit that uses the Stress agent.

This example shows the warning with a conflict type of Duplicate:



This example shows the warning without the conflict type of Duplicate:



You define the conflict types you want to use, such as Contrast or Duplicate, in the Conflict Type (I PRC 4100) category list. Refer to the [Modify a Category List's Values](#) topic for more information about editing category lists.

## Create Agent Rules

### Starting in Epic 2017

If your agent conflicts apply only to certain patients or in certain situations, you can create rules in the 5009-Appointment Agent & Patient Prep and Recovery context for the system to evaluate. Refer to the [Create or Edit a Rule](#) topic for information about working with rules.

For example, you might have an agent that affects older patients more than it affects younger patients. Older patients need more time to recover after the agent is administered. You could create two agents, one for the normal length agent and one for the agent with a longer length. Then, create a rule to identify older patients for whom the agent with the longer length should be used.

## Create Agent Records in Epic 2018 and Later

### Starting in Epic 2018

The Agents (PRC) master file editor was redesigned in Epic 2018. Follow the steps below to create agent records

in Epic 2018 and later versions.

 Updating one agent also updates the corresponding agent for which you are specifying a conflict. For this reason, only one project team member can edit the Agents (PRC) master file at a time, even for different agent records.

1. In Hyperspace, create an agent record (search: Agents).
2. In the Agent Conflict Entry section, enter the agent that this agent conflicts with.
3. Enter the timing for the conflict, such as 7 days before and after the conflicting agent has been administered.
4. Select the Can Overrule? check box if schedulers with overrule security can overrule this agent conflict warning during scheduling.
5. Click Add New Conflict to specify additional conflicting agents for this agent.
6. If you created conflict types for your agents, enter the conflict type for this agent in the Conflict type to display in warning (I PRC 4100) field.

Note the following from this example from the Foundation System for the Barium agent:

- Schedulers can't make appointments during which barium is administered within seven days before or after appointments during which the CT Abdomen agent is administered. Users with Overrule security can overrule this restriction.
- Schedulers also can't make appointments during which barium is administered within 14 days before another appointment during which barium was administered. The Overrule column is blank, meaning that schedulers cannot overrule this restriction.

Agent - BARIUM

**Agent Conflict Entry**

Conflicting Agent CT ABDOMEN	Days Before 7	Hours Before	Minutes Before
Can Overrule? <input checked="" type="checkbox"/>	Days After 7	Hours After	Minutes After

**List of Conflicts**

Conflicts With	Before	After	Can Overrule?
CT ABDOMEN [6]	7 days	7 days	Yes
BARIUM [4]	14 days		No

Conflict type to display in warning:

Accept    Cancel

In another example, the Foundation System includes an agent called Stress. This agent is used with stress-related tests and prevents visit types that use the stress agent from being scheduled within 20 hours of another visit type that uses the stress agent. Schedulers can overrule this restriction.

Agent - STRESS

Agent Conflict Entry			
Conflicting Agent	Days Before	Hours Before	Minutes Before
STRESS	<input type="text"/>	<input type="text"/> 20	<input type="text"/> 0
Can Overrule? <input checked="" type="checkbox"/>	Days After	Hours After	Minutes After
	<input type="text"/>	<input type="text"/> 20	<input type="text"/> 0

List of Conflicts			
Conflicts With	Before	After	Can Overrule?
STRESS [7]	20 hours	20 hours	Yes

Conflict type to display in warning:
<input type="text"/>

Accept
Cancel

## Create Agent Records in Epic 2017 and Earlier

### Epic 2017 and Earlier

The Agents (PRC) master file editor was redesigned in Epic 2018. Follow the steps below to create agent records in Epic 2017 and earlier versions.



Updating one agent also updates the corresponding agent for which you are specifying a conflict. For this reason, only one project team member can edit the Agents (PRC) master file at a time, even for different agent records.

1. In Hyperspace, create your agent records (search: Agents).
2. Complete the Agent to Agents Conflicts table for each agent to identify the timing at which agents have conflicts and whether schedulers with overrule security can overrule these settings.
3. If you created conflict types for your agents, enter the conflict type for this agent in the Include conflict type in scheduler warning (I PRC 4100) field. This field is available starting in Epic 2017.

Note the following from this example from the Foundation System for the Barium agent:

- Schedulers can't make appointments during which barium is administered within seven days before or after appointments during which the CT Abdomen agent is administered. Users with Overrule security can overrule this restriction.
- Schedulers also can't make appointments during which barium is administered within 14 days before another appointment during which barium was administered. The Overrule column is blank, meaning that schedulers cannot overrule this restriction.

**Agent - BARIUM**

Agent to Agents Conflicts							
Days Before	Hours Before	Minutes Before	Days After	Hours After	Minutes After	Conflicts With	Overrule
7		7				CT ABDOMEN	Yes
14						BARIUM	
<input type="text"/> <input type="button" value="Search"/>							

Include conflict type in scheduler warning:

In another example, the Foundation System includes an agent called Stress. This agent is used with stress-related tests and prevents visit types that use the stress agent from being scheduled within 20 hours of another visit type that uses the stress agent. Schedulers can overrule this restriction.

**Agent - STRESS**

Agent to Agents Conflicts							
Days Before	Hours Before	Minutes Before	Days After	Hours After	Minutes After	Conflicts With	Overrule
	20	0		20	0	STRESS	Yes
<input type="text"/> <input type="button" value="Search"/>							

Include conflict type in scheduler warning:

## Associate Agents with Advanced Visit Types, Procedure Categories, or Procedures

### Starting in Epic 2017

After you define your agents, associate them with advanced visit types, procedure categories, or procedures so the system can check for conflicts.

#### Advanced Visit Types

1. In Hyperspace, open an advanced visit type record (search: Visit Type).
2. Select the Advanced > Agents form.
3. Complete the Agents table:
  - In the Agent (I PRC 2275) field, enter an agent used by this visit type.
  - In the Rule (I PRC 2276) field, enter an optional 5009-Appointment Agent context rule for the system to evaluate whether the agent is being used for this visit type.

Visit Type - BARIUM ENEMA [15124]

Agent	Rule
BARIUM	

**Edit Agent** **Edit Rule**

General  
Printing  
Instructions  
Modifiers  
Blocks  
Appt Entry  
Recalls  
Prerequisites  
Restrictions  
Scheduling Rules  
Sequential Rules  
After VT Entry  
Pull Defaults  
Order Generation  
Report Groupers  
Advanced  
Visit Sequencing  
Restrictions  
**Agents**

### Procedure Categories

1. In Hyperspace, open a procedure category (search: Procedure Categories).
2. Select the Agents/Fasting form.
3. Complete the Agents table:
  - In the Agent (I EDP 33100) field, enter an agent used by procedures that have this procedure category.
  - In the Rule (I EDP 33105) field, enter an optional 5009-Appointment Agent context rule for the system to evaluate whether the agent is being used by procedures that have this procedure category.

Procedure Category - IMG CT PROCEDURES [11]

Agent	Rule
CT ABDOMEN	

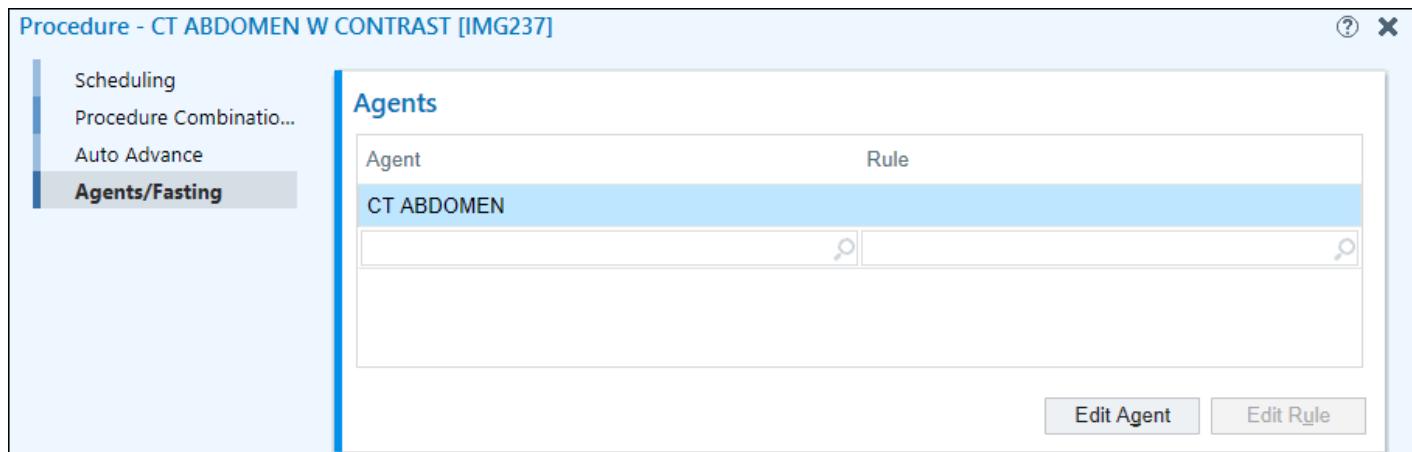
**Edit Agent** **Edit Rule**

Scheduling  
Auto Advance  
**Agents/Fasting**

### Procedures

1. In Hyperspace, open a procedure (search: Procedures).
2. Select the Agents/Fasting form.
3. Complete the Agents table:

- In the Agent (I EAP 33100) field, enter an agent used by this procedure.
- In the Rule (I EAP 33105) field, enter an optional 5009-Appointment Agent context rule for the system to evaluate whether the agent is being used by this procedure.



## Include Fasting Requirements in Procedures, Procedure Categories, and Visit Types

### Starting in Epic 2017

You can build fasting requirements into your procedures, procedure categories, and visit types so that schedulers are prompted to take into account how long a patient needs to have been fasting before a given appointment and whether the procedure to be performed in that appointment breaks fasting.

When a clinician orders a procedure that requires fasting, she sees a question asking her whether the procedure needs to be performed that day. If she answers no, she can proceed with the order and the fasting requirements are incorporated into the scheduling workflow when the scheduler looks for an open appointment. If she answers Yes, she sees a second question reminding her that the procedure requires fasting and asking whether the patient has already been fasting sufficiently for the procedure. She can select any of the following answers, or another answer choice your organization configures, to direct schedulers about how to handle the appointment:

- Yes
- No, Overrule Fasting Requirements
- No, Respect Fasting Requirements
- Not Applicable

When a scheduler looks for solutions for that procedure, the system automatically respects the fasting requirements unless the clinician indicates otherwise.

If the clinician doesn't answer the question, when the scheduler looks for a same-day appointment for a procedure that requires fasting, she sees that question as a warning window, with all answers except Not Applicable available as buttons. If the scheduler clicks Yes or No, overrule fasting requirements, she can proceed with scheduling. If she clicks No, respect fasting requirements, the system allows only scheduling solutions that meet the procedure's fasting requirements, even if that means the procedure can't be scheduled for the same day.

If you want to use different fasting requirements for the same procedure based on certain criteria, such as whether a patient is diabetic, you can also configure override duration rules to apply based on the criteria you configure.

If you want to add answer options to the question clinicians and schedulers see for same-day scheduling of

fasting procedures, you can update the category list in the Fasting Decision (I ORD 67050) item.

Note that this configuration doesn't take into account order-specific questions already configured to accommodate fasting requirements, so for some procedures, such as lab tests, clinicians might see two sets of questions about fasting. This configuration also doesn't apply to unscheduled appointments, such as walk-in scenarios or lab orders that aren't scheduled.

You can configure fasting requirements at the visit type, procedure category, or procedure level. Note the following considerations in planning your build:

- The system looks first to the procedure for fasting duration and uses that duration if it is configured.
- If the procedure record doesn't have a fasting duration listed, the system compares the fasting requirements configured for the procedure category and visit type and uses the longer fasting duration if either level has one listed.
- If a user schedules multiple appointments with fasting requirements on the same day for a patient, the system uses the longest duration.

## Configure Fasting Requirements for Advanced Visit Types

1. In Hyperspace, open an advanced visit type record:
  - Search: Visit Type
  - Path: Epic button > Admin > Schedule Admin > Master File Edit > Visit Type
2. Select the Advanced > Fasting form.
3. In the Default duration (hours) (I PRC 4600) field, enter the number of hours a patient must be fasting for this visit type.
4. In the Breaks fasting (I PRC 4601) field, enter Yes if this visit type breaks fasting.

The screenshot shows the 'Visit Type - RIS RADIOLOGY VISIT [47]' configuration window. On the left, a navigation tree lists various visit type settings under 'General', 'Appt Entry', and 'Advanced' categories. The 'Fasting' option under 'Advanced' is highlighted with a grey background. The main right panel is titled 'Fasting' and contains the following fields:

- 'Default duration (hours)': A text input field containing '8' with a calendar icon to its right.
- 'Breaks fasting': A dropdown menu set to 'No' with a magnifying glass icon to its right.
- 'Override durations': A table with two columns, 'Rule' and 'Duration (hours)', currently empty.

At the bottom right of the panel is a 'Edit Rule' button.

## Configure Fasting Requirements for Procedure Categories or Procedures

1. In Hyperspace, open a procedure category or procedure:
  - Search: Procedure Categories or Procedures
  - Path: Epic button > Admin > Schedule Admin > Master File Edit > Procedure Categories or Procedures
2. Select the Agents/Fasting form.
3. In the Default duration (hours) (I EDP 33200/I EAP 33200) field, enter the number of hours a patient must be fasting for this procedure category or procedure.
4. In the Breaks fasting (I EDP 33201/I EAP 33201) field, enter Yes if this procedure category or procedure breaks fasting.

Procedure Category - IMAGING [262]

Scheduling  
Auto Advance  
**Agents/Fasting**

**Agents**

Agent	Rule

**Fasting**

Default duration (hours):

Breaks fasting:

Override durations:

Rule	Duration (hours)

**Edit Agent** **Edit Rule**

**Edit Rule**

To make the question about fasting requirements appear to clinicians during order entry, add question 53001-Same-Day Scheduling Question for Fasting or a copy to the procedure category or procedure:

1. In Chronicles, open a procedure category or procedure.
2. Go to the Order Specific Questions screen and enter question 53001 or your copy in the Outpatient Questions (I EDP 10300/I EAP 10300) column.

## Configure Override Fasting Durations

1. Create rules to identify the conditions that need override durations. In Epic 2017, the Patient context is supported. In Epic 2018 and in Epic 2017 with special updates E8317541 and C8317541, the Order and Appointment Request contexts are also supported. For additional information about building rules, refer to the [Create or Edit a Rule](#) topic.
2. Add your rules at the visit type, procedure category, or procedure level by returning to the same form where you configured fasting requirements. Enter your rule and the number of hours a patient should be fasting in the Rule (I PRC 4610, I EDP 33210, I EAP 33210) column and the Duration (hours) (I PRC 4611, I EDP 33211, I EAP 33211) column, respectively. If you enter more than one rule, the first one to evaluate as true for a given patient's procedure is applied.

## Update Already Scheduled Appointments When Fasting Requirements Change

Starting in Epic 2018

### Epic 2017 by SU E8326450

When you change the fasting requirements for a visit type, procedure category, or procedure, any future appointments that were scheduled using the old requirements are not automatically updated. You can run a utility to find affected appointments and update fasting durations for the appointments. You might give the list of affected appointments to your front desk staff so they can contact patients and inform them of the fasting requirement changes before they come in for their appointments. The utility can identify appointments for which a patient visit guide was already printed, indicating that the patient has outdated information about fasting requirements for their upcoming procedure.

In Cadence Text, go to Utility Menu > Fasting and Printed Doc Tools.

- Select Search for Affected Appointments and follow the prompts on the screen to search for appointments that are affected by fasting requirement changes. To make changes to the appointments you find, save them in a subset to use in the Update Fasting Durations utility.
- Select Update Fasting Durations to update the fasting durations and breaks fasting settings for a subset of appointments you saved from the Search for Affected Appointments utility. Enter the subset and follow the prompts on the screen.

## Restrict Visit Type Scheduling to Certain Days or Times

Due to provider or resource availability, some visit types might only be schedulable during certain days of the week or certain times. By associating day of week and time range restrictions with visit types, you can help schedulers more effectively schedule appointments with these restrictions in mind.

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.
2. Open an advanced visit type for which you want to specify day of week or time of day restrictions.
3. On the Advanced > Restrictions form, use the Days of the week and Time range settings to restrict when the visit type can be scheduled. The system uses the days and times together to determine the restriction.

In this example, schedulers can only make appointments for the visit type on Wednesdays and Fridays from 12-4.

Advanced Scheduling Restrictions		
Days of the week:	1	Wednesday
	2	Friday
	3	
Time range:	From	To
	1	12:00 PM
	2	04:00 PM

## Prevent Duplicate Scheduling of Advanced Visit Types

You can prevent schedulers from scheduling a visit type too close to another instance of the same visit type using advanced visit type restrictions. Users who have Cadence security point Overrule (I ECL 5066) set to Yes can overrule this warning. If this security point is blank or set to No, users see an error message that they cannot bypass.

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.

2. Open an advanced visit type.
3. On the Advanced > Restrictions form, in the "Consider duplicate if scheduled within X days X hours" (I PRC 2301 and I PRC 2302) fields, enter the number of days and hours after the end of the first appointment after which another instance of this visit type can begin.

## Group Commonly Scheduled Visit Types Using Panels

Panels are groups of visit types that are commonly performed together. The visit types can have scheduling restrictions related to the time between the visit types in addition to restricting a panel based on a department specialty or a user's security classification.

In nuclear medicine there are often several components to complete a procedure. The components might include an injection followed by several scans at particular intervals. By building the visit types for the injection and the various scans, a panel can then be set up to schedule these visit types following the requirements of the procedure.

Some multi-specialty areas like therapy perform visit types together as a group but also need to bill and document each visit type individually. You can build a panel and allow the visit types in the panel to overlap, so that schedulers can schedule the visit types at once and providers can document and bill for the visit types individually.

Or in Cardiology, when performing a chemical stress test, there are several components to complete a procedure. The components might include an injection, scan, and exercise, followed again by a scan.

### Considerations

Each visit type in a panel is a separate visit and therefore a separate encounter. The result of scheduling a panel is a set of encounters. Be aware of this before using panels in specialty areas, such as Kaleidoscope, that need a single encounter for patient visits.

Patients can view and schedule panel appointments in MyChart. For more information about the related configuration, refer to the following topics:

- [Choose How Panels Appear in MyChart](#)
- [Determine How Departments Are Grouped During Panel Scheduling](#)

### Import Panels



If you want to import several panels all at once rather than manually creating each panel, you can use an import specification to bring in this data. For example, this import is useful when implementing because you'll have a lot of panels to create at once.

Use import specification PRC,1020-TEMPLATE- PANEL. When you use an import, it creates records in the Visit Type (PRC) master file. The records will have a type (I PRC 50) of Panel.

For more information about importing records, refer to the [Standard Import Guide](#).

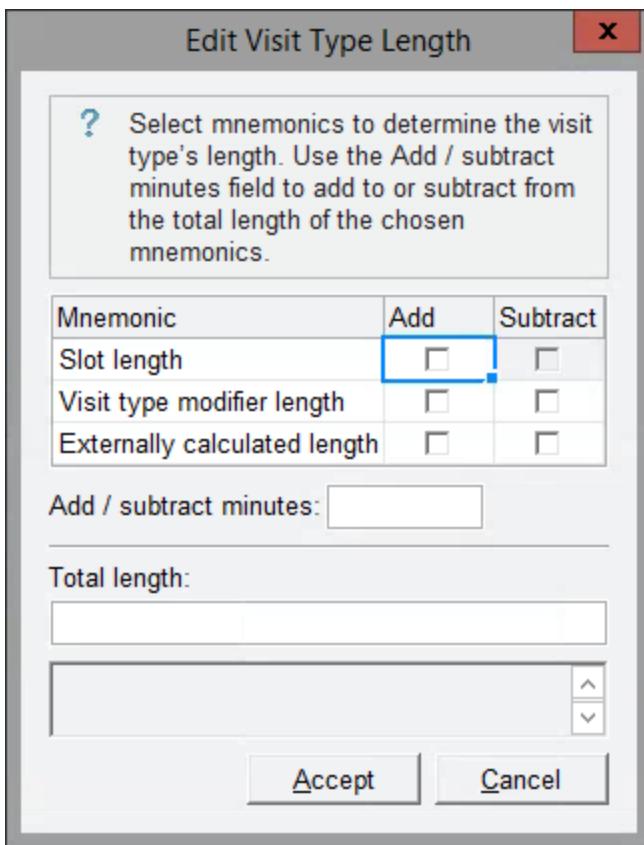
### Define the Panel

1. In Hyperspace, open a panel record:
  - Search: Panels
  - Path: Epic button > Admin > Schedule Admin > Master File Edit > Panels

2. In the Select a Panel window, select the Create tab, enter a name for your panel, and click Accept. The General form opens.
3. In the External name (I PRC 901) field, enter a patient-friendly name to determine how the panel appears in MyChart.
4. In the Abbreviation (I PRC 40) field, enter the panel's abbreviation. This appears in several places in Cadence reports and displays.
5. In the Status (I PRC 930) field, select Active to allow schedulers to make appointments with this panel.
6. In the Synonyms (I PRC 960) field, enter alternative ways that schedulers can enter or look up the panel.
7. If you want panel appointments to appear as separate visits in MyChart instead of grouped, select Yes for "Show as multiple visits in MyChart" (I PRC 32030).
8. In the Visit locking method (I PRC 3050) field, choose the order in which the visits in the Visit types table should be scheduled. A lock icon appears in the Visit types table for visits that are locked in place and cannot be scheduled out of order. Choose from the following locking methods:
  - Any Order. The visits can be scheduled in any order.
  - Keep First and Last in Place. The first visit must always be first and the last visit must always be last, but the visits in between can be scheduled in any order.
  - Keep First in Place. The first visit must always be first, but the other visits can be scheduled in any order.
  - Keep Last in Place. The last visit must always be last, but the other visits can be scheduled in any order.
  - Order Listed. The visits must be scheduled in the order they are listed in the panel record. This is the default behavior when the Visit locking method field is blank.
9. In the Visit Types table, specify the visit types that make up the panel and the placement of each visit type in the panel:
  - The Lock column shows an icon when a visit is locked in place per the Visit method locking setting, and the Seq column shows which visits must occur before or after other visits in the list.
  - In the Visit Type (I PRC 3000) column, enter a visit type.
  - In the Ovr Len (I PRC 3007) column, you can indicate an override length to be used when the visit type is scheduled as part of this panel.
    - Starting in February 2024, click the down arrow next to Override Length and use the buttons to edit the length. You can collapse the row again when you've created your override length.

Visit Type	Length	Override Length	Calculate From	Min (hrs)	Min (mins)	Max (hrs)	Max (mins)	Can Be Overruled?	Search Type
OFFIC... VTM			▲						
Total length =									
Slot Length (SLT)      Visit Type Modifier Length (VTM)      Calculated Appointment Length (CALC)      Custom Length (mins)									
	Add		Add	Subtract		Add	Subtract		

- In August 2023 and earlier, click the selection button to open the Edit Visit Type Length window:



- In the Calculate From (I PRC 3014) field, select Start if you want to calculate the placement of the next visit type based on the start of this visit type rather than the end. By selecting Start, you allow this visit type to overlap the next visit type in the panel, rather than placing it before the next visit type.
- Use the Min (hrs), Min (mins), Max (hrs), and Max (mins) columns to specify the length of time that must come between the visit type you are editing and the next one in the panel.
- In the Can Be Overruled? (I PRC 3015) column, enter Yes if the scheduler can overrule the specified time interval.
- In the Search Type (I PRC 3020) column, indicate the search method to use for the visit type when scheduled as part of this panel. Enter Vertical or Horizontal.

The following image shows the NM Tumor Loc Ltd panel in the Foundation System.

Panel - NM TUMOR LOC LTD [1050474]

Edit  Read-Only

<a href="#">General</a> <a href="#">Restrictions</a> <a href="#">Instructions</a> <a href="#">Decision Support</a> <a href="#">Linked Records</a> <a href="#">Notes</a> <a href="#">Online Scheduling</a>	<b>General Information</b> External Name: Nuclear Medicine Tumor Abbreviation: NM Tumor Status: Active Show as Multiple Visits in MyChart? Yes Synonyms:  <b>Visit Types</b> Visit Locking Method: Default: Order Listed SLT = Slot Length      VTM = Visit Type Modifier Length      CALC = Calculated Appointment Length ⓘ <table border="1"> <thead> <tr> <th>Visit Type</th> <th>Length</th> <th>Override Length</th> <th>Calculate From</th> <th>Min (hr)</th> <th>Min (min)</th> <th>Max (hr)</th> <th>Max (min)</th> <th>Can Be Overruled?</th> <th>Search Type</th> </tr> </thead> <tbody> <tr> <td>Before NM INJECTION 30</td> <td>CALC</td> <td></td> <td></td> <td>24</td> <td></td> <td>24</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NM TUMOR LOC</td> <td>CALC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Visit Type	Length	Override Length	Calculate From	Min (hr)	Min (min)	Max (hr)	Max (min)	Can Be Overruled?	Search Type	Before NM INJECTION 30	CALC			24		24				NM TUMOR LOC	CALC								
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Before NM INJECTION 30	CALC			24		24																									
NM TUMOR LOC	CALC																														

## Restrict Use of the Panel

You can indicate panel restrictions the same way you would for simple and advanced visit types. See the [Create Simple Visit Types](#) and [Restrict When a Visit Type Can Be Scheduled](#) topic for more information.

The following image shows the NM Tumor Loc Ltd panel in the Foundation System.

Panel - NM TUMOR LOC LTD [1050474]

Edit  Read-Only

<a href="#">General</a> <a href="#">Restrictions</a> <a href="#">Instructions</a> <a href="#">Decision Support</a> <a href="#">Linked Records</a> <a href="#">Notes</a> <a href="#">Online Scheduling</a>	<b>Specialty Restrictions</b> <table border="1"> <thead> <tr> <th>Restriction Type</th> <th>Specialty/Center/Department</th> <th>Provider</th> <th>Can Schedule</th> </tr> </thead> <tbody> <tr> <td>Specialty</td> <td>Admitting/Central Scheduling [48]</td> <td></td> <td>Allowed</td> </tr> <tr> <td>Specialty</td> <td>Radiology [40]</td> <td></td> <td>Allowed</td> </tr> <tr> <td>Specialty</td> <td>Interventional Radiology [71]</td> <td></td> <td>Allowed</td> </tr> </tbody> </table> Can Schedule With All Others? Not Allowed  <b>Security Classification Restrictions</b> <table border="1"> <thead> <tr> <th>Security Classification</th> <th>Can Schedule</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> Can Schedule With All Others? Allowed  <b>Other Restrictions</b> Require Linked Order When Scheduling? Yes - Required Restriction Rule:  Remove Restricted Providers Added by Pools and Decision Trees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Can Overrule <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restriction Type	Specialty/Center/Department	Provider	Can Schedule	Specialty	Admitting/Central Scheduling [48]		Allowed	Specialty	Radiology [40]		Allowed	Specialty	Interventional Radiology [71]		Allowed	Security Classification	Can Schedule		
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Specialty	Radiology [40]		Allowed																		
Specialty	Interventional Radiology [71]		Allowed																		
Security Classification	Can Schedule																				

## Specify Scheduling and Patient Instructions

You can indicate a panel's scheduling and patient instructions in the same way you would for simple and advanced visit types. See the [Create Simple Visit Types](#) topic for more information.

The following image shows the NM Tumor Loc Ltd panel in the Foundation System.

## Dynamically Show Multiple Visit Types in Book It Using Conditional Panels

➡ Starting in November 2024

Conditional panels allow Book It to dynamically switch the visit type being scheduled based on the date of the appointment, rule criteria, and answers to decision trees and questionnaires. For conditional panels, solutions can be shown for each visit type, but only one of the listed visit types can be selected for scheduling. For example, let's say you have different visit types based on the length of time a patient has been pregnant. When scheduling the conditional panel in Book It, all the visit types appear in the visit cart. When looking at solutions, each available slot includes the visit that matches the length of gestation criterion for that particular day. This way, the scheduler only has to select the day and time that works for the patient and the auto scheduler applies the correct visit type. If a slot happens to meet the rule criteria for multiple visit types, then the first rule listed in the panel record is used.

The screenshot shows the Epic Book It interface with a visit cart for a patient named BO. The cart contains 12 appointment slots arranged in a grid. The first four rows have three slots each, and the last two rows have two slots each. Each slot is color-coded by day: Mon (green), Tue (blue), and Wed (teal). The slots show the patient's name (BO or JC), the visit type (Prenatal 10-14 Weeks or Prenatal 15-20 Weeks), duration (15 minutes), arrival time, and provider (Osborne, Bernadette, MD or Carter, Jamil, MD). A legend at the bottom indicates the colors for days: Sun (orange), Mon (green), Tue (blue), Wed (purple), Thu (pink), Fri (yellow), and Sat (light blue). On the left, there are search options for 'Recur' and 'Any order'. On the right, there are filters for 'Days/Times' (Sun through Sat), 'Allow solutions with warnings', 'Locations' (Center, Service Area, Group), and 'Providers' (Epic Medical Clinic). The bottom right includes buttons for 'Wait List', 'Schedule', and 'Cancel'.

1. The visit cart for conditional panels looks the same as traditional panels. 2. An informational banner lets schedulers know they are scheduling a conditional panel. 3. Solutions view shows the visit type that passes its corresponding rule for that day and time. The solutions here show where the prenatal visit type switches from the 10-14 weeks visit to the 15-20 weeks visit for this patient. 4. Schedulers are restricted from using recur settings when scheduling conditional panels.

Build for conditional panels is very similar to traditional panels. The key difference is a new item that holds the inclusion rule for each visit type. The rule determines whether that visit is included in solutions for the date being searched. After a conditional panel has been scheduled, the rules are also respected during rescheduling or when changing the appointment. However, conditional panels cannot be selected when recurring an appointment or during group scheduling.

To create a conditional panel:

1. In Hyperspace, open a panel or a create a new one by following the path Epic button > Admin > Schedule Admin > Master File Edit > Panels.
2. Set the Is Conditional? flag to Yes.
3. Add visit types to the panel.
4. For each visit type, create or add an inclusion rule. To create inclusion rules, refer to the [Create or Edit a Rule](#) topic and create rules in the Panel Visit Inclusion Check context.
5. Refer to the [Group Commonly Scheduled Visit Types Using Panels](#) topic to fill out the other fields in the conditional panel.

## Modify Visit Types for Certain Patients, Departments, and

# Providers

Visit type modifiers allow your organization to modify the following visit type properties based on a patient's age and sex:

- Default length
- Scheduling instructions
- Patient instructions
- Prevent scheduling
- Warn against scheduling

Visit type modifiers are a valuable scheduling tool for several reasons:

- They help streamline scheduling by saving schedulers from memorizing visit type lengths for different categories of patients.
- They prevent organizations from creating additional visit types to account for subtle differences based on the sex and age of the patient being scheduled.
- They can prevent schedulers from scheduling patients for certain visit types.

You can associate visit types with visit type modifiers at the following levels.

- Level 1 (Simple)-Visit Type: For example, an organization's physical appointments are configured to have different default lengths based on patient age and sex.
- Level 2-Visit Type and Department: It takes most of an organization's sites 15 minutes to perform a mammogram, but one department requires 20 minutes.
- Level 3-Visit Type and Provider: Dr. Smith requests some additional patient instructions when a patient is scheduled for a New Patient visit with her.
- Level 4-Visit Type, Department, and Provider: Dr. Johnson needs an extra 5 minutes when seeing radiology patients in the west department versus when seeing patients in the east department.

Schedulers can also create two additional levels of visit type modifiers for individual patients:

- Level 5-Patient and Visit Type
- Level 6-Patient, Visit Type, and Provider

When a scheduler makes an appointment, Cadence searches for the most specific visit type modifier (Level 6) first and continues through Level 1 until it finds one that matches based on the patient's age and sex.

## Considerations

Epic has the following recommendations regarding visit type modifiers:

- For easier long-term maintenance, we suggest that you primarily use department-level modifiers.

To show all available time slots for providers in open scheduling, MyChart's Provider Finder, and in more scenarios, use these guidelines when you set up visit type modifiers for visit types that are enabled for open scheduling:

- Create buckets with full age range coverage so that, when taken together, the modifiers cover patients aged 0 through an unbound upper limit.
  - Use separate buckets for different age ranges when the patient's age is pertinent to scheduling the visit type.
  - Use buckets with a minimum age of 0 years and no maximum age if the patient's age is not pertinent to scheduling the visit type.
- Create buckets that have full coverage of all sexes.
  - Use separate buckets for males and females when the patient's sex is pertinent to scheduling the visit type.
  - Use buckets with Any specified in the Sex (I PRC 6005) item when the patient's sex is not pertinent to scheduling the visit type.
- To ensure that pediatric providers or departments that treat all patients age 17 and under are included in the provider results when a patient selects either of the age-based filters in open scheduling or MyChart's Provider Finder, make sure there are no visit type modifiers built on the visit type at the applicable level that deny scheduling for patients between the ages of 0 to 17 years.
- Performance and usability issues exist for both the standard visit type modifier import specification and Data Courier process, so you'll need to select your build migration strategy for visit type modifiers carefully. The [Build Migration](#) section of the [Visit Types Strategy Handbook](#) contains more information on this topic.
- In some instances, decision trees are preferable to visit type modifiers because they allow more flexibility when scheduling appointments typically restricted by sex. The Sex (I PRC 6005) item is restricted to Male, Female, or Any category values and can't be modified to contain additional category values. Starting in November 2022, you can use the Item to use when sex cannot be reliably determined (I PRC 6013) field to look at identifiers other than legal sex.

In the Foundation System, we replaced visit type modifiers in the 12011-New Gynecological, 1136-Lactation Consult and 12005-Prenatal Visit visit types with the 1170000007-ES Gender Identity Visit Type Modifier Allow Female decision tree. This decision tree permits any patient with gynecological or obstetrics needs to be scheduled for the appropriate appointments even if their administrative/legal sex (I EPT 130) is male.

For more information about Epic options related to sexual orientation and gender identity, refer to the [Sex, Gender, and Names Setup and Support Guide](#).

## Import Visit Type Modifiers

If you want to import visit type modifiers all at once rather than manually creating each modifier, you can use an import specification to bring in this data. For example, this import is useful when implementing because you'll

have a lot of modifiers to create at once.

Use import specification PRC,1040-Template - Visit Type Modifier to import all visit type modifiers. A few reminders about visit type modifiers for importing:

- Visit type modifier IDs (.1) start with an M. A visit type modifier's ID is written in the format M-1000, for example.
- Visit type modifiers are special records within the Visit Type (PRC) master file. They have a type (I PRC 50) of 4-Visit Type Modifier.
- Visit type modifiers are linked to regular visit types as well as departments and providers. By importing a provider (6011) and/or department (6012) into a visit type modifier, you are defining the level at which the modifier applies.

For more information about importing records, refer to the [Standard Import Guide](#).

## Define a Group of Patients and Modifier Level

### May 2023 and Earlier

The first step to create a visit type modifier is to define the group of patients to which the modifier will apply (otherwise known as a bucket) and the modifier level, or when the modifier is used.

1. In Hyperspace, follow the path Admin > Schedule Admin > Master File Edit > Visit Type.
2. Open the visit type for which you want to add a visit type modifier.
3. On the Modifiers form, indicate when the modifier will be used by defining a modifier level:
  - Level 1-Visit Type: No action necessary.
  - Level 2-Visit Type and Department: Enter a department and click Add.
  - Level 3-Visit Type and Provider: Enter a provider and click Add.
  - Level 4-Visit Type, Department, and Provider: Enter a department, enter a provider, and click Add.
4. In the Modifier Levels table, select the modifier you just added.
5. In the Buckets table, specify the combination of patient sex and age that comprise the bucket.
  - The text above the table indicates the modifier level for the bucket you are editing:

Visit Type Edit - NEW PATIENT [1003]

Modifiers	
Modifier Levels	
Department	Provider
1 Default Modifiers	Default Modifiers
2 EMC PEDIATRICS [10501111]	RESIDENT, FIRST YEAR PHYS [E200001]
3 EMC PEDIATRICS [10501111]	RESIDENT, POST FIRST YEAR PHYS [E200002]
4 EMC DERMATOLOGY [10501121]	
5 EMC PED UROLOGY [10501171]	
6 EMC PHARMACOTHERAPY [10501211]	

Department:  Provider:  Add

Buckets for RESIDENT, FIRST YEAR PHYS [E200001] in EMC PEDIATRICS [10501111]

Sex	Min Num	Min D/W/M/Y	Max Num	Max D/W/M/Y
1 Both		0 Years		99 Years
2				

Item to use when sex cannot be reliably determined:

- In the Sex column, enter Male, Female, or Any. Starting November 2022, also use the Item to use when sex cannot be reliably determined (I PRC 6013) field to set which patient (EPT) item a modifier looks to. A modifier can look to Legal Sex (I EPT 130), Gender Identity (I EPT 131), or Sex Assigned at Birth (I EPT 133). By default, the modifier looks to a patient's legal sex. Use this item if a modifier should look to an identifier other than legal sex. This item is set at the visit type level, and not the modifier level.
- Use the Min Num and Min D/W/M/Y columns to indicate the minimum age in days, weeks, months, or years a patient needs to qualify for the bucket.
- Use the Max Num and Max D/W/M/Y columns to indicate the maximum age in days, weeks, months, or years a patient needs to qualify for the bucket.
- Note that buckets cannot overlap for a given visit type at a given level. For example, the buckets Females, ages 19-35 and All Patients, ages 19-35 cannot coexist at the same level because female patients between the ages of 19-35 would qualify for both buckets and Cadence would be unable to determine which modifier to use.
- For complex combinations of buckets at a given level, you can click Check Buckets to ensure that overlaps don't exist.

## 6. Repeat step 4 to define additional groups of patients for this visit type and modifier level.

In this example from the Foundation System, the Evaluation visit type is associated with a modifier for the EMC Cardiac Rehab department that applies to all patients:

**Visit Type Edit - EVALUATION [1117]**

[General](#)
  
[Printing](#)
  
[Instructions](#)
  
**Modifiers**
  
[Blocks](#)
  
Appt Entry

- Recalls
- Prerequisites

  
[Restrictions](#)
  
[Scheduling Rules](#)
  
[Sequential Rules](#)
  
[After VT Entry](#)
  
[Arrival Location](#)
  
[Pull Defaults](#)
  
[Order Generation](#)
  
[Report Groupers](#)
  
Advanced

- Visit Sequencing
- Restrictions
- Agents
- Fasting
- Pat Prep & Recovery
- Additional Resources
- Kiosk
- Linked Records
- Book Anywhere
- Notes
- Telehealth Settings
- Online Scheduling

### Modifiers

#### Modifier Levels

	Department	Provider
1	Default Modifiers	Default Modifiers
2	EMC CARDIAC REHAB [10501297]	

Department:  🔍 Provider:  🔍 Add

#### Buckets for EMC CARDIAC REHAB [10501297]

	Sex	Min Num	Min D/W/M/Y	Max Num	Max D/W/M/Y
1	Both	0	Days		
2					

Item to use when sex cannot be reliably determined:  🔍 Check Buckets Delete Bucket View/Edit Modifier Bucket

Cancel
Back
Next
Accept

## Define a Visit Type Modifier

### ⌚ May 2023 and Earlier

After you define the bucket of patients to which a modifier applies, you indicate how the system behaves when it determines that the modifier should be used.

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.
2. On the Modifiers form, select the modifier you want to define.
3. In the Buckets table, select the bucket for which you want to define the modifier and click View/Edit Modifier Bucket to open the Modifier Edit form.
4. In the Scheduling field, specify whether scheduling is allowed for this bucket of patients by choosing from the following options:
  - Allow Scheduling
  - Do Not Allow Scheduling
  - Warn Before Allowing Scheduling
5. Use the Default length and minutes fields to modify the length of the visit type.
  - Replace. The visit type length is replaced by the number of minutes entered here. We recommend that you use this option when modifying visit type lengths. The Add and Subtract options are affected by changes to the visit type length, which could result in unintended changes to the modifier.

- Add. The specified number of minutes added to the visit type length.
  - Subtract. The specified number of minutes subtracted from the visit type length
6. In the Date Range Exceptions table, you can indicate date-specific modifications to the appointment length or whether the visit can be scheduled. For example, you might want to adjust the length of your flu visits during flu season.
7. In the Instructions section of the form, enter alternate scheduling or patient instructions that should appear for the current patient bucket.
- a. Select the Use separate inpatient instructions? check box if you want to specify different sets of instructions for inpatient and outpatient appointments.
  - b. Select the Outpatient (Default) option to begin editing the outpatient scheduling and patient instructions.
  - c. Enter scheduling instructions in the Scheduling instructions field.
  - d. Enter Append or Replace in the Replace/Append field.
    - Choose Append to add these instructions to the visit type's default instructions.
    - Choose Replace to replace the visit type's default instructions with these instructions.
  - e. Select the Use SmartText patient instructions check box if you want to use SmartText patient instructions instead of plain text patient instructions for this modifier.
  - f. Enter a rule and a SmartText record. If you're using just one SmartText for this modifier, you do not need to enter a rule. The system evaluates rows in this table from the top down and uses the first SmartText that matches the appointment.
  - g. If you're not using SmartText patient instructions, enter plain text patient instructions in the Patient instructions field.
  - h. Enter Append or Replace in the Replace/Append field.
    - Choose Append to add these instructions to the visit type's default instructions.
    - Choose Replace to replace the visit type's default instructions with these instructions.
  - i. If you selected the Use separate patient instructions? check box, select the Inpatient option and repeat steps c-h.

In this example from the Foundation System, the Evaluation visit type's modifier for the EMC Cardiac Rehab department is set to replace the default visit type length with 90 minutes. Note that the form header displays the visit type and bucket for which you are editing a modifier.

**Edit Modifier**

Scheduling:

Allow Scheduling [1]

Default length:

Replace [3]

minutes

**Date Range Exceptions**

	Start Date	End Date	Scheduling	Modifier	Length
1					

**Instructions** Use separate inpatient instructions? Outpatient (Default)  Inpatient

Scheduling instructions:

 Use SmartText patient instructions

Patient instructions:

Replace/Append:

Replace/Append:

**Accept****Cancel****Define a Modifier Level** **Starting August 2023** **Starting May 2023 by SU E10504285** **Starting February 2023 by SU E10410411**

The first step to create a visit type modifier is to define the provider or department to which the modifier will apply (otherwise known as the modifier level), or when the modifier is used.

1. In Hyperspace, follow the path Admin > Schedule Admin > Master File Edit > Visit Type.
2. Open the visit type for which you want to add a visit type modifier.
3. On the Modifiers form, indicate when the modifier will be used by defining a modifier level:
  - Level 1-Visit Type: Click Add Default Modifier.
  - Level 2-Visit Type and Department: Enter a department and click Add Modifier.
  - Level 3-Visit Type and Provider: Enter a provider and click Add Modifier.
  - Level 4-Visit Type, Department, and Provider: Enter a department, enter a provider, and click Add Modifier.

In this example from the Foundation System, the Evaluation visit type is associated with a modifier for the EMC Cardiac Rehab department. Here is how it looks when first creating the modifier.

The screenshot shows the 'Modifiers' form in Epic Software. The top section, 'New Modifier', includes fields for 'Department' (EMC CARDIAC REHAB [10501297]), 'Provider' (EMC CARDIAC REHAB [10501...]), 'Sex', 'Age Range', 'Allowed?', 'Length (minutes)', and buttons for 'Add', 'Subtract', and 'Replace'. It also has sections for 'Patient Group to Modify' (All or Specific Sex/Age), 'Add Date Range Exceptions?' (No or Yes), and 'Modify Instructions?' (No or Yes). The bottom section, 'Default Modifiers', lists 'Sex' and 'Age Range' with 'Allowed?' and 'Length' fields. A note at the bottom says 'Item to use when patient sex cannot be reliably determined' with a search bar. At the bottom right are 'Delete Modifier', 'Undo Changes', and 'Save Changes' buttons.

## Define a Visit Type Modifier

Starting August 2023

Starting May 2023 by SU E10504285

Starting February 2023 by SU E10410411

After you define the modifier level to which a modifier applies, you indicate how the system behaves when it determines that the modifier should be used.

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.
2. On the Modifiers form, select the modifier you want to define.
3. In the Scheduling Permission section, specify whether scheduling is allowed for this bucket of patients by choosing from the following options:
  - Allow Scheduling
  - Do Not Allow Scheduling
  - Warn Before Allowing Scheduling
4. Use the Length (minutes) section to modify the length of the visit type.
  - Replace. The visit type length is replaced by the number of minutes entered here. We recommend that you use this option when modifying visit type lengths. The Add and Subtract options are affected by changes to the visit type length, which could result in unintended changes to the modifier.
  - Add. The specified number of minutes added to the visit type length.
  - Subtract. The specified number of minutes subtracted from the visit type length
5. In the Patient Group to Modify section (previously known as buckets), you can leave the option to apply to all patients, or you can specify the combination of patient sex and age that comprise the bucket by clicking Specific Sex/Age. This will expand to give the options below.
  - In the Sex of Patient Group section, select Male, Female, or Any. Also use the Item to use when sex cannot be reliably determined (I PRC 6013) field to set which patient (EPT) item a modifier looks to.

A modifier can look to Legal Sex (I EPT 130), Gender Identity (I EPT 131), or Sex Assigned at Birth (I EPT 133). By default, the modifier looks to a patient's legal sex. Use this item if a modifier should look to an identifier other than legal sex. This item is set at the visit type level, and not the modifier level.

- Use the Minimum Age of Patient Group section to indicate the minimum age in days, weeks, months, or years a patient needs to qualify for the bucket.
  - Use the Maximum Age of Patient Group section to indicate the maximum age in days, weeks, months, or years a patient needs to qualify for the bucket.
  - Note that buckets cannot overlap for a given visit type at a given level. For example, the buckets Females, ages 19-35 and Any Sex, ages 19-35 cannot coexist at the same level because female patients between the ages of 19-35 would qualify for both buckets and Cadence would be unable to determine which modifier to use.
6. You can indicate date-specific modifications to the appointment length or whether the visit can be scheduled by clicking Yes for Add Date Range Exceptions?, which will make the Date Range Exceptions table appear. For example, you might want to adjust the length of your flu visits during flu season.
  7. You can enter alternate scheduling or patient instructions that should appear for the current patient bucket by going to Modify Instructions? and clicking Yes.
    - a. Select Yes for Use Separate Inpatient Instructions? if you want to specify different sets of instructions for inpatient and outpatient appointments.
    - b. Select the Outpatient Scheduling Instructions or Outpatient Patient Instructions option to begin editing the outpatient scheduling or patient instructions.
    - c. Enter scheduling instructions in the Scheduling instructions field.
    - d. Click Append or Replace under Effect on Original Scheduling Instructions.
      - Choose Append to add these instructions to the visit type's default instructions.
      - Choose Replace to replace the visit type's default instructions with these instructions.
    - e. Click Yes for Use SmartText Patient Instructions if you want to use SmartText patient instructions instead of plain text patient instructions for this modifier.
    - f. Enter a rule and a SmartText record. If you're using just one SmartText for this modifier, you do not need to enter a rule. The system evaluates rows in this table from the top down and uses the SmartText for the first rule that matches the appointment.
    - g. Under Append SmartTexts?, click No or Yes.
      - Choose No to use only the SmartText for the first rule that matches the appointment.
      - Choose Yes to concatenate SmartTexts for all rules that match the appointment. The system appends the SmartText records in the listed order for all records that do not have a rule specified and for all records that have a rule that returns true.
    - h. If you're not using SmartText patient instructions, enter plain text patient instructions in the Patient instructions field or select No for Use SmartText Patient Instructions and enter plain text patient instructions in the Patient instructions field.
    - i. Under Effect on Original Patient Instructions, click Append or Replace.
      - Choose Append to add these instructions to the visit type's default instructions.
      - Choose Replace to replace the visit type's default instructions with these instructions.
    - j. If you selected Yes for Use Separate Inpatient Instructions, use the text boxes for Inpatient

instructions below Outpatient Instructions and repeat steps c-i.

In this example from the Foundation System, the Evaluation visit type's modifier for the EMC Cardiac Rehab department is set to replace the default visit type length with 90 minutes.

The screenshot shows the 'Modifiers' section of the Foundation System. On the left, there is a table for 'Modifiers' where a row for 'EMC CARDIAC REHAB [10501297]' has been selected. The columns include Department, Provider, Sex, Age Range, Allowed?, Length, and a date range icon. The 'Length' field is set to '90'. On the right, there is a detailed configuration panel for 'Edit Modifier [M-66]'. It includes sections for 'Scheduling Permission' (with 'Allow Scheduling' selected), 'Length (minutes)' (set to 90), 'Patient Group to Modify' (set to 'All'), 'Sex of Patient Group' (set to 'Any'), 'Minimum Age of Patient Group' (set to 0), 'Maximum Age of Patient Group' (set to 0), 'Add Date Range Exceptions?' (set to 'No'), and 'Modify Instructions?' (set to 'Yes'). At the bottom, there are buttons for 'Delete Modifier', 'Undo Changes', and 'Save Changes'.

## Require a Linked Order for Scheduling Certain Visit Types and Panels

The Order Settings section of a visit type or panel record allows you to show a warning when a user tries to schedule an appointment without an order for a visit type or panel that requires one. This can be used to, for instance, make sure that all occurrences of a recurring appointment have a linked order before they're scheduled, not just the first in the series.

To use this option, configure the Require linked order when scheduling? (I PRC 1610) item within the visit type or panel you want to update. You can choose from the following configuration options:

- No. A linked order is not required for scheduling. This is the default behavior.
- Yes - Allow Overrule. A warning appears if there are not enough occurrences of a standing order to link to all appointments being scheduled, but schedulers can overrule this and schedule the appointments anyway.
- Yes - Required. An error message appears stating "This visit cannot be scheduled without a linked order" if there are not enough occurrences of a standing order to link to all appointments being scheduled.
- Yes - Required - Clinical Orders Only. Functions similarly to Yes - Required, but the error message appears only if there isn't a clinical order attached to the appointment.
- Yes - Allow Overrule - Clinical Orders Only. Functions similarly to Yes - Allow Overrule, but the warning appears only if there isn't a clinical order attached to the appointment.

Set the Require linked order when scheduling item to ensure that order requirements are handled correctly for recurring appointments:

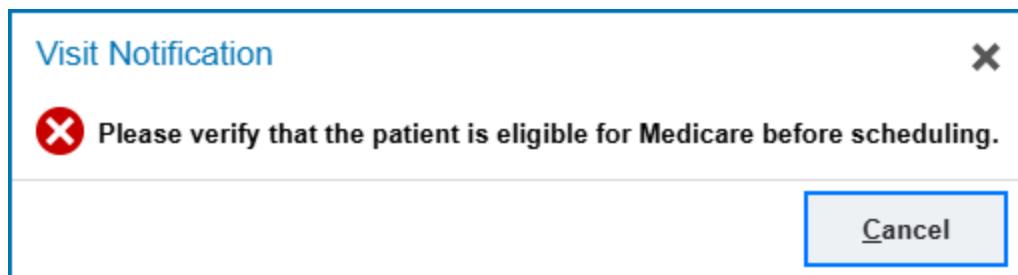
1. In Hyperspace, open a visit type or panel record (search: Visit Type or Panels).

2. In the Restrictions form, locate the Order Settings section.
3. In the Require linked order when scheduling? (I PRC 1610) field, enter one of the values described above.

## Use a Rule to Restrict When a Visit Type Can Be Scheduled

Appointment entry begin rules provide a considerable amount of flexibility for you to determine when schedulers can and can't make an appointment using a particular visit type. For example, you might want to ensure that particular visit types are scheduled only from an order or referral. When a rule is true, schedulers see a warning or error message as soon as they enter a visit type or, in the case that the system automatically enters a visit type, as soon as Book It opens.

In the Foundation System, we created appointment entry begin rule 167520-ES Patient Does Not Have Medicare and Is Under 65, which prevents schedulers from making Medicare wellness appointments for patients who are not eligible for Medicare. Your organization can use this rule as inspiration for creating your own rules.



### Considerations

Keep in mind that the system does not re-evaluate the rule after the initial visit type entry. For example, if you create a rule that a certain visit type should only be scheduled from an order, a scheduler could schedule the order and then unlink the order from the appointment. If you configure a questionnaire to change the visit type during scheduling, the system does not evaluate any rules when the new visit type is entered.

Visit type restriction rules are considered when determining whether a MyChart-schedulable visit type is available in MyChart for specific patients. For example, if a MyChart-schedulable visit type has a restriction rule defined and it evaluates as true for a particular patient, the reasons for visit associated with that visit type do not appear in MyChart when that patient attempts to directly schedule an appointment. In the case that a particular reason for visit is both associated with a MyChart-schedulable visit type and also available for appointment requests, it still appears on the Schedule an Appointment page even if the restriction rule returns true for a patient. However, if the patient selects that reason for visit, he is unable to directly schedule the appointment and must submit an appointment request.

Visit type restriction rules are also supported in MyChart's Open Scheduling and are evaluated at the time of scheduling.

1. Create a rule in the 5003-Appointment Entry Begin context. Refer to the [Create or Edit a Rule](#) topic for details on building rules.
2. Open the visit type that your rule modifies (search: Visit Type).
3. Select the Restrictions form.
4. In the Restriction rule (I PRC 1020) field, enter your rule.

5. In the Can overrule (I PRC 1025) field, enter Yes to allow schedulers to ignore this restriction. By default, schedulers cannot overrule.

## Limit the Number of Visit Types for a Given Time Period with Session Limits

Visit type session limits control how many visit types can be scheduled for a certain time of day or ranges of dates, which are referred to as sessions. For example, some providers might want to limit the number of physicals that they see in a day or a week.

You can define visit type session limits for either a department or for individual providers in that department.

### Considerations

Department-level visit type limits apply separately to individual providers in that department. For example, if the West Clinic's daily visit type limit for physicals is 3, Dr. Adams and Dr. Browne would each have a limit of three physicals in their schedules. You can't limit the total number of physicals that can be scheduled in a department by any provider.

No-show appointments are not counted towards session limits.

### Define a Session

The first step of setting up visit type limits is to define sessions - the time periods to which the limits will apply:

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Department and open a department record.
2. On the Template > Session Definitions form, use the Session Definitions table to indicate the department's sessions:
  - In the Name column, enter the session name. For example, Daily, Weekly, Monthly, AM, PM, etc.
  - In the Type column, indicate the session type. Enter Daily, Weekly, or Monthly.
  - In the Begin Time and End Time columns, enter the session's time range; for example 8:00 a.m. to 4:00 p.m. These columns are available for daily and weekly sessions.
  - In the Begin DWK and End DWK columns, enter the days of the week to which the session applies. These columns are available for weekly and monthly sessions.
  - In the Beg Day and End Day columns, enter the days of the month to which the session applies. These columns are available for monthly sessions.

The following is an example of session build in the Foundation System for the EMC Family Medicine department:

Session Definitions									
<p><small>② Providers' counts will be recalculated at the end of the day.</small></p>									
Name	Type	Begin Time	End Time	Begin Day of Week	End Day of Week	Begin Day of Month	End Day of Month	In Use?	Deactivated?
DAILY	Daily	08:00 AM	05:00 PM					True	<input type="checkbox"/>
AM	Daily	08:00 AM	12:00 PM					False	<input type="checkbox"/>
PM	Daily	12:00 PM	05:00 PM					False	<input type="checkbox"/>
WEEKLY	Weekly	08:00 AM	05:00 PM	MONDAY	FRIDAY			True	<input type="checkbox"/>
MONTHLY	Monthly			MONDAY	FRIDAY	1	END	False	<input type="checkbox"/>
								False	<input type="checkbox"/>

Session Limit Configuration									
<p>Available Tags</p> <div style="border: 1px solid #ccc; padding: 5px; height: 50px; margin-top: 5px;"> </div>									

## Define a Visit Type Grouping

If you want to indicate visit type limits for a number of related visit types, you might find it easier to associate each of the visit types with a visit type group and then associate the limit directly with the visit type group.

First, create your visit type groups in the Visit Type Groups (I PRC 5050) category list. For additional information, refer to the [Modify a Category List's Values](#) topic.

Second, associate visit type groups with visit types:

1. In Hyperspace, go to Epic button > Admin > Schedule Admin > Master File Edit > Visit Type and open a visit type record.
2. On the General form, enter the visit type groups in the Visit type grouping (I PRC 5050) field.
3. Click Accept.
4. Repeat these steps for other visit types until you are done adding visit type groups.

## Define a Visit Type Limit for a Department

After defining sessions for a department, you can associate the sessions with visit types or visit type groups to form visit type limits for the department:

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Department and open a department record.
2. On the Templates > Session Limits form, use the Visit Type Limits table to define the department's visit type limits:
  - In the Sessions column, enter a session or click the selection button to see the department's defined sessions.
  - In the Visit Type column, enter the visit type to which the limit applies.
  - Alternatively, use the Visit Type Group column to indicate a visit type group to which the limit applies.
  - In the Maximum column, enter the maximum number of appointments with that visit type that a given provider can perform in this department for the session.

In this example from the Foundation System, the EMC Family Medicine department has a daily limit of 5 for visit types in the Complex visit type group:

**Visit Type Limits**

Grayed out sessions are inactive. Providers' counts will be recalculated at the end of the day.

Session	Visit Type	Visit Type Group	Maximum
DAILY		Complex	5
DAILY	URGENT		1

**Overbook Limits**

Session	Maximum
DAILY	5

If you make changes to department-level visit type limits, keep in mind that they are not applied immediately. Session limits are recalculated during end of day processing. If you want to see the changes immediately, you can run the Recalculate Session Counts utility. For information about how to run the utility, refer to the [Recalculate Session Counts Due to Visit Type Group Changes](#) topic.

### Enable Visit Type Limits for a Provider

You must edit a provider's record as follows in order for the provider's schedule to respect a department's visit type limits:

1. In Hyperspace, follow the path Epic button > Scheduling > Templates > Rel/Date Defaults.
2. Enter a department and provider.
3. In the Template Release Date and Defaults window, enter Yes in the Use department visit type limits? (I SER 161) field.

If a department's visit type limits don't suit a given provider, you can tell the system to ignore them altogether for the provider by setting the Use department visit type limits? field to No for the provider.

### Define a Session Limit for a Provider

If a provider wants different session limits from the department, you can indicate provider visit type limits.

For example, Dr. Evans' department limits the total number of appointments that can be scheduled in the afternoon session. Dr. Evans does not care to limit the total number of appointments for which he is scheduled in the afternoon. However, he wants to limit the number of physicals and long appointments he is scheduled for in the afternoon. You can edit a session limit for Dr. Evans using his department's afternoon session and then view all of Dr. Evans' session limits in Hyperspace.

If a provider is currently using a department's session limits, you are warned that if you set limits for this provider, they will no longer use the department level session limits.

Session Limits: FAMILY MEDICINE, PHYSICIAN [E1000]

[Edit Template](#) [Delete Template](#) [Defaults](#) [Exceptions](#) [Messages](#) [Copy](#) [Reassign](#) [Template Summary](#) [Calendar](#) [Audit](#)

This provider is currently using department visit type limits. To edit, either unselect "Using Department-level Session Limits" or update the department level limits.

**DAILY - Complex** Daily

Limit Type: All Visits Visit Type Visit Type Grouper Overbook Complex

Criteria

Visit Modes: All Limit Tags: All Limit

Dates Affected: Maximum 5

Applicable Days of the Week: Sun Mon Tue Wed Thu Fri Sat Mon-Fri All

Date Range: 3/17/2023 -   Indefinite

[Detail View](#)

**DAILY - Overbook** Daily

Limit Type: All Visits Visit Type Visit Type Grouper Overbook

Criteria

Visit Modes: All Limit Tags: All Limit

Dates Affected: Maximum 5

Applicable Days of the Week: Sun Mon Tue Wed Thu Fri Sat Mon-Fri All

Date Range: 3/17/2023 -   Indefinite

[Detail View](#)

**DAILY - URGENT** Daily

Limit Type: All Visits Visit Type Visit Type Grouper Overbook URGENT

Criteria

Visit Modes: All Limit Tags: All Limit

Dates Affected: Maximum 1

Applicable Days of the Week: Sun Mon Tue Wed Thu Fri Sat Mon-Fri All

Date Range: 3/17/2023 -   Indefinite

[Detail View](#)

[File](#) [File & Close](#) [Cancel](#)

1. In Hyperspace, follow the path Epic button > Scheduling > Templates > Session Limits.
2. Enter your provider.
3. Determine whether you want to specify a daily, weekly, or monthly limit and click the + button next to the session definition you want to create.
4. Set the Limit Type to Visit Type or Visit Type Grouper and enter the visits that the limit should apply to. Starting in November 2023, you can also set the Limit Type to All Visits to include all visit types in the limit.
5. Select the Overbook option if you want to limit the number of overbooks for a particular session. The provider does not have to allow overbooks in their schedule to have this box selected. If it is selected and the provider does not allow overbooks, then the limit will never be reached.
6. Select the type of visit type limit:
  - o If you are editing a daily visit type limit, select the Applicable Days of the Week options for which you want the visit type limit to apply: any combination of days of the week, Mon-Fri, or All.
  - o If you are editing a weekly visit type limit, enter a number in the Recur Every # of Weeks field. To apply to every week, enter 1. For every other week, enter 2, and so on.
  - o If you are editing a monthly visit type limit, enter a number in the Recur Every # of Months field. To apply to every month, enter 1. For every other month, enter 2, and so on.
7. In the Date Range fields, indicate the date range for which the visit type limit applies.
8. In the Maximum field, enter the maximum number of appointments with that visit type that a given provider can perform in this department for the session.
9. Starting in November 2023, you can limit visits by specific visit modes and tags. Click the Limit button next to either of those criteria and define all visit modes and tags that are included in the limit. For example, if you enter Video and Telephone as the visit modes and set the limit to 2, the session limit is reached after two video, two telephone, or one video and one telephone visit have been scheduled. If both visit mode

and tags are defined in a single session, only appointments that match on both criteria count toward the limit.

- To add tags to session limits, you first need to define which tags are available in the Session Limits activity. This can be done at the system level (search: Cadence System Definitions and navigate to the Templates > General form) in the Available Tags (I SDF 10950) field or at the department level (search: Department and navigate to the Templates > Session Definitions form) in the Available Tags (I DEP 219) field.
10. To edit the provider's visit type limits for other departments, select another department from the dropdown menu beneath the provider's name.
  11. Click File & Close to save your changes.

### **View a Provider's Visit Type Limits**

In Hyperspace, follow the path Epic button > Scheduling > Templates > Session Limits and enter your provider.

Click the Detail View link to see how many appointments have already been scheduled for each visit type limit.

## DAILY - URGENT



Session Detail: 08:00 AM - 05:00 PM

Maximum: 1

Scheduled	Dates
0	4/10/2021
0	4/11/2021
<b>2 (Limit Exceeded)</b>	4/12/2021
<b>3 (Limit Exceeded)</b>	4/13/2021
1	4/14/2021
0	4/15/2021
0	4/16/2021
0	4/17/2021
0	4/18/2021
1	4/19/2021
1	4/20/2021
0	4/21/2021
0	4/22/2021
1	4/23/2021
0	4/24/2021
0	4/25/2021

[Close](#)

*Detail View*

# Visit Type Setup: Bells & Whistles

In this section, we'll show you more configuration options for visit types. These options are not currently built in the Foundation System, but they might be appropriate alternatives to the Foundation System build or useful in specific scenarios. They also allow for further configuration of the behavior and appearance of visit types.

## Build Scheduling Codes

Scheduling codes are designed to provide flexible decision support for complex scheduling requirements at the point of visit type selection. They allow an organization to simplify appointment entry for schedulers, even when they must deal with complicated appointment instructions and orders, which cuts down on both scheduling time and error rates.

Scheduling codes can be used for a variety of scheduling workflows. The most common use is for complex chemotherapy scheduling. For example, when scheduling an appointment, schedulers enter codes associated with chemotherapy procedures and the system can change the visit type or appointment length based on these codes.

### Considerations

When analyzing the need for scheduling codes, limit your use of scheduling codes to only departments that have stringent scheduling requirements and that currently determine the length of an appointment based off specific data elements. Oncology departments and infusion centers are the most common departments where codes can facilitate appointment entry workflows.

The system doesn't open the Scheduling Codes window when you use the Change Appointment workflow and doesn't allow the visit type to be altered. If you are using scheduling codes, remove the Change Appointment activity for your users.

### Import Scheduling Codes

If you want to import scheduling codes all at once rather than manually creating each scheduling code, you can use an import specification to bring in this data. For example, this import is useful when implementing because you'll have a lot of scheduling codes to create at once.

Use import specification SCD,1000-Template - Scheduling Code to import all scheduling codes. For more information about importing records, refer to the [Standard Import Guide](#).

### Create Scheduling Code Records

1. In Cadence Text, go to Cadence Management > Scheduling Codes.
2. Enter the name or record ID of the Scheduling Code you want to create at the Scheduling Code prompt. Enter Yes when you are prompted to create the new record.
3. In the Status field, mark the record as Active. If a Scheduling Code is inactive, it cannot be used in Appointment Entry.
4. In the Abbrev field, enter an abbreviation to be used for this Scheduling Code for display purposes.
5. In the Type field, enter the type Visit Type Entry.
6. In the Code field, enter a free-text code for this code record. You can use this code in several different ways. For example:
  - If you are creating a scheduling code that parallels specific treatment or visit types, you might

design a shorthand system for marking the codes.

- You can enter a code for reports and other internal purposes, such as a billing code, CPT4, or diagnosis code.
  - You can assign this code a value to be used by the extension record to calculate scheduling information, such as the length of the appointment.
7. In the Can be Entered field, enter Yes or No to control whether this Scheduling Code can be selected from the selection list. The default is Yes. If you enter No, then it cannot be selected, but can be used automatically by the extension record.
  8. In the Department column, enter the department for which you intend to set up a particular visit type to be associated with the Scheduling Code, or enter All for all departments.
  9. In the Allowed column, enter Yes or No to determine whether this Scheduling Code can be used in the specified department. The default is Yes.
  10. In the Visit Type column, enter the visit type you want to associate with this Scheduling Code in the specified department.
  11. In the Coord Visit Type column, enter a visit type to replace the specified visit type in the Visit Type column during appointment entry when the user selects the Coordinated visit check box. The coordinated visit type specified here replaces the visit type in the Visit Type column only if all of the following circumstances exist:
    - Your system is set up to display the standard Scheduling Codes form at the Department, Visit Type, or System level
    - During Appointment Entry, you enter the visit type and department specified in this Scheduling Code record
    - The Scheduling Codes form appears, the Coordinated visit check box is selected, and this Scheduling Code is selected.

## Specify a Scheduling Code Form

1. Follow these steps so that Cadence displays the Scheduling Codes form at the Visit Type prompt:
  - To specify a form and extension at the visit type level, go to Admin > Schedule Admin > Master File Edit > Visit Type and enter a visit type.
  - To specify a form and extension at the Department level, go to Admin > Schedule Admin > Master File Edit > Department.
  - To specify a form and extension at the System level, go to Admin > Schedule Admin > System Definitions > Make Appt > After Visit Type Entry.
2. Starting in November 2023, in the Visit Type editor go to the Decision Support form. In August 2023 and earlier, go to the After VT Entry form.
3. In the After visit type selection action field, enter Scheduling Code.
4. In the After save extension field, enter the extension you want to run after the Scheduling Codes form is accepted.
5. In the After form cancel field, enter the action you would like taken after the custom form is not accepted, either by the user canceling the form or clicking Close.

## Set Up Group Sessions

Cadence can store information about which patients are scheduled for the same appointment slot as part of a

group session. You can use this information for reimbursement reporting, in patient workqueues, or to keep patients who are in a group session together in cancellation and rescheduling workflows. You identify visit types that are scheduled as group sessions by setting the Group session type (I PRC 7100) item in the visit type record.

When a scheduler uses a group session visit type to make an appointment for a patient, the system sets the Group Session Identifier (I EPT 87712) item for the patient. The value of this item represents the provider, department, date, and time of the appointment. You can report on the Group Session Identifier item to find patients who are scheduled in the same group.

You can use group session visit types to support group scheduling from individual orders. Clinicians can place orders for a patient to be scheduled into a group appointment, and schedulers can schedule orders for multiple patients at once from a workqueue and the Snapboard.

You can use Patient context property 98229-Appointment Group Session Identifier in patient workqueues to identify patients who are scheduled for the same group session. Refer to the [Determine Which Columns Appear in a Workqueue](#) topic for information about adding columns to patient workqueues.

To define a group session visit type:

1. In Hyperspace, open a visit type record (search: Visit Type).
2. On the General form, enter one of the following values in the Group session type (I PRC 7100) field.
  - 0-Individual Session. Select this option to indicate that this visit type is scheduled only for individual patients. This is the default value.
  - 1-Group Session, Can Separate. Select this option to indicate that this visit type is scheduled for a group of patients. Individual members of the group can cancel and reschedule their own appointments to no longer be with the original group.
  - 2-Concurrent Session. Select this option for rehab visit types where two patients are scheduled for an appointment with one therapist.
  - 3-Group Session, Keep Together. Select this option to keep members of a group together during cancel and reschedule workflows. In MyChart, when one member of a group appointment cancels their appointment, this option forces all members of the group appointment to cancel their appointment for the same time. Patients can't reschedule group appointments through MyChart. In Hyperspace, this option causes all members of the group to cancel or reschedule their appointment for the same time, but schedulers can choose to take action for only certain members of the group.

## Prevent Certain Advanced Visit Types from Being Scheduled Immediately

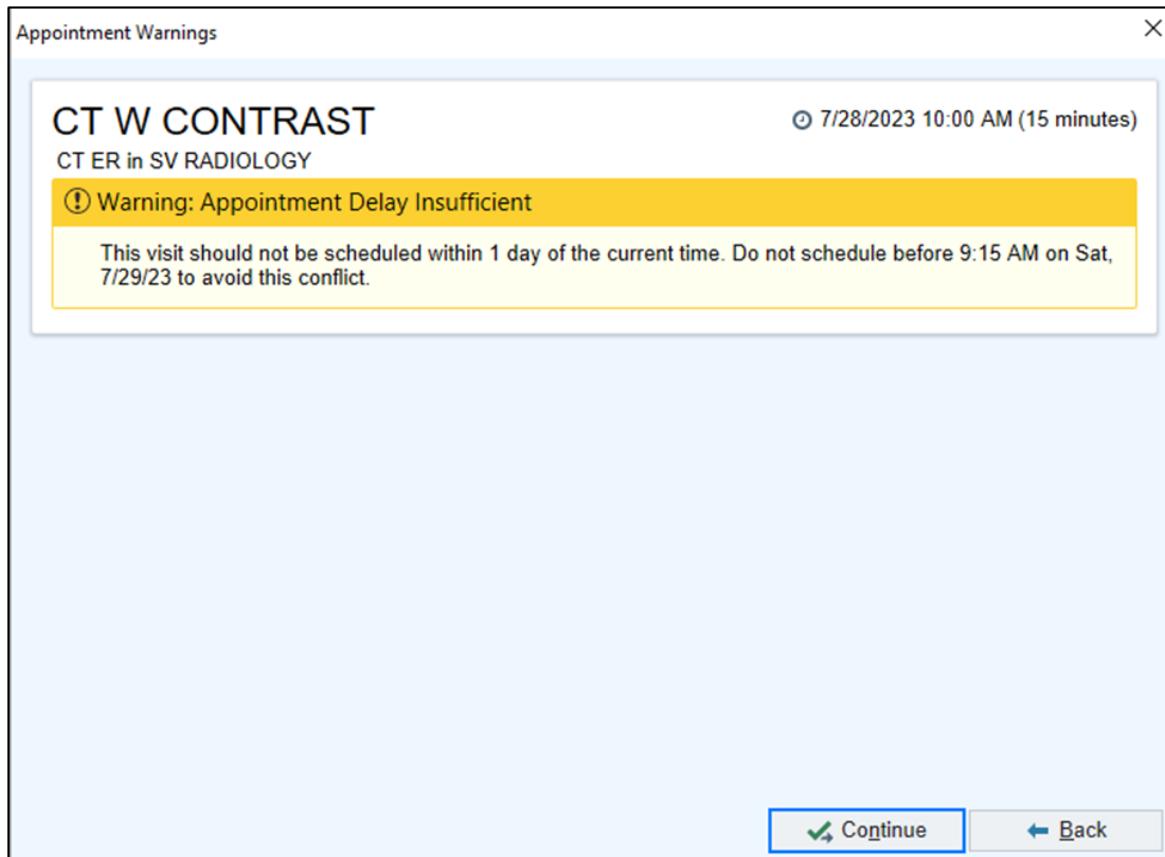
If you have some advanced visit types that require the patient or someone at your organization to have time to get ready for the appointment, such as the pharmacy needing to prepare a medication or someone needing to gather supplies, you can prevent those visit types from being scheduled with too short of notice. By setting an appointment delay for the visit type, such as 24 hours, schedulers are prevented from scheduling an appointment with that visit type any sooner than 24 hours from the current time.

You can set an appointment delay that applies only to appointments scheduled in web applications. For more information, refer to the [Prevent Community Users from Scheduling Appointments Immediately](#) topic.

By default, the Auto Scheduler does not return solutions within the delay period unless a scheduler has overrule

security and the Auto Scheduler is on an overrule pass. You can force the Auto Scheduler to always enforce appointment delay restrictions in Cadence System Definitions.

A warning message appears to schedulers during manual scheduling if they select a slot within the delay period. Schedulers who have overrule security can ignore the warning. Schedulers without overrule security are prevented from scheduling the appointment in the selected time slot.



## Configure Appointment Delay Settings for an Advanced Visit Type

1. In Hyperspace, open an advanced visit type record (search: Visit Type).
2. Select the Advanced > Restrictions form.
3. Enter the default delay hours and minutes (I PRC 2500). Minutes must be entered in five minute increments.
4. If some scenarios require different delay settings for this visit type, complete the Appointment Delay Overrides table. The system evaluates this table from the top down, so list your most restrictive overrides first. You can set up an override for a department, rule, or both.
  - a. Enter the department (I PRC 2505).
  - b. Enter the Appointment Entry Provider Check context rule (I PRC 2510) for which this override applies. For example, you can enter a rule to restrict this override to patients who are under 18 years old.
  - c. Enter the override delay hours and minutes (I PRC 2515). Minutes must be entered in five minute increments.

**Appointment Delay**

Default delay:  hrs  min

Appointment delay overrides:

	Department	Rule	Delay Hours	Delay Minutes
1	EMC CARDIOLOGY [10501100]		12	0
2				

### Force the Auto Scheduler to Always Respect Appointment Delay Settings

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Schedule > Auto Scheduler form.
3. In the Warnings to obey (I SDF 10725) field, enter Appointment Delay Insufficient.

## Allow Time for Patients to Prepare for and Recover from Appointments

Some appointments, such as a colonoscopy, require patients to spend time preparing for the appointment and then rest at home after the appointment. To warn schedulers about making other appointments for the patient during these times, you can build patient prep and recovery time into your advanced visit types. The system also warns a scheduler when the prep or recovery time for an appointment she's scheduling overlaps with a scheduled surgical case for the patient.

Schedulers can schedule into a patient's prep or recovery time if they have the Overlap patient prep/recovery time (I ECL 5087) security point set to Yes in their Cadence security class.

**Appointment Warnings**

<b>OFFICE VISIT</b>	FAMILY MEDICINE, PHYSICIAN in EMC FAMILY MEDICINE	15 minutes	10/11/2017 8:30 AM
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**Warning: Patient Prep/Recovery Time Conflicts**

This visit type should not be scheduled within 5 hours before or 30 minutes after Colon from 11:00 AM to 12:00 PM on Wed, 10/11/17 due to a patient prep and recovery time conflict. You should not schedule from 6:00 AM to 12:30 PM on Wed, 10/11/17.

**Continue** **Back**

### Add Patient Prep and Recovery Time to a Visit Type

1. In Hyperspace, open an advanced visit type record (search: Visit Type).
2. Select the Pat Prep & Recovery form.

3. Enter the prep time for the visit in the Default patient prep time (I PRC 2550) hours and minutes fields.
4. Enter the recovery time for the visit in the Default patient recovery time (I PRC 2555) hours and minutes fields.
5. You can add rows to the Patient Prep and Recovery Time Overrides table to change the prep and recovery time for a visit when the visit is scheduled in a certain department or meets the criteria of a rule you specify. The system evaluates rows in this table from the top down, and stops when it finds a matching row for a visit. If no matching rows are found, the system uses the default prep and recovery time for the visit.
  - a. Department (I PRC 2560). Enter the department in which the override applies.
  - b. Rule (I PRC 2561). Enter a rule from the 5009-Appointment Agent & Patient Prep and Recovery context that the visit must meet for the override to apply.
  - c. Prep Hours and Minutes (I PRC 2562). Enter the override prep time for the visit.
  - d. Recovery Hours and Minutes (I PRC 2563). Enter the override recovery time for the visit.

## Give Users Security to Overlap Patient Prep and Recovery Time

1. In Hyperspace, open a Cadence security class (search: Cadence Security).
2. Select the Appointment Entry form.
3. Enter Yes in the Overlap patient prep/recovery time (I ECL 5087) field.

## Force the Auto Scheduler to Always Respect Patient Prep and Recovery Time

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Schedule > Auto Scheduler form.
3. In the Warnings to obey (I SDF 10725) field, enter Patient Prep/Recovery Time Conflicts.

## Generate Orders for a Third-Party System

Rather than starting from the order, you can tell the system to automatically generate an order for an appointment when checking in the appointment. You might do this if you don't use EpicCare Ambulatory or EpicCare Inpatient but still need an order to drive an interface downstream. For example, if you schedule appointments in your endocrinology department but use a third-party system for the endocrine procedure, you can tell the system to automatically generate an order when staff check in appointments with an endocrine visit type so your third-party system can use the order for procedures.

The system generates an order with basic information like ordering provider, procedure, and diagnosis that it gathers from check in.

## Set Up Order Generation for a Visit Type

First, you set up a visit type record. Only appointments with this visit type record generate orders at check in.

1. In Hyperspace, open a visit type (search: Visit Type).
2. Select the Order Generation form.
3. In the Order generation type (I PRC 8012) field, enter Partial Transcribe.
4. In the Generate at check in? (I PRC 8010) field, enter Yes.
5. In the Procedures for orders (I PRC 8030) field, enter one or more procedures for the system to use for the generated orders.
6. In the Appt depts that generate orders (I PRC 8020) field, enter one or more departments. Only appointments in these departments generate orders at check in or check out for the visit type. Leave this

field blank to include all departments.

7. In the Order all procedures? (I PRC 8040) field, enter Yes if you want to automatically order all the procedures listed for the visit type.
8. If you listed multiple procedures for order generation and entered No in the Order all procedures? field, enter Yes in the Use default procedure? (I PRC 8050) field if you want the first procedure listed to be the default procedure for the appointment. Users can change the procedure if needed. If you leave this field blank or enter No, users decide which of the procedures to order.
9. In the Collect px/dx info at appointment entry? (I PRC 1600) field, determine how to prompt schedulers for procedure and diagnosis information on the Make Appointment form. Choose from the following:
  - All Patients Px Recommended. The scheduler is prompted to enter procedure information every time the visit type is used during appointment entry.
  - All Patients Px Required. The system responds similarly to when it is set to All Patients Px Recommended except that the information will be required so the user must enter procedure information. If no procedure is entered for this visit type, the scheduler will not be able to schedule the appointment.
  - All Patients Px/Dx Recommended. The system responds similarly to when it is set to All Patients Px Recommended, except that the scheduler is prompted for both procedure and diagnosis information.
  - All Patients Px/Dx Required. The system responds similarly to when it is set to All Patients Px Required, except that procedure and diagnosis information is required. If neither procedure nor diagnosis is entered for this visit type, the scheduler will not be able to schedule the appointment.
  - Medical Necessity Patients Px Recommended. The scheduler is prompted to enter procedure information only when the patient being scheduled has a coverage attached to them with a specific financial class or payer. These settings can be found at the service area level under Medical Necessity Checks for Financial Class or Payor.
  - Medical Necessity Patients Px Required. The system responds similarly to when it is set to Medical Necessity Patients Px Recommended, except that the information will be required so the user must enter procedure information. If no procedure is entered for this visit type, the scheduler will not be able to schedule the appointment.
  - Medical Necessity Patients Px/Dx Recommended. The system responds similarly to when it is set to Medical Necessity Patients Px Recommended, except that the scheduler is prompted for both procedure and diagnosis information.
  - Medical Necessity Patients Px/Dx Required. The system responds similarly to when it is set to Medical Necessity Patients Px Required, except that procedure and diagnosis information is required. If neither procedure nor diagnosis is entered for this visit type, the scheduler will not be able to schedule the appointment.
  - No (Default). The scheduler is never be prompted to enter in procedure and diagnosis information at appointment entry for this visit type, and the Px/Dx form does not automatically appear.

## Customize the After Check In Extension

By default, the extension that generates an order at check in copies the appointment notes to the diagnosis comments for the order. It also does not generate an order if there is already an order linked to the appointment. You can change these behaviors by customizing extension 42504-ES Aft Chk In Order, which you add to Cadence System Definitions in the Configure Cadence System Definitions to Automatically Generate Orders section below.

1. In Chronicles, access the Extension (LPP) master file.
2. Duplicate extension 42504 and open it for edit.
3. Go to the Parameters screen and modify the following parameters as needed:
  - Skip Note Copy? Enter Yes if you do not want the system to copy the appointment notes to the diagnosis comments for the generated order. The default value is No.
  - Continue if linked order exists? Enter Yes if the system should always generate orders at check in, even when an order is already linked to the appointment. The default value is No.

## Create an After Cancel Check In Extension

Follow these steps to create an After Cancel Check In extension to cancel generated orders if the check in is canceled.

1. In Chronicles, access the Extension (LPP) master file.
2. Select Enter Data > Create/Edit Extension and create an extension.
3. In the Type field, enter 10824-ES After Cancel Check In.
4. In the Code field, enter Can^HUORD(ID,dat).

## Configure Cadence System Definitions to Automatically Generate Orders

Next, you enter programming routines to tell the system to automatically generate orders at check in.

1. In Hyperspace, open Cadence System Definitions.
2. Select the Custom Extensions/EOD > Check In/Out form.
3. In the After check in (I SDF 20016) field, enter extension 42504-ES Aft Chk In Order or your copy so the system creates the orders at check in.
4. In the After cancel check in (I SDF 20013) field, enter the extension you created in the previous task so the system cancels the order if the check in is canceled.
5. Select the Custom Extensions/EOD > General form.
6. In the After change (I SDF 8222) field, enter the routine change^HUORD(ID,DAT).
7. If your organization requires an authoring provider for the order, enter the routine AuthOnly^S2UTILS3 in the Ordering provider exclusion (I SDF 10380) field so the ordering provider field at check in only shows authorizing providers.

## Set Up Your Check In Activity to Show Orders Information

Finally, you need to make sure front desk staff can enter order information at check in. You do this by adding the [Procedures and Diagnoses \(24084-ADT\\_ADMISSION\\_PX\\_DX\) navigator section](#) or the [Clinical Info with Orders \(1285-ES\\_ND\\_CLININFO\\_ORDERS\) form](#) to your check-in advantage activity. Front desk staff use the section or form to select the ordering provider, the procedure, and the diagnosis for the generated order.

Refer to the [Standard Check In/Check Out/Sign In Advantage Activities](#) topic for information about standard advantage activities that include the Clinical Information navigator section or the Clinical Info with Orders form. Refer to the [Set Up Sign In, Check In, and Check Out Advantage Activities](#) topic for information about setting up your check-in advantage activity or creating a custom one if needed.

## Automatically Generate Orders for Appointments

Make it easier for patients and staff to schedule certain appointments for screening procedures, such as mammograms and colonoscopies, by automatically creating and linking an order behind the scenes after

scheduling or check in. This allows patients to schedule screening exams in MyChart without having an order previously placed in the system, and saves your users the time of creating and linking orders for these routine appointments that do not require a clinician's order.

This feature is not supported when scheduling appointments from EpicCare Link.



This feature is not meant to replace clinician order entry, transcription of outside orders, or orders-only encounters.

1. In Hyperspace, open a visit type (search: Visit Type).
2. Select the Order Generation form.
3. In the Order generation type (I PRC 8012) field, enter Fully Automatic.
4. In the Generate at (I PRC 8011) field, choose when to create the order.
  - After Check In. The system creates or links an order when the appointment is checked in.
  - After Scheduling. The system creates or links an order when the appointment is scheduled. This allows referrals to be automatically created and authorized if needed before the patient arrives for his appointment.
5. In the Procedures for orders (I PRC 8030) field, enter the procedure to use for the order. This field is required, and you can enter only one procedure when using fully automatic order generation.
6. In the Appt depts that generate orders (I PRC 8020) field, enter the departments in which appointments should generate orders for the visit type. Leave this field blank to include all departments.
7. In the Auto cancel orders? (I PRC 8064) field, enter Yes if orders linked to an appointment for this visit type should be canceled when the appointment is canceled. If this field is set to Yes, users cannot unlink generated orders from appointments. The default value is Yes.
8. If you entered Yes in the Auto cancel orders? field, enter a default cancellation reason in the Order cancel reason (I PRC 8066) field.
9. In the Default auth provider (I PRC 8063) field, enter the default authorizing provider for orders generated for appointments of this visit type.
10. In the Diagnosis (I PRC 8062) field, enter the diagnosis to associate with the generated order.
11. Use the Authorizing provider overrides table if you need to override the default authorizing provider when someone else should be responsible for the order in certain scenarios. For example, you might want imaging results to be sent to that patient's PCP. If the patient doesn't have a PCP, the results are sent to a default provider. The system evaluates overrides in this table from top to bottom.
  - All Depts? (I PRC 8070). Select this check box if the override applies to all departments listed in the Appt depts that generate orders field.
  - Department (I PRC 8071). Enter a single department to which the override applies.
  - Override Logic (I PRC 8072). Choose how you want to override the default authorizing provider.
    - Appointment Provider. Override the default authorizing provider with the appointment provider. The appointment provider is used only if he has orders authorizing privileges.
    - Order Lookback. Override the default authorizing provider with the authorizing provider from a previous matching order. A matching order is the most recent order placed within the lookback period where the procedure matches either one of the procedures in either the Procedures for orders field or the Additional procedures to search field in a visit type. An

order must also have a final result status of 3, 4, or 5. You set the period the system looks back for a matching order in the Order Lookback Days override field. The previous authorizing provider is used only if he still has authorizing privileges at the time the new order is generated.

- Patient's Care Team Member. Override the default authorizing provider with a member of the patient's care team. You can choose to match on care team relationship, specialty, or both.
- Patient's PCP. Override the default authorizing provider with the patient's PCP.
- Specified Provider. Override the default authorizing provider with a specific provider.
- Ordering Provider: Override the default authorizing provider with the appointment's ordering provider (I EPT 8031). The ordering provider is used only if they have authorizing privileges (I SER 8220 set to Yes). Available starting in February 2023, in November 2022 with special update E10306763, and in May 2022 with special update E10224508.
- Provider (I PRC 8073). If you selected Specified Provider for the override logic, enter the specific provider here.
- PCP Type (I PRC 8074). If you selected Patient's PCP for the override logic, enter the PCP type here. If the patient has a PCP of the type specified, and the PCP has order authorizing privileges, the PCP overrides the default authorizing provider.
- Care Team Relationship (I PRC 8075). If you selected Patient's Care Team Member for the override logic, enter the care team relationship here. If the patient has a care team member with that relationship, and the provider has orders authorizing privileges, that provider overrides the default authorizing provider.
- Care Team Specialty (I PRC 8076). If you selected Patient's Care Team Member for the override logic, enter the care team specialty here. If the patient has a care team member with that specialty, and the provider has orders authorizing privileges, that provider overrides the default authorizing provider.
- Order Lookback Days (I PRC 8077). If you selected Order Lookback for the override logic, enter the number of days in the past to look for a matching order. The default value is 1095 days (3 years).

12. In the Link matching orders if available? (I PRC 8060) field, enter Yes to link an existing schedulable order for the patient to the appointment if available instead of creating an order. The default value is No. Here are some considerations for linking orders:

- This setting does not apply when users are scheduling an appointment from an order.
- The appointment must not have another order linked to it.
- The existing order must match one of the procedures entered in the Procedures for orders or Additional procedures to search fields.
- If multiple matching orders are found, the order with an expected date closest to the appointment date is used. Matching orders without expected dates take precedence over orders with expected dates, unless the expected date is the same as the appointment date.

13. If you entered Yes in the Link matching orders if available? field, you can enter additional procedures for which to search for orders to link to the appointment (I PRC 8061).

If you create new visit types for scheduling in MyChart as a result of this change, refer to the [Configure Reasons for Visit and Visit Types for Direct Scheduling](#) topic for information about making your new visit types available for direct scheduling.

# Use Visit Modes to Create Unified Visit Types for In-Person and Remote Appointments

You can use a single, unified visit type for multiple care settings, such as in-person or video, instead of creating and maintaining separate visit type records for this purpose. When you enable visit modes (also known as telehealth modes) for your visit types, the Telehealth Mode of Visit (I EPT 9600) flag gets set during scheduling in the Appointment Review window, after scheduling in the Change Appointment activity, by a decision tree. You can remove the option to change visit mode during Appointment Review by toggling Disable telehealth mode change? (I SDF 10335) located in the Appointment Review node of Cadence System Definitions. Starting in May 2023, in Book It, Order Up, and the New Visit window that appears when scheduling an appointment through View Schedules and Snapboard. It can also be selected by the patient while searching for available appointments in MyChart.

Using unified visit types with visit modes makes it easier for schedulers to find the right visit type for an appointment because they can select the same visit type for multiple care settings and simply change the visit mode to match the intended medium, such as in-person or video. For example, if your organization offers many specialty consults with their own visit types, you might have duplicated the visit types to offer video visit versions of each one. Rather than having to maintain two sets of visit types for various specialty consults, you can use the visit mode flag to indicate the care setting in half as many visit types, which reduces how many visit types schedulers have to sift through.

For each unified visit type, you can configure which visit modes are options for that visit type and which visit mode is the default value for that visit type. You must set at least one available visit mode for a visit type to make visit modes available at all for that visit type.

If you decide to create unified visit types and use visit modes, we recommend defining visit modes for all of your visit types so that report data isn't split between visit types where visit mode is enabled and visit types where it is not enabled. If you have visit types that can occur only in one care setting, you can make only one visit mode available for those visit types and your system automatically sets that mode for that visit type.

To determine whether this strategy is right for your organization, review how similar your current visit types are for in-person and remote visits. You can use the [Visit Type Tree View Report](#) to facilitate your review. If two or more visit types that are currently for different care settings are highly similar and can share a visit type, you can reduce maintenance time at the cost of additional up-front build by switching from distinct visit types to unified visit types with visit modes. If you decide to implement unified visit types with visit modes, you will need to discontinue some duplicate visit types that are no longer needed. While completing your review, make a note of any settings that you need for a discontinued visit type that are not currently on the unified visit type it will be replaced with. If the settings cannot be recreated in the unified visit type, then you cannot discontinue the separate visit types.

The [Implement Telehealth Modes checklist](#) contains a useful guide on how best to implement visit modes for your organization.

## Considerations

Before you decide to use visit modes for your visit types, be aware of the considerations below for how visit modes interact with other Epic features.

Feature	Considerations
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Visit Type Specificity	Visit modes are defined at the visit type level and cannot be modified for specific specialties, departments, or providers who use the visit type.
Session Limits	Session limits cannot be specific to certain visit modes. If providers or departments rely on defined session limits for certain video visit encounters, consider using separate visit types. Starting in November 2023, you can create session limits specific to certain visit modes.
Arrival Time	A patient's arrival time for an in-person visit might not be the same as for a virtual visit. You can specify different arrival time offsets for each visit mode at the system or department levels. Within a department, you can also specify overrides for specific visit types.
Automated Appointment Calling	Work with your third-party automated calling vendor to extract the Telehealth Mode of Visit (I EPT 9600) item and modify communication with patients based on the value of the item so that patients don't arrive at the clinic for a virtual visit.
Patient Instructions	Patient instructions for an in-person visit might not be the same as for a virtual visit. You can use rules to change the patient instructions for a visit type based on visit mode. Refer to the Vary Patient Instructions by Visit Mode section below for additional information.
Wait List/Fast Pass	Schedulers cannot specify a visit mode in the wait list entry for an appointment, and the visit mode for an existing appointment does not get passed along to the wait list entry for an appointment. When your Fast Pass batch job runs, it uses the original visit mode that was set for an appointment when determining whether there are matching offers to send to patients. If a scheduler changed the visit mode after scheduling, patients could be sent Fast Pass offers for appointments with visit modes that don't match their original appointment. To avoid this, you can set up a rule for your <a href="#">batch job</a> so that offers are not sent when the original visit mode for the appointment does not match the current visit mode for the appointment.
Scheduling Tickets	You cannot specify a visit mode during manual release of a scheduling ticket. The visit mode can be changed using a decision tree at the time of scheduling.
Non-Integrated Video Vendors	There is only one Video visit mode, and you cannot create custom visit modes. Patients cannot start a video visit with a non-integrated vendor from MyChart. If you use a non-integrated video vendor, you can use the Video visit mode and also use decision tree tags to change patient instructions so the patient knows how to start their video visit.
Benefits Engine	You cannot specify different <a href="#">benefit groupings</a> for each of a visit type's visit modes. Instead, you need to create a Patient context rule that identifies appointments with a certain visit mode, add the rule to copy of extension 42419-ES CMG - Evaluate Patient Rule, and add the extension to your component groups. Refer to the <a href="#">Create Component Groups</a> topic for additional information.
EpicCare Link	Prior to November 2024, EpicCare Link does not support decision trees during scheduling. This limits the ability to set visit modes during appointment scheduling in EpicCare Link. The default visit mode on the visit type will be used at scheduling. One workaround is for staff using Hyperspace to manually set visit

Feature	Considerations
	modes through Appointment Review or a decision tree.
Scheduling Workflows That Don't Use Decisions Trees or That Don't Show the Appointment Review Window	<p>The visit mode gets set for an appointment during scheduling in the Appointment Review window, after scheduling in the Change Appointment activity, or by a decision tree. For workflows that don't evaluate decision trees or that don't show the Appointment Review window, such as One Click, the visit mode is unlikely to get set for an appointment.</p> <p>When a user changes the visit type in the Change Appointment activity, the visit mode is automatically updated if the new visit type does not support the visit mode from the source appointment. If the new visit type has a default visit mode, it will be automatically selected. Otherwise, the visit mode must be selected manually.</p>
Reschedule	The visit mode set by the decision tree on the source appointment is not carried over to the rescheduled appointment. The results from the decision tree during reschedule are applied to the rescheduled appointment.
UDS Reporting	<p>Starting in May 2024, if the Telehealth Mode of Visit (I EPT 9600) on a particular encounter has a value other than 1-In Person or 6-Patient Not Present, the encounter is considered a virtual visit in several UDS measures. This means the visit is excluded from the denominators of the following measures:</p> <p>CMS-22v11      CMS-22v12      CMS-69v11 (UDS too)      CMS-69v12 (UDS too)      CMS-771v4      CMS-771v5      CMS-142v11      CMS-142v12      CMS-143v11      CMS-143v12</p> <p>If your organization is setting up visit modes for a visit type and is reliant on any of these measures for reporting, you should know that encounters with a virtual visit mode are excluded from these measures and consider what visit modes are the right choice for your visit type given your organization's UDS framework.</p>

## Set Available Visit Modes for Visit Types

1. In Hyperspace, open the visit types that you want to edit (search: Visit Type).
2. Go to the Telehealth Settings form.
3. To set which visit modes are options for this visit type, enter available visit modes in the Allowed Telehealth Modes (I PRC 1110) table.
  - 1-In Person. A visit conducted in-person
  - 2-Video. A visit conducted direct-to-patient over video, whether it is an Epic-integrated video on the patient and provider side or it is not integrated on either the patient or provider side. If you enable this mode for a visit type that was not previously set up to be a video visit type, refer to the instructions in the [Create and Configure a Telemedicine Visit Type](#) topic for additional setup that

you need to complete to host video visit calls in Epic. This setup is not necessary if you use another solution for video visit calls.

- 3-Telephone. A visit conducted over the phone.
  - 4-Clinic to Clinic Video. A video visit where a patient is present in the clinic with a provider and connected over video to a provider in another clinic. These can be Epic-integrated or not integrated.
  - 6-Patient Not Present. Use this mode for visits such as consults between providers where the patient is not present. You should only use this mode for visits that are hidden from patient-facing material.
4. Optionally, to set a default visit mode for this visit type, enter a telehealth mode in the Default telehealth mode (I PRC 1100) field.

## Encounter Conversion with Visit Modes

You can use the same encounter type and encounter conversion logic across all visit modes. This requires less maintenance than an alternative strategy, such as converting all encounters with a visit mode of Video to a virtual care encounter type like Telemedicine. Just like using a single visit type for multiple care settings makes it easier to schedule the right visit, using a single encounter type across visit modes makes it easier to configure and maintain the right user workspace and other downstream workflows for different types of encounters.

For background information about encounter conversion or to review your existing encounter conversion configuration, refer to the [Determine How Encounters Are Converted](#) topic.

## Update Workflow Engine Rules for Visit Modes

Edit your workflow engine rule build to adapt the existing user workspace for different visit modes, such as adding tools for video visits to the workspace when the visit mode is Video. Using the same Workflow Engine rule (LOR) across visit modes gives users a consistent workspace across care settings and requires less maintenance than updating separate Workflow Engine rules for each visit mode. Work with your EpicCare Ambulatory team as necessary to complete this setup. Use Workflow Engine rule property 1099-Patient Encounter Telehealth Mode in rules that require evaluating the visit mode.

The Foundation System is set up to allow users to connect to video visits in the same workspace they're familiar with in other care settings. Rules such as 17-WE Clinical Support EMC Dept and 84-WE MD Security Class determine the workspace for both in-person visits and virtual visits by adding the Connect to Video activity tab to the existing workspace when the visit mode is Video or Clinic to Clinic Video.

## Update Close Encounter Requirements for Visit Modes

You might use close encounter validation checks, as described in the [Require Encounters to Meet Specific Criteria to Be Signed](#) topic to require documentation for in-person visits that does not apply in other care settings such as virtual care. For example, you might require vitals to be documented before a visit can be signed, but vitals can't be collected for telephone or video visits. If you do, update your build so that the system doesn't perform those checks for virtual visits. The Foundation System uses extension 140034373-Add Vitals to Close Encounter If Telehealth Mode Is Not Telephone or Video to require vitals to be documented before signing in-person visits, but not telephone or video visits.

To update close encounter validation checks to not run for virtual visits:

1. Create a patient context rule (CER) to determine when the close encounter extension should run. Use rule property 98298-Visit Telehealth Mode to check the visit mode. For more information, refer to the [Create or Edit a Rule](#) topic.

2. Duplicate Epic-released extension 8930-Rule Based Close Encounter Extension.
3. In the Patient Rule parameter of your duplicate extension, enter the rule you created above.
4. In the Close Visit Validation parameter, enter the extension that should run when the rule returns true. This should be the extension that was previously configured in the Close Validation Ext (I LPR 825) column described in the [Require Encounters to Meet Specific Criteria to Be Signed](#) topic.
5. Replace the close encounter validation extension that was previously configured in the Close Validation Ext (I LPR 825) column with the new rule-based extension you created above.

## Automatically Add Charge Modifiers for Telehealth Modes

To capture visit charges for telehealth services, you can work with your Professional Billing team to update Charge Router so that charge modifiers are automatically added based on the visit mode. For more details about recommended workflows and charging tools for telehealth services, refer to the [Charge Capture](#) topic of the Telehealth Strategy Handbook. For instructions to build Charge Handler actions to add modifiers based on rules, refer to the [Build Actions in the Charge Handler](#) topic.

## Vary Patient Instructions by Visit Mode

To configure which instructions appear for various visit modes, complete the setup described in the Create SmartText Patient Instructions section of the [Include Scheduling and Patient Instructions](#) topic. Your rules to determine which instructions appear for each visit mode must include rule property 98323-Telehealth Mode. If you already have rules configured to vary SmartTexts based on other factors, you likely need to create new rules to vary the SmartText by visit mode because your existing rules likely apply only to the visit type's original mode.

## Update Blocks in Provider Schedules to Correspond to Unified Visit Types

Whether you are converting existing visit type build to unified visit types or newly setting up visit types, if you use blocks in provider schedules to limit the types of appointments that can be scheduled at certain times, you need to evaluate that those blocks correspond to unified visit types sensibly. For example, if a visit type that was previously conducted solely through telehealth now has an in-person option, and a provider has a block of time for that visit type where they cannot conduct encounters in person, you'll need to set additional restrictions for that block of time where it is limited to only visits of a certain type that do not use a visit mode of 1-In Person. On the other hand, to optimize use of provider schedules, you might allow scheduling of other visit types within that block now as long as the visit mode used is not 1-In Person.

Refer to the [Restrict Time in Schedules for Specific Visit Types Using Blocks](#) topic for instructions to edit your scheduling blocks build. As part of these updates, you can associate tags with an encounter to track which visit mode it's using and thereby further define in which blocks it is eligible for scheduling. Complete the setup in the following Use Decision Tree Tags to Set the Telehealth Mode for a Visit section to configure the tags that you can then use in your scheduling blocks build.

## Use Visit Modes to Create Unified Visit Types for In-Person and Remote Appointments

### Starting in May 2024

If your organization uses telehealth-related blocks to denote provider time reserved for telehealth visits, you can instead set the visit mode in slots in the provider's template itself and remove the telehealth-related blocks. For example, if a provider has blocks indicating that half the day they are only able to see patients virtually, you can remove the blocks and instead mark the slots in that half of the day with the virtual visit mode. Refer to [Reserving Time in a Provider's Schedule for Visit Modes](#) topic for instructions on how to set up provider's templates with visit mode settings.

## Use Decision Trees to Set the Visit Mode for a Visit

There are two different ways that you can set the visit mode for an appointment:

- Starting in May 2023, use the Set Telehealth Mode node in decision trees to set a visit mode for a visit. Refer to the [Set Telehealth Mode](#) topic for additional information.
- In prior versions, use tags to set a visit mode for a visit. Refer to the steps below for additional information.

To use tags to set a visit mode for a visit, map tags to visit modes and add them with an Add Tag node in decision trees. Before starting your build, we recommend that you review your existing appointment entry decision trees to see whether you already use tags that you can also map to visit modes or whether you need to create new tags for this purpose.

Note that applying visit modes using decision trees works for both appointments scheduled in Hyperspace and in MyChart. You don't need to use a decision tree to allow patients to select a visit mode.

If you need to create new tags for applying visit modes using decision trees, create your tags as values in the Request Tags (I ORD 67320) category list. For more information about working with category lists, refer to the [Modify a Category List's Values](#) topic.

To map tags to visit modes:

1. In Hyperspace, open Cadence System Definitions and go to the Scheduling > Telehealth form.
2. In the Telehealth Settings table, map visit modes to decision tree tags by entering values for each on the same row in the Telehealth Mode (I SDF 12200) and Tag (I SDF 12210) columns, respectively.
3. If your system should use a specific patient arrival location whenever it sets a visit mode using a decision tree, enter that arrival location in the Override Arrival Location (I SDF 12220) column in the same row.

If you needed to create new tags for mapping visit modes, update your decision trees to set these new tags appropriately:

1. In Hyperspace, open your decision tree (search: Appointment Entry Decision Tree).
2. On the Decision Tree tab, click Add Node.
3. With your new node selected, in the Type (I LQL 1200) field, enter Add Tag.
4. In the Tag (I LQL 1275) field, enter the new tag you created for setting a certain visit mode.
5. Move your node to a logical place on the grid and add connections as appropriate.
6. Repeat this set of steps for any other tags that you want this decision tree to be able to set and for any other decision trees that you want to be able to set these tags.
7. Test and release contacts for any decision trees that you edit this way.

For general information about working with decision trees, refer to the [Create a Decision Tree](#) topic.

## Show Visit Mode in Custom Reports and HTML Displays

To show an appointment's visit mode in the Schedule activity for clinicians, the Department Appointments report, or another report, you can add either of the following columns:

- 6050-Appt Telehealth Mode (Icon)
- 6051-Appt Telehealth Mode (Name)

The following columns return the appointment's visit mode as well as the connection status:

- 23161-Telehealth Mode and Video Visit Status - Patient
- 23162-Telehealth Mode and Video Visit Status - Provider

- 23163-Visit Status and Telehealth Mode

Consider adding one of these columns to the Schedule or a report if you want to show visit mode and connection status in one column.

To show an appointment's visit mode in a custom HTML table, refer to the [Create or Modify an HTML Table](#) topic for instructions to add extension 42329-ES Appt Telehealth Mode HTML Display.

## Customize the Names of Visits for Different Visit Modes

You can override visit type names for different visit modes. This makes it easier for patients to tell if their visit is a video visit, telephone visit, or an in-person visit. This overridden visit type name appears only to patients.

You have two options for overriding a visit type name. First, you can override the name completely with a name that corresponds to a visit mode. For example, if you have a visit type called "Follow-up," you could override the name to be "Video Follow-up."

Second, you can append text to the existing visit type name. For example, you could append "(video visit)" to your "Follow-up" visit type so it appears as "Follow-up (video visit)." For this option, you can append a released value from a category list or add your own to the list. The text is appended to the visit type external name (I PRC 901) if set; otherwise, it is appended to the record name (I PRC .2). If you override the name completely as described above, the system does not append this text.

To override the visit type name for visit modes:

1. In Hyperspace, open a visit type record (search: Visit Type).
2. Go to the Telehealth Settings form.
3. In the Telehealth Mode Name Overrides table, enter a telehealth mode (I PRC 1090) and free text for the corresponding override name (I PRC 1091) you want patients to see in MyChart.

To append text to the visit type names for visit modes:

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Go to the Scheduling form > Telehealth form.
3. In the Telehealth Settings table, enter the mode in the Telehealth Mode (I SDF 12200) field and choose one of the available category values, or you can create your own text by adding values to the category list. You want to show for visits with that visit mode in the Append message to Visit Type name (I SDF 12230) field.

These items and category values can be translated for secondary locales. The Epic released category values will already have translations, therefore translation only needs to be done for override names listed in I PRC 1091 and custom category values for I SDF 12230. To translate these items see the [Translate Items for MyChart, MyChart Bedside Workflows, and the After Visit Summary](#) topic and the [Customize and Translate Kiosk Content](#) topic.

## Override the Arrival Time for Different Visit Modes

You can override the arrival time and reason for early arrival for different visit modes. This allows you to adjust the amount of time a patient needs to arrive before their appointment while maintaining fewer visit type records. For example, if a patient needs to prepare earlier for a video visit than a telephone visit, you can maintain those times using a single visit type. Arrival time can be overridden for visit modes at the system or department levels. Within a department, you can also specify overrides for specific visit types.

To configure arrival time offsets for visit modes at the system level:

1. In Hyperspace, open System Definitions (search: Cadence System Definitions).

2. Go the Telehealth form.
3. Find the line in the Telehealth Settings table for the visit mode you want to update or add a new line if that visit mode isn't already present.
4. Enter an arrival time offset in the Override Arrival Offset (I SDF 12240) field and optionally a reason in the Reason for Early Arrival (I SDF 12250) field.

To configure overrides for a department:

1. In Hyperspace, open the departments that you want to edit (search: Department).
2. Go to the Dept Type/Offsets/EOD form (In the Hyperdrive client starting in August 2023, Dept Type/Offsets).
3. Add a new line to the Visit Type and Telehealth Mode Overrides table.
4. To enter an override that applies to all visit types scheduled in this department, enter the visit mode in the Telehealth Mode (I DEP 3713) field, an arrival time offset in the Arrival Offset (I DEP 3711) field, and optionally a reason in the Reason for Early Arrival (I DEP 3712) field.
5. To enter an override that applies only to a specific visit type in this department, enter that visit type in the Visit Type (I DEP 3710) field in addition to the Telehealth Mode, Arrival Offset, and Reason for Early Arrival fields.

If you were previously maintaining separate visit types to account for these differences in arrival time, you can complete the steps in the [Prevent a Visit Type From Being Used](#) topic to deactivate visit types that are no longer needed.

Visit Type and Telehealth Mode Overrides:	Visit Type	Telehealth Mode	Arrival Offset	Reason for Early Arrival
	1	In Person	15	Please arrive early to allow time for patient registration.
	2	Video	5	Please make sure you are able to log into your MyChart account before your appointment begins.
	3			

*The Visit Type and Telehealth Mode Overrides table at the department level.*

## Show Telehealth Metrics in Dashboards

To show a count or percentage of your organization's telehealth visits in a dashboard, refer to the [Add a Resource Record to a Component](#) topic for instructions to add one or both of dashboard resources 42006-ES Telehealth Volume and 42007-ES Telehealth Percentage to a component. Then, if you created new components for these dashboard resources, refer to the [Add a Component to a Dashboard](#) topic for instructions to add your component to a dashboard.

## Allow Schedulers to Skip Collecting Patient Location and Checking Provider Licensure

 Starting in May 2023

When scheduling a visit with a visit mode of Video, schedulers are prompted to select the patient's location at the time of the visit. After schedulers verify the location using the Verified location? checkbox, the system checks to see that the visit's provider is licensed to practice in the patient's location. The system checks provider licensure based on the locations and sublocations in the Telehealth Allowed Locations (I SER 32500) and Telehealth Allowed Sublocations (I SER 32510) fields of a providers' record. If the provider is licensed in the patient's location, schedulers can continue scheduling the appointment. If the provider is not licensed in the patient's location, an error appears stating that the provider is not licensed in the patient's location and scheduling cannot continue. In both Cadence and MyChart, providers with no licensure information set are considered to be licensed everywhere.

If you want schedulers to be able to skip entering a patient's location for some visit types, you can use a rule in

Cadence System Definitions. For example, you might want to disable location collection for patients with a certain type of coverage.

Starting in November 2023, August 2023 with special updates E10603086 and C10603086-MyChart, and May 2023 with special updates E10509689 and C10509689-MyChart, this rule in Cadence System Definitions also applies to patients scheduling video visits through MyChart.

To exclude location collection for certain appointments based on a rule:

1. Create a rule with a context of Appointment Entry Begin. For information about working with rules, refer to the [Create or Edit a Rule](#) topic.
2. Go to the Telehealth node of Cadence System Definitions.
3. In the Rule to Exclude Location Collection for Video Visits (I SDF 12300) field, enter your rule to exclude the collection of patient location for video visits. The rule evaluates when the visit is entered or automatically added to Book It, and when finding available appointment slots in MyChart. If it evaluates as true, the patient location will not be collected for video visits, and providers will not be checked for licensure.

## Allow Schedulers to Override Provider Licensure Requirements

### Starting in May 2023

Schedulers can override licensure requirements and continue to schedule even when a provider is not licensed if they have the Overruling Licensure Requirements for Video Visits (I ECL 5089) security point in their Cadence security class. You can also require that schedulers enter a reason when scheduling with providers that are not licensed. By default, schedulers can select the following values as reasons for scheduling with an unlicensed provider:

- Other
- Provider Approved
- Urgent Need

If you want to update the reasons that schedulers can select for why they scheduled with an unlicensed provider:

1. In Hyperspace, open the Appt Warning Overrule Reason (I EPT 7563) item in Category List Maintenance (search: Category List Maintenance).
2. Add values to the item as necessary.

To require schedulers to enter a reason when they schedule with unlicensed providers:

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions) or go to Epic button > Admin > Schedule Admin > Master File Edit > Department and open a department record.
2. Select the Scheduling > Warnings form.
3. In the Appointment Warning Overrule Reason section, enter Provider Not Licensed in Patient's Location in the Warning (I SDF 11650 or I DEP 1196) column and specify whether an overrule reason is required or recommended in the Reason Requirement (I SDF 11652 or I DEP 1198) column. If you don't enter an appointment warning in this section, the Overrule Reason field doesn't appear for that warning. You can also choose Do Not Show in the Reason Requirement column to prevent the Overrule Reason field from appearing for an appointment warning. You might choose this option if schedulers shouldn't be able to enter an overrule reason for a warning in a certain department but should be able to do so in other departments.
4. In the Collect a single overrule reason for each appointment? (I SDF 11653) field (available only at the system level), enter Yes if you want schedulers to enter one overrule reason for all appointment warnings

that occur during scheduling (not just the Provider Not Licensed in Patient's Location warning). The default value is No. In the Foundation System, this field is set to Yes.

To monitor whether schedulers are correctly overriding the requirement, you can use a report based on Foundation System report [776710-ES Appointments with Licensure Overruled](#), which includes which scheduler overruled the requirement.

## Allow Providers to Override Licensure Requirements

 Starting in August 2024

 May 2024 by SUs E10900113 and E10900977

 February 2024 by SUs E10805955 and E10806637

 November 2023 by SUs E10710049 and E10710552

 August 2023 by SUs E10612394 and E10612545

 May 2023 by SUs E10517504 and E10517600

By default, providers are prevented from joining video visits if they do not have licensure in the patient's location at the time of the visit. You can update a facility- or service area-level setting to allow providers to join video visits in this situation. You might want to do this so that providers have an easy way to talk face-to-face with the patient and explain why they cannot provide care to them while the patient is in their current location. This setting applies to all users in the facility or service area. By default, this item is set to No. If you set this field to Yes and you want to restrict certain users from joining video visits in this situation, you can give them EpicCare Ambulatory security point 539-Disallow Join Video Visit Without Location Licensure. This security point is turned off by default.

To allow all staff in a particular facility or service area to join video visits where the patient is in a location the provider isn't licensed in, follow these steps:

1. In Clinical Administration, go to Facility Structure and select the level you want to enable this for.
2. Go to the Telemedicine Interpretation Configuration screen and enter Yes in the Allow location licensure override? (I EAF 32254) field.

After turning on the facility or service area item for everyone, follow these steps to turn on EpicCare Ambulatory security point 539-Disallow Join Video Visit Without Location Licensure to prevent certain users from joining video visits where the patient is in a location the provider isn't licensed in:

1. In Hyperspace, open a security class in the Security Class Editor activity.
2. Turn on security point 539-Disallow Join Video Visit Without Location Licensure.

## Collect Patient Time Zone for Remote Visit Modes

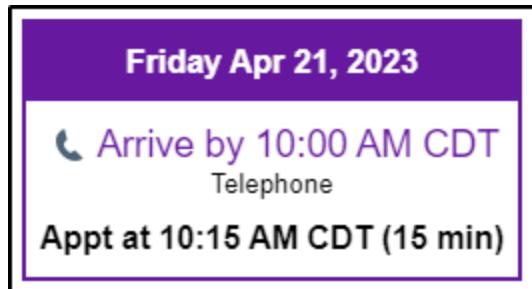
 Starting in May 2023

For visits with a visit mode of video or telephone, you can prompt schedulers to collect a patient time zone.

If you turn this on, choosing a visit mode of Video or Telephone for a visit causes the Patient Time Zone field to appear on the mode selection bubble. When schedulers choose a patient time zone, the time zone appears everywhere in Book It where the appointment time appears. In addition, you can use the Smartlink 60420-App Time with Time Zone (mnemonic: .APPTTIMEWITHTIMEZONE) and new Column (PAF) 5207-Appointment Time In Patient Time Zone to display appointment time with only the patient's time zone. If a time has a time zone abbreviation next to it, that time is in the patient's time zone. If there is no time zone abbreviation next to a time,

that time is in the department time zone.

Starting in August 2023, you can also set up the system to automatically set the patient's time zone in the Patient Time Zone field based on the patient's given location for a remote telehealth visit. This can help speed up telehealth scheduling workflows and reduce user error in calculating a patient's time zone. You can also set preferred time zones for your organization to make those time zones appear as quick buttons next to the Patient Time Zone field during scheduling, giving schedulers an easy way to select the time zones that their patients are most frequently in and allowing them to choose a patient's time zone with just one click.



*Appointment Review appearing with patient time zone.*

In May 2023 and earlier or if you don't set up the system to automatically set the patient's time zone, if there is no default time zone displayed in the Patient Time Zone field, and if the scheduler leaves the field blank all times are displayed in the department time zone.

To prompt users to note the patient's time zone when scheduling visits with a mode of telephone or video:

1. In Hyperspace, go to the Telehealth node of Cadence System Definitions.
2. Set the Collect Patient Time Zone (I SDF 12400) field to Yes.

Starting in August 2023, to have the system automatically choose a patient's time zone based on the patient's given location for a remote telehealth visit and choose your organization's preferred time zones:

1. In Hyperspace, go to the Time Zone Mapping node of Cadence System Definitions.
2. In the Mapping of Time Zones table, add the locations in which your organization sees patients in the Country (I SDF 12450) and State, Province, or Territory (I SDF 12451) fields and associate them with the appropriate time zones in the Time Zone (I SDF 12452) field.
3. In the Time Zone Buttons table, fill in the Quick Button Text (I SDF 12461) field for each of the time zones where your organization sees patients. This quick button text should be a common name for the time zone, and be easily recognizable as the time zone listed in the Time Zone (I SDF 12460) field to schedulers. Check the Preferred checkbox (I SDF 12462) next to your organization's most frequently used time zones, and those time zones will appear when scheduling a telephone visit or a video visit in a location not specified in the Mapping of Time Zones table.

# Visit Type Support: Ongoing Tasks

In this section, we'll cover the tasks that you might need to perform on a regular basis.

## Keep Administrative Notes for Visit Types and Panels

You and other project team members can use the Basic Settings > Notes form in the visit type and panel editors to keep free-text notes about a visit type or panel. This might include notes about why the visit type or panel was created or who requested it.

The screenshot shows the 'Visit Type Edit' interface for 'OFFICE VISIT [1004]'. At the top, there are 'Edit' and 'Read-Only' buttons. On the left, a sidebar lists 'Basic Settings' sections: General, Blocks, Decision Support, Modifiers, Restrictions, Linked Records, Notes (which is selected and highlighted in blue), and Telehealth Settings. The main area is titled 'Notes' and contains a rich text editor toolbar with icons for search, font, bold, italic, underline, etc. Below the toolbar is a text input field containing the note 'Requested by Allison Brooks'.

## Prevent a Visit Type From Being Used

You might want to discontinue a visit type for a variety of reasons. For example, your organization no longer performs a certain procedure or the resources associated with a visit type are temporarily unavailable. In either case, you can deactivate the visit type:

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.
2. Enter a visit type.
3. On the General form, enter Inactive in the Status field. Click Accept.

## Update Visit Type Restrictions Due To Department Roll-Outs

As your organization rolls out Cadence to additional departments, you should reevaluate your visit types to determine whether your existing visit type restrictions are appropriate for the new departments and make changes as necessary.

1. In Hyperspace, follow the path Epic button > Admin > Schedule Admin > Master File Edit > Visit Type.
2. Go to the Restrictions form for your visit type
3. Modify the Specialty Restrictions table by changing the specialty, center, department, or providers that are allowed or restricted from scheduling the visit type.

## Modify Visit Types Based On Department or Provider Requests

When evaluating visit type change requests, determine whether the change is universally applicable across your organization or whether the change only affects certain departments, providers, or combinations of the two.

## Considerations

When you get visit type requests or when planning your initial list of visit types, you might wonder when you should create new visit types and when you should use existing records. Here are some reasons to do each.

Reasons to Modify Existing Visit Types:

- A different length of time needed for a patient of a specific age or gender. Use [visit type modifiers](#) for this need.
- A different length of time needed when scheduled with a certain clinician. Use [visit type modifiers](#) for this need.
- A different length of time needed when scheduled in a certain department. Use [visit type modifiers](#) for this need.
- A visit type is currently used to schedule a provider's time as unavailable. Use [template exceptions](#) for this need.

Reasons to Create New Visit Types:

- The visit requires specific providers (a pool).
- The visit requires another visit prior to scheduling.
- The visit can't be scheduled with 'x' amount of time from another visit type.
- The visit type needs a questionnaire.
- The visit type needs to be scheduled only on certain days of the week. This is common for specialty testing services that require specific machines.
- The visit type can't be scheduled within a certain time frame of an appointment that uses the same visit type.
- The visit type has different copays, referrals, or non-covered services in different departments.
- The visit type needs to use a different visit navigator for the encounter.
- The visit type needs an encounter type that should never be opened by providers, such as an appointment scheduled only to release orders to another system.

The [Visit Types Strategy Handbook](#) contains more information about this topic.

## Update a Visit Type Across Your Organization

When editing a visit type, keep in mind the potential impact of your changes across your organization.

## Modify a Visit Type for Certain Departments or Providers

Instead of creating new visit types to account for specific department or provider requests, you should instead consider using visit type modifiers.

For more information about creating visit type modifiers, refer to the [Modify Visit Types for Certain Patients, Departments, and Providers](#) topic.

## Recalculate Session Counts Due to Visit Type Group Changes

If you use visit type groups with visit type session limits and make changes to the visit types associated with one

of the visit type groups, you can recalculate the visit types the session counts to account for the visit type group changes that you made.

## Considerations

Because the Recalculate Session Counts utility can be resource-intensive, we recommend running it during off-hours.

1. In Cadence Text, go to System Manager Menu > Utility Menu > Recalculate Session Counts.
2. At the Which Center(s) prompt, enter the centers to run the utility for.
3. At the Which Department(s) prompt, enter the departments to run the utility for.
4. At the Do you want session limits calculated now? prompt, enter Yes or No. If you enter No, Cadence recalculates session limits when end of day processing is run.

## Consolidate Visit Types

At some point in your maintenance, you might think that you have too many visit types. This thought might lead you to consolidate your visit type records to a more manageable number.

Why consolidate visit types?

- Reduce maintenance effort.
- Ease of troubleshooting.
- Reduce reporting effort.
- Create more effective training, particularly for users that schedule in multiple departments or across instances.
- Minimize scheduling errors from incorrect visit type selection.
- Promote ease of use, appropriate standardization of processes, and simplicity in workflow/ configuration decisions.

Analysis for visit type consolidation:

1. Collect all visit types.
2. Determine each visit types' last date of use.
  - Eliminate the "low hanging fruit," that is, any visit types that have been used in the past 12 months.
  - Eliminate visit types that are only used by a few providers.
3. Determine which visit types are used by which department, specialty, or provider.
4. Determine any restrictions or rules for the visit type.
5. Determine whether any visit types were created for only reporting purposes.
  - Epic's facility structure (service area, location, department, etc.) might help you eliminate these visit types.

Several organizations have presented at UGM and ACs about their visit type consolidation efforts. You can search the UserWeb for these presentations.

## Determine Best Visit Type Length and Analyze Visit Type

# Modifier Build

## Starting in May 2024

The Visit Type Modifier Analysis utility allows your organization to streamline the process of consolidating visit type modifiers on new visit types, especially when transitioning to the recommended specialty-specific model, as seen in the Foundation System and described in the [Transitioning to System-Guided Scheduling](#) topic. You can use the utility to find the optimal default length for a visit type, ways to consolidate visit type modifiers, and to move visit type modifiers from old visit types to new visit types via importable files. This utility does not automatically create or delete any build in your system and should be run in your production environment or a copy of your production environment.

The utility can be run in two modes:

- Use the Calculate Best Default Length mode to determine the most common visit length used by providers for a specified visit type. Finding this information for a visit type allows you to limit the number of provider-specific visit type length modifiers you need to maintain. You will always run the utility in this mode first.
- Use the Analyze Visit Type Modifiers mode to find duplicate visit type modifiers on existing visit types and to determine visit type modifiers that are needed when moving build from an old visit type to a new one. Finding this information for a visit type allows you to find and eliminate superfluous modifiers and move still-required modifiers to your new visit type.

Because the utility features numerous options, it's easiest to understand how it works and how you will most commonly use it through an example scenario. Let's say you're building a new, specialty-specific Follow Up visit type to be used in your Allergy specialty departments. The process of using the utility to determine the best default length and necessary modifiers for the new visit type might look like this:

You first create a new visit type, Follow Up - Allergy, possibly using the Visit Type Optimization Build Wizard described in the Visit Type Optimization Guide topic.

You then create a spreadsheet file containing the following information and convert it to a .csv file for use in the utility:

Specialty ID	Specialty Name	Old Visit Type ID	Old Visit Type Name	New Visit Type ID	New Visit Type Name
1	Allergy	1002	Follow Up	602	Follow Up - Allergy

The input file can include a header row, like the example above, though it is not necessary to run the utility. It is also not necessary to enter values in the Specialty Name or Specialty ID columns in the input file if you would like to move all modifiers, regardless of specialty considerations, to a new visit type or check an existing visit type for all existing, duplicate modifiers.

After creating this .csv file, you are ready to run the utility. Follow the path Cadence Text > Utility Menu > Visit Type Utilities > Visit Type Modifier Analysis Utility to access the utility.

On the first screen, Background and Throttling options are locked and cannot be configured.

On the second screen, there are three required options.

1. Input file: enter the file path for the .csv file you created above.
2. Analysis mode: this allows you to set which mode you are running the utility in. You will run the utility in Calculate Best Default Length mode first, then modify the new visit type length based on the output.

3. Provider List: This setting determines which SER records need to be considered when the utility calculates the best default length for the new visit type. In most cases, the Provider List setting should be set to check Restrictions from Old Visit Type. You might want to use Restrictions from New Visit Type if the new visit type has significantly different specialty restrictions than the old visit type. Alternatively, you might want to use Past Appointments Scheduled with Old Visit Type if your organization does not use visit type restrictions and instead relies on decision trees or end user intervention to pull in the correct list of providers. If you run the utility using restrictions from past appointments, you need to complete two additional required fields, Start Date and End Date, on the third screen.

Important: When running the utility with the goal of moving build from an old visit type to a new visit type, you should use the same option for Provider List when you run the utility in Calculate Best Default Length mode and Analyze Visit Type Modifiers mode.

On the third screen, there are four required options:

1. Results File: Enter a file path that maps to the location where you will keep the .xml results file. When you run the utility in Calculate Best Default Length mode, the results file created by the utility provides a recommended new visit type length based on the modifiers on the old visit type. This file indicates whether the suggested length is different from the current length, and the percentage and number of providers that use the suggested visit length.
2. Import File: Enter a file path that maps to the location where you will keep the .xml import file. When you run the utility in Calculate Best Default Length mode, the import file created by the utility can be used with import specification PRC,1000 to update the default visit length on the new visit type based on the recommendations from the results file. The import file contains visit type CIDs, which can be useful if you run the utility in a copy of production because the CIDs can be used with Content Management when you migrate the build to production.
3. Error File: Enter a file path that maps to the location where you will keep the .xml error file. This file is only generated if there is an error while running the utility.
4. Consider Date Range: This setting determines how the utility handles modifiers with date range overrides. In this example, you do not want to take date range overrides into consideration, so you select Ignore All Date Range Overrides.

After selecting continue on the third screen, you see a summary screen. Type in Yes and press Enter to run the utility.

After running the utility, you receive a results file and an import file. Review the results file to determine if you should change the length of the new visit type to reflect the most used length and minimize the number of modifiers required. After you have reviewed the results file and verified that you would like to change the new visit type length to the one suggested by the utility, either manually update the new visit length or use import specification PRC,1000 to update the visit type. After setting the new default length, ensure that patient instructions and default-level modifiers are built correctly on the new visit type.

After you have updated the length of the new visit type based on the results file from running the utility in Calculate Best Default Length Mode, you should now run the utility in Analyze Visit Type Modifiers mode.

Again, follow the path d ^S > Utility Menu > Visit Type Utilities > Visit Type Modifier Analysis Utility to access the utility.

On the first screen, Background and Throttling options are locked and cannot be configured.

On the second screen, there are three required options.

1. Input file: enter the same file path for the .csv file you created.
2. Analysis mode: Set which mode you are running the utility in. Select the Analyze Visit Type Modifiers mode.
3. Provider List: Because you ran the utility with Restrictions from Old Visit Type in Calculate Best Default Length mode, now run the utility with Restrictions from Old Visit Type in Analyze Visit Type Modifiers mode.

On the third screen there are five required options.

1. Results File: Enter a file path that maps to the location where you will keep the .xml results file. When you run the utility in Analyze Visit Type Modifiers mode, the results file created by the utility provides a recommendation on whether to move a visit type modifier from the old visit type to the new visit type. It might also call out situations where you need to create a new modifier to retain previous scheduling behavior for specific providers. The file indicates whether the modifier is a default-, provider-, department-, or provider-department-level modifier.
2. Import File: Enter a file path that maps to the location where you will keep the .xml import file. When you run the utility in Analyze Visit Type Modifiers mode, the import file created by the utility can be used with import specification PRC,1040 to move necessary visit type modifiers from the old visit type to the new visit type based on the recommendations from the results file. The import file includes a NOTES column that contains visit type modifier IDs so you can look up modifiers in the results file. This column should be removed from the file before you use the file in an import.
3. VTMs to Delete File: Enter a file path that maps to the location where you will keep the .xml VTM to Delete file. This file created by the utility contains a list of duplicate, inactive, or unnecessary visit type modifier records that can be deleted with the Visit Type Modifier Delete utility.
4. Error File: Enter a file path that maps to the location where you will keep the .xml error file. This file is generated only if there is an error while running the utility.
5. Consider Date Range Overrides: This setting determines how the utility handles modifiers with date range overrides. In this example, you do not want to take date range overrides into consideration, so you select Ignore All Date Range Overrides.

After selecting continue on the third screen, enter Yes on the summary screen and press Enter to run the utility.

After you run the utility, you receive a results file, an import file, and a VTM to Delete file. Review the results file to determine whether you should move visit type modifiers from the old visit type to the new visit type, whether there are any modifiers that need to be manually created on the new visit type, and whether there are any modifiers you should delete. After you have reviewed the results file and verified that you would like to move modifiers to the new visit type, use the import file and import specification PRC,1040 to move necessary visit type modifiers from the old visit type to the new visit type. Then use the VTM to Delete file with the Visit Type Modifiers Delete Utility to delete unnecessary modifiers. You have now successfully created a new visit type with a default length and visit type modifiers that follow the specialty-specific model.

## Considerations

The above example is a recommended workflow. However, there are some additional considerations that are relevant before you use this utility.

- In Calculate Best Default Length mode, the utility does not consider pre-existing modifiers on the new visit type that would be impacted by a change in default length. For example, if the utility suggests changing the default length from 15 to 20 minutes, but an existing modifier adds 5 minutes to the length, this would result in a visit length of 25 minutes where 20 was previously used. These cases should be manually reviewed and updated as needed.
- The utility does not consider decision trees, blocks, templates, panels, or other scheduling build that could affect visit lengths when determining provider-specific visit lengths or analyzing modifiers. The utility also does not consider patient-level visit type modifiers. If your organization heavily uses any of this scheduling build, the utility might not return accurate results. Manually review import files to ensure accuracy before importing them to your environment.

If you have questions about using this utility, contact your Epic representative and mention SLG 7930194.

## Delete Visit Type Modifiers



Starting in August 2023

You can use the Visit Type Modifier Delete Utility to delete visit type modifiers in bulk instead of one by one. Bulk deletion of visit type modifiers is helpful in situations where a provider leaves your organization or a department is no longer in use and all visit type modifiers related to the respective provider or department need to be removed. This utility can be found in the Cadence Utility Menu under Visit Type Utilities but is password-locked because, unlike soft deletions, hard deletions are irreversible. Contact your Epic representative and mention SLG 7816877 to receive the password and consult with them about using the utility.

The utility can be run in two modes:

- Use the Report Mode to test your settings and generate a file to report on what the utility will change when run in Fix Mode. This allows you to verify that your configuration of the utility will only delete the visit type modifiers you want it to.
- Use Fix Mode to delete visit type modifiers according to the settings you configure in the utility. Keep in mind before using Fix mode that hard deletion is irreversible and visit type modifiers can't be recovered after they're deleted.

The utility contains the following configuration options on Screen 1:

1. Mode allows you to set which mode you are running the utility in. Run the utility in Report Mode first if you want to test your settings before deleting visit type modifiers.
2. Interface allows you to set whether the utility generates or suppresses interface messages. It is set to Suppress Interface Messages by default.
3. User allows you to set which user appears in the audit trail when modifying data. You can select only the current user or background users for this prompt. It's set to the current user by default.

The Background, Throttling, and Clarity options are locked and cannot be configured.

The utility contains the following configuration options on Screen 2. Note that all record selection prompts

accept multiple records, as well as subsets:

1. If you want the utility to delete specific visit type modifiers, enter visit type modifiers in the Visit Type Modifiers prompt. Entering records into Visit Type Modifiers locks prompts 2-4 until the specific visit type modifiers are removed from the prompt.
2. If you want the utility to delete visit type modifiers associated with specific visit types, enter visit types in the Visit Types prompt. Entering a visit type in this prompt and no others will cause the utility to update all visit type modifiers attached to the selected visit type.
3. If you want the utility to delete visit type modifiers associated with specific providers, enter the providers in the Providers prompt. Entering a provider in this prompt and no others will cause the utility to update all visit type modifiers specific to this provider, regardless of department or visit type.
4. If you want the utility to delete visit type modifiers associated with specific departments, enter the departments in the Departments prompt. Entering a department in this prompt and no others will cause the utility to update all visit type modifiers specific to this department, regardless of visit type or provider.
5. In the Results File prompt, enter the filepath you want to save the .txt file with the results of the utility to. The results file will display visit type modifiers that would be deleted, if run in Report Mode, or the modifiers that were deleted, if run in Fix Mode. If selected visit type modifiers cannot be deleted by the utility, the results file will include a brief explanation of what prevents their deletion.

If you enter a value in the second and fourth prompt, the first prompt is locked. Remove records from the other prompts if you need to use the first prompt. The second, third, and fourth prompts work together for selection purposes; for example, entering a specific visit type in the second prompt and a specific provider in the third prompt will only remove visit type modifiers on that visit type that relate to that provider.

## Extract and Audit Visit Type Build Information

The Networked Visit Type Export utility creates a spreadsheet with all visit types and related build such as pools, departments, resources, and questionnaires. It can give you a high-level view of what your existing visit type build entails, and can be used to gauge the impact of modifying a build piece that is related to a visit type.

1. Go to Cadence Text > Utility Menu > Visit Type Utilities > PRC Build Extract Utility.
2. At the Proceed? prompt, enter Yes.
3. At the next prompt, specify where you want to save the spreadsheet. The prompt and your options depend on your configuration. For example, you might see the prompt Save Result Checking report to your computer. Enter Yes to open a file path on your computer, or enter No to enter a server file name. Don't enter a file extension at the end of the file name. Depending on the speed of your network, large files can take much less time to save and load if you use the server path option.
4. Open the spreadsheet and review the data.

## View the Records That Are Linked to a Pool

Select the Linked Records form in the pool editor to view a list of visit types and decision trees that use a particular pool. This helps you understand which records are affected by changes you make to a pool.

## Pool - IMG MRI MODALITY POOL [65]

General

Linked Records

### Linked Visit Types

The following visit types use this pool:

- MR TEMPOROMANDIBULAR JOINTS [1050259]
- MR ORBIT FACE NECK WO [1050260]
- MR ORBIT FACE NECK W [1050261]
- MR ORBIT FACE NECK W WO [1050262]
- MRA HEAD WO [1050263]
- MRA HEAD W [1050264]

## View the Records That Are Linked to a Visit Type or Panel

### Starting in November 2022

Select the Linked Records form in the visit type or panel editor to view a list of records that a particular visit type or panel is attached to. This helps you understand which records are affected by changes you make to a visit type or panel. If there are no linked records of a specific type, that record type doesn't appear in the form.

The linked records that will show depending on the visit type or panel are:

- Procedures
- Questionnaires
- Visit Types
- Departments
- Search Algorithms
- Scheduling System Definitions
- Procedure Pass
- Facility Profile
- Reports
- Dental Treatment Plans
- Claim Definition Database
- Patient Access System Definitions
- Groupers
- Encounter Conversion Rules
- Procedure Categories
- Decision Trees
- Panels
- Providers
- Recall/Prereq Templates
- Nurse Triage/Call Management Definitions
- Document Exchange Configuration

- EMR Profiles
- EMR System Definitions
- Radiology System Definitions
- Services
- Web Suite System Definitions
- Rules
- Visit Type Modifiers
- Report Info

**Visit Type Edit - COVID-19 VACCINE [2008]**

[Edit](#) [Read-Only](#)

Basic Settings

- General
- Blocks
- Decision Support
- Modifiers
- Restrictions
- Linked Records**
- Notes
- Telehealth Settings

Appointment Requests

- Order Generation
- Prerequisites
- Recalls

Communications

- Arrival Location
- Instructions
- Printing
- Pull Defaults

Patient Portal/Kiosk

- Kiosk
- Online Scheduling

Reports

- Report Groupers

Procedures

Default visit type for these procedures (Item EAP-10900)

- SARS-COV-2 VACCINE BOOSTER DOSE APPT [APPT41] ↗
- SARS-COV-2 VACCINE 1ST DOSE APPT [171166] ↗
- PFIZER SARS-COV-2 VACCINE 2ND DOSE APPT [171167] ↗
- MODERNA SARS-COV-2 VACCINE 2ND DOSE APPT [171168] ↗
- ASTRAZENECA SARS-COV-2 VACCINE 2ND DOSE APPT [171169] ↗
- NOVAVAX SARS-COV-2 VACCINE 2ND DOSE APPT [172481] ↗
- PFIZER SARS-COV-2 VACCINE 3RD DOSE APPT [APPT37] ↗
- MODERNA SARS-COV-2 VACCINE 3RD DOSE APPT [APPT38] ↗
- PFIZER 5-11 Y.O. SARS-COV-2 VACCINE 2ND DOSE APPT [APPT42] ↗
- PFIZER 5-11 Y.O. SARS-COV-2 VACCINE APPT [APPT43] ↗

Silent scheduling visit type for these procedures (Item EAP-52321)

- PFIZER SARS-COV-2 VACCINE 2ND DOSE APPT [171167] ↗
- MODERNA SARS-COV-2 VACCINE 2ND DOSE APPT [171168] ↗
- NOVAVAX SARS-COV-2 VACCINE 2ND DOSE APPT [172481] ↗

Providers

None

Decision Trees

Appointment Entry decision tree

COVID-19 DECISION TREE [1170000017] ↗

Panels

None

Departments

Mychart configurations (Item DEP-53005,53015,53085,53091,53100,53715,53805)

- EMH RAPID TESTING [10101242]
- EMC FAMILY MEDICINE [10501101]
- EMC PRESCRIPTION NORTH [10501180]
- EMC PRESCRIPTION SOUTH [10501186]
- EMC RAPID IMMUNIZATION [10501200]
- EMC RAPID TESTING [10501322]
- EMC MOBILE VACCINATION [10501323]
- EMC ANTICOAG CLINIC [10501327]
- EHC FAMILY MEDICINE [10505001]

[Previous F7](#) [Next F8](#) [Accept](#)

## Customize the Columns in the Visit Type, Panel, and Agent Select Window for the Master File Editor

To help get a preview of a visit type, panel, or agent (PRC) record before you open it, you can add columns to the window where you search for and select records. For example, it might be helpful for you to see whether a record is active or whether a visit type is advanced.

Launching Visit Type Edit

Visit Type:

Search

Visit Type Name	Visit Type ID	Active?
COVID-19 VACCINE	2008	ACTIVE
APHESIS	33002	ACTIVE
PUBLIC HEALTH SCREENING	2002	ACTIVE
FOLLOW UP - FAMILY MEDICINE	680	ACTIVE
CLINIC-ADMINISTERED MEDICATION	1998	ACTIVE
ESTABLISHED - FAMILY MEDICINE	704	ACTIVE
CONSULT - CARDIOLOGY	480	ACTIVE

1. In Chronicles, access the Shared Configuration (HDF) master file and open your compiled configuration.
2. On the Customer Specific Windows screen, add two rows to the table.
3. In the first row, you define the item numbers that you want to appear in the window.
  - Database (I HDF 900). Enter PRC.
  - Window ID (I HDF 910). Enter 300-Flashback Code.
  - Replace (I HDF 930). Enter Replace.
  - Code (I HDF 920). Enter the code configCols^HWINI("") and specify the items to show in a caret-delimited list. For example, to show the record name (I PRC .2), record ID (I PRC .1), and active/inactive status (I PRC 930), enter configCols^HWINI(".2^1^930"). If an item is a category item or a networked item, you can specify the output style by entering a colon after the item number and entering:
    - 0 for title and abbreviation (category items only)
    - 1 for title
    - 2 for abbreviation
    - 3 for title and ID
    - 4 for abbreviation and ID
    - 5 for ID
4. In the second row, you define the text for the column headers in the window and the width of the columns.
  - Database (I HDF 900). Enter PRC.
  - Window ID (I HDF 910). Enter 301-Flashback Header.
  - Replace (I HDF 930). Enter Replace.
  - Code (I HDF 920). Enter the code configHdr^HWINI("") and specify the parameters as described below. For example, to set column headers for the record name, record ID, and active/inactive status, enter configHdr^HWINI("Visit Type Name^Visit Type ID:15^Active?",2,1,1).
    - The first parameter is a caret-delimited list of column names and widths. To specify a width for a column, enter a colon after the column name and then enter a width. If you do not specify a width, the column automatically expands to fit the information that appears in it.
    - The second parameter is where you define which column is the record ID. In the example above, the record ID is the second column, so this parameter is set to 2.
    - The third parameter is where you define which column is the record name. In the example above, the record name is the first column, so this parameter is set to 1.
    - The fourth parameter is where you define the default sort column. Your search is sorted by the column specified here only when you are not completion matching. If you completion match, the search is sorted based on the text that you enter. If you leave this parameter blank, your search is sorted by the column listed in the third parameter.

## Update Telehealth Modes for Multiple Scheduled Appointments

If you need to change telehealth modes for many scheduled appointments at once, such as changing many in-person visits to video if unexpected circumstances prevent your organization from having many patients on site, you can save schedulers time by using a utility to do so. The utility allows you to update scheduled appointments

in either of the following ways:

- Make all future appointments within a specified date range that don't already have an assigned telehealth mode use their default telehealth modes. You can use a patient context rule to further limit which kinds of appointments are updated.
- Make a subset of future patient appointments use a specified telehealth mode.

If you need to update only a few appointments this way, we recommend having schedulers manually update telehealth modes using the Change Appointment workflow instead.

To run the utility, in Cadence Text, go to Utility Menu > Telehealth Mode Update and follow the prompts.

- Note that the utility resets any manually entered arrival times.

# Visit Type Support: Common Issues

## A visit type isn't available for a given department.

### Solution

- Make sure the visit type is active. To do this, check the Status field on the General form.
- Look at the restrictions for the visit type. Open the visit type in question and check the Restrictions form. Here, you can see whether any specialty restrictions exist for the visit type. For example, the visit type might be restricted to certain department specialties, departments, centers, or providers.
- Check the security classification restrictions for specific users. To do this, go to the Restrictions form for your visit type and look at the Security Classification Restrictions table. Here you can see whether the user's security class is preventing her from scheduling with the visit type.

## A visit type's length is incorrect.

If a department contacts you about an incorrect visit type length, it is important to know the circumstances under which they saw the incorrect length:

- Visit type
- Scheduling department
- Provider
- Patient

Knowing this information can help you determine whether a visit type modifier was involved.

### Solution

#### Solution A

1. Open the visit type and look at the Modifiers form.
2. Determine whether the visit type length was affected by a visit type modifier.

#### Solution B

If the appointment wasn't affected by a visit type modifier, you can check whether a patient-level visit type modifier was involved:

1. Open the Appointment Desk for the affected patient.
2. Select Patient Options > Pat VT Mods.
3. Verify whether the patient has any visit type modifiers that affected the visit type length.

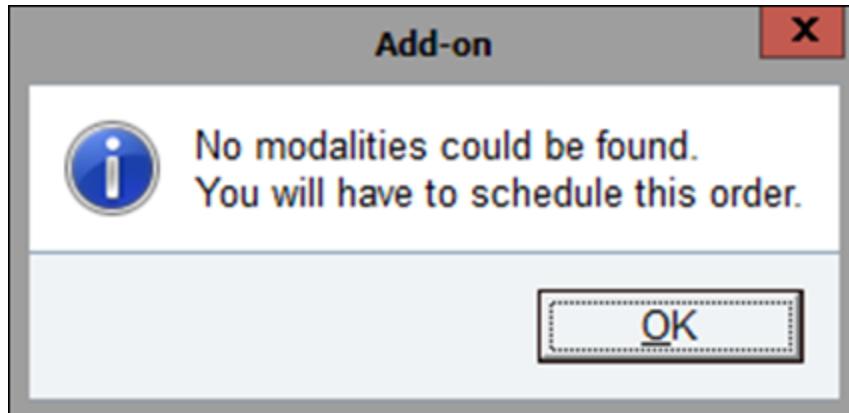
## A visit type is pulling in the wrong pool.

### Solution

1. Open the visit type in Hyperspace.
2. On the Advanced form, check the Schedule with Pools table:
  - Verify whether the appropriate pools are listed and change them if necessary.
  - If the visit type has conditional pools, check the Pool Conditions section of the form to verify

whether the pool conditions are built correctly. Edit them as necessary.

## A "No modalities could be found" error appears when an imaging front desk user clicks Add-on.



This error message is telling the user that the procedure must be manually scheduled.

### Solution

There are two likely reasons why this error appears:

- The visit type linked to the selected order isn't linked to a pool of resources for scheduling, or that pool is not listed as active. To resolve the error, refer to the [Associate Pools with an Advanced Visit Type](#) topic.
- If the visit type is linked to a pool of resources, the modalities listed in the pool have incorrect scheduling build. To resolve the error, refer to the [Create a Resource Record](#) topic.

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