



Billing for MyChart Messages at UCSF

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Associate CMIO, Ambulatory Care

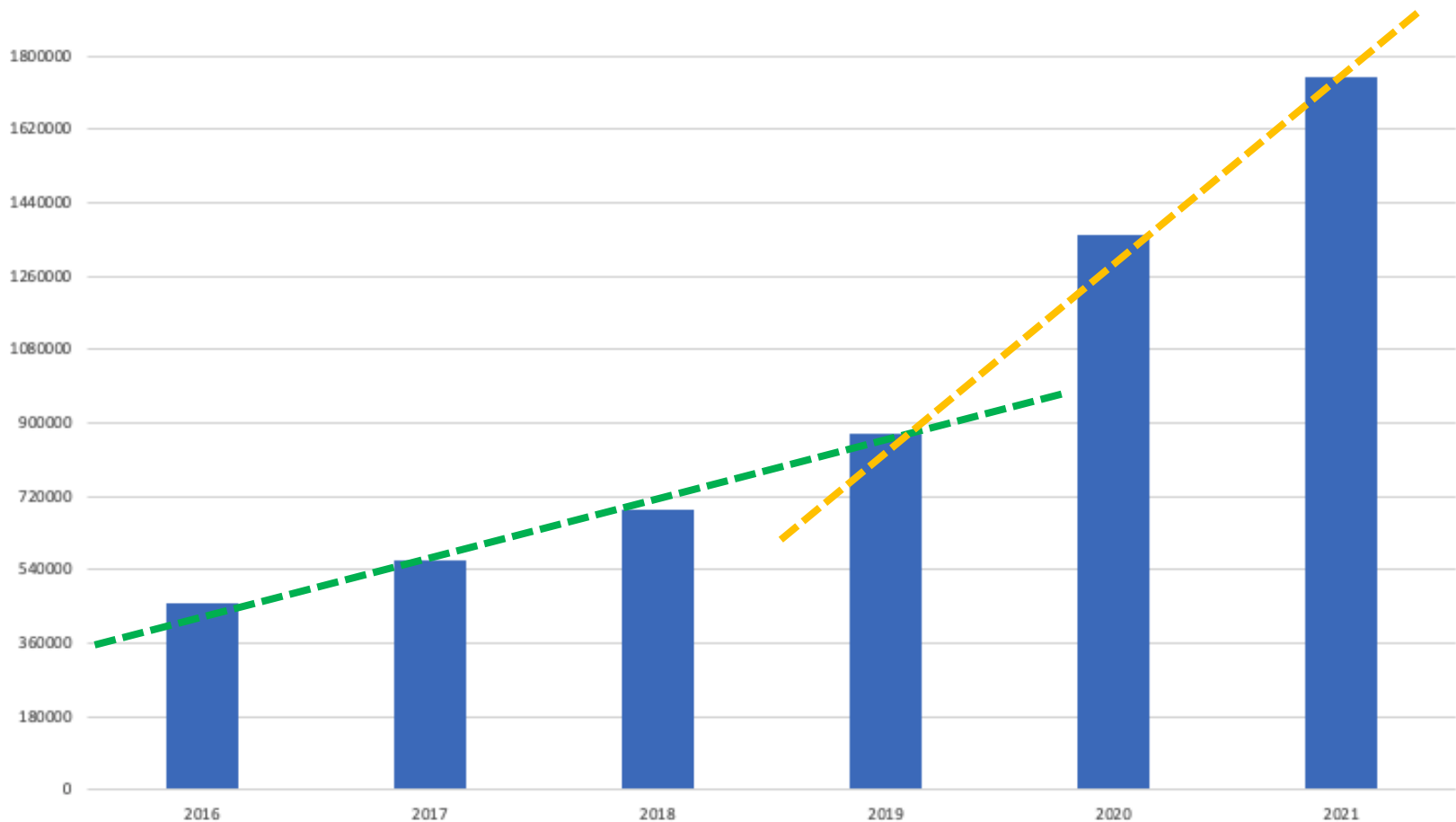
Katie Grouse, MD
Physician Lead, Ambulatory Informatics

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Chief Health Information Officer

MyChart messages at UCSF

- Volume increased 400% in last 5 years
- Clear patient demand for this type of virtual healthcare



Physician Distress

“The main challenge is that the number of MyChart messages has climbed inexorably, so that it is impossible to keep up...” Our division has no one to help faculty cover them, even when we are on call for inpatient consults. I am also working 2-4 hrs more at night to attempt to finish working, and another 4-5 hrs on each weekend day.”

“The pandemic shifted a tremendous amount of acute and subacute care to outpatient providers, and **much of it was uncompensated because there are no easy mechanisms for converting an In Basket message to a compensated visit.** Those of us who are dedicated to patient care will not ignore a plea for help from a patient who is struggling at home...but all of this is unrecognized and uncompensated.”

“The workload has increased immensely. While increased accessibility has been helpful in expanding patient access to care, it has also **created challenges in establishing boundaries and patients having expectations of the care team always being available and accessible for them.**”

“eVisit” 9942{1,2,3} CPT Codes

CPT	Minutes	RVUs	Charges
99421	5-10	0.25	\$80
99422	11-20	0.50	\$158
99423	21+	0.80	\$255

Average reimbursement: \$65/eVisit

Average RVUs: 0.40/eVisit

Visit Type	wRVU
99202: Level 2 New (video or in-person)	0.93
99203: Level 3 New (video or in-person)	1.60
99204: Level 4 New (video or in-person)	2.60
99205: Level 5 New (video or in-person)	3.50
99211: Level 1 f/u (video or in-person)	0.18
99212: Level 2 f/u (video or in-person)	0.70
99213: Level 3 f/u (video or in-person)	1.30
99214: Level 4 f/u (video or in-person)	1.92
99215: Level 5 f/u (video or in-person)	2.80
99441: Telephone (5-10 min)	0.70
99442: Telephone (11-20 min)	1.30
99443: Telephone (21-30 min)	1.92
99421: eVisit (5-10 min)	0.25
99422: eVisit (11-20 min)	0.50
99423: eVisit (21-30 min)	0.80
G2010: Virtual Check-in	0.18
G2012: Virtual Check-in (5-10 mins)	0.25
99417: Prolonged services day of visit (each 15 mins)	0.61
G2212: Prolonged services day of visit (each 15 mins)	0.61
99358: Prolonged services different date (30-74 mins)	2.10
99359: Prolonged services different date (each addl 30 mins)	1.00

Medi-Cal pays E & M rates for telephone visits

First Iteration – Patient Self-Triage

July 2020

Ask a Question

All MyChart messaging is for **non-urgent communications only** and your questions/requests may take up to 3 business days for a response. If you require a more immediate response, please call your provider's office directly. To request an in-person or video visit appointment via MyChart, please [click here](#) to schedule an appointment.

Please choose from the options below.

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.

Message your Provider

You would like to send an update or ask a follow-up question about a recent visit.

Request eVisit (see additional information in right sidebar)

You would like to receive online (written) care from your healthcare provider by answering simple questions about a medical problem, and upload optional photographs.

(NOT for: scheduling video or clinic visits, annual check-ups, or follow-up questions about recent surgery)

Request a Medication Refill

You would like to request a refill or renewal of a current medication.

Customer Service Question

You have a question related to a bill, your insurance, or another non-medical concern.

COVID-19 & Flu Symptom Checker

Having cold or flu symptoms and worried about the novel Coronavirus (COVID-19)? Click here to get started and connected to care.

Schedule a Clinic or Video Visit

Need to make an appointment or request a video visit with your provider? Click here to schedule online!

[BACK TO THE HOME PAGE](#)

eVisit Information

For your convenience, eVisits are available to established patients with clinicians you have seen before, and are recommended for:

- Answers to simple questions about a new or existing problem
- Evaluation of a simple new lesion or new rash
- Chronic disease check-in when onsite, in-person visit is not necessary, including possible need for medication changes
- Flare-up of a longstanding, established condition

For a simple follow-up question related to a prior visit, please select Message your Provider instead.

Note: eVisit communication occurs in writing through MyChart. One eVisit is available per patient, per week (every 7 days). Fees may occur. Please click the Request eVisit button to review the full eVisit Terms and Conditions.

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[BACK TO THE HC](#)

- Worked somewhat. 3960 completed in the first ~15 months
- Patients liked them
 - 92% felt the provider addressed their needs completely
 - 95% found it helpful and easy to use
- However, ~ **99.825%** of MyChart messages stayed as simple “messages” (no CPT code) even when they were medically complex

Second Iteration – Provider Does The Triage

November 2021

New message

Who do you want to message?

This is for **NON-URGENT messages only**. Please allow 1 to 3 business days for a response.

For urgent concerns, call the clinic. For emergencies, call 911 or go to the nearest hospital.

Healthcare Team

Healthcare Team

Choose a recipient:

Elad Ziv
Primary care provider

← Back Healthcare Team

Messaging for medical advice

Please note: This message exchange with your health care provider **may be billed to your insurance** if the response requires medical expertise and more than a few minutes of your health provider's time.

Most message exchanges don't fall into this category and are free. But if yours does qualify, copays and deductibles may apply.

[Learn more about potential costs >](#)

[I understand and want to send a message](#)

[I prefer to schedule an in-person or video visit](#)

Other actions:

- [Refill a prescription](#)
- [Reschedule or cancel a visit](#)
- [See test results](#)

Second Iteration – Provider Does The Triage

All Patient Advice (MyChart) Messages messages go to one In Basket folder

- MAs and RNs can respond via MyChart message
- **Providers can Reply via MyChart message or “Medical Advice Message” as appropriate**

The screenshot displays the MyChart interface. At the top, a toolbar includes options like 'Refresh', 'Edit Pools', 'Manage Pools', 'Preferences', 'Search', 'Manage QuickActions', 'Attach', 'Out', and 'Properties'. Below this, a navigation bar shows '10 unread, 38 total' messages, a 'Sort & Filter' dropdown, and a 'QuickActions' menu. The 'QuickActions' menu is open, highlighting 'Reply to Patient' and 'Medical Advice Message' with red boxes. The main content area shows a message from Rachel McTest, dated 10/22/2021 at 1:17 PM, with the subject 'Worsening Headache'. The message text reads: 'My headache seems to be getting worse. I'm taking aspirin every day, but have not really seen noticeable improvement. Is there something else I can take for this?'. Below the message, there are sections for 'Encounter Messages' and 'Message Recipients and Status'. The 'Encounter Messages' section shows a table with columns for Read, Composed, From, To, and Subject. The 'Message Recipients and Status' section shows a table with columns for Recipient, Status Changed By, Status Changed at, Recipient Status, and Carbon Copy.

QuickActions ▾ ✓ Done | **Reply to Patient** | MyChrt Enc | **Medical Advice Message** | Postpone More ▾

Next appt with me: None

← **Message** | Patient Info | Labs/Vitals | Meds/Problems | My Last Note | Last PCP Note | Open Orders More ▾

Worsening Headache

McTest, Rachel → You 20 minutes ago (1:56 PM)

RM My headache seems to be getting worse. I'm taking aspirin every day, but have not really seen noticeable improvement. Is there something else I can take for this?

Encounter Messages

Read	Composed	From	To	Subject
Y	10/22/2021 1:56 PM	Rachel McTest	Ucsfambmd, MD	Worsening Headache

Message Recipients and Status

Recipient	Status Changed By	Status Changed at	Recipient Status	Carbon Copy?
Ucsfambmd, MD	Ucsfambmd, MD	Fri Oct 22, 2021 2:12 PM	Read [2]	To [0]

Provider's Workflow

- 1) Reply to patient using .MEDICALADVICEREPLY
- 2) Add diagnoses, and orders if needed
- 3) Use Medical Advice button to add consent statement with time spent
- 4) Select 9924{1,2,3} based on time spent
- 5) Sign encounter

9/28/2021 visit with Maria Elizabeth Byron, MD for MYCHART E-VISIT

Family Switch Dosage Table Appts Change Enc Provider/Dept

Contacts Questionnaires Meds & Orders SmartSets Visit Diagnoses Problem List Patient Reported Vitals History Allergies

Medication Review MyChart Msg Send Appt Request/Pt Message Visit Media LOS Routing

MyChart Message

+ New Message

Subject Delivery

→ Vomit 9/28/2021 11:19 AM

To: GMMZ MYCHART CLINICAL A
From: Rachel McTest
Created: 9/28/2021 11:19 AM

This message has not been handled.

I threw up, help

Close Previous Next

Send Appt Request/Pt Message

Go to New Patient Message

Visit Media

+ Add

No media to display

Level of Service

Search for new charge + Add

Medical Advice Message Level of Service Quick List

Medical Advice 5-10 minutes 99421 (CPT®)	Medical Advice 11-20 minutes 99422 (CPT®)	Medical Advice >20 minutes 99423 (CPT®)	No Charge NC001 (CPT®)
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+ ADD ORDER + ADD DX (1)

PRINT AVS SIGN VISIT

Ucsfambmd, MD Physician

Yesterday

Edit

This patient gave consent for this Medical Advice Message and is aware that it may result in a bill to their insurance, as well as the possibility of receiving a bill for a copay and/or deductible. They are an established patient, but are not seeking information exclusively about a problem treated during an in person or video visit in the last seven days. I did not recommend an in person or video visit within seven days of my reply.

See the MyChart message reply for my assessment and plan.

I spent a total of *** minutes reviewing the patient's prior medical records and current request for medical advice, prescribing medications or ordering tests (if applicable), replying to the patient, and documenting the encounter.

.MEDICALADVICEREPLY SmartPhrase

To: McTest Rachel

Regarding: Rachel McTest

Subject: Your Issue

Message type: MyChart Mass Message

☒ Notify me if not read by 8/14/2021

Reply Options:
☐ Do not allow patient reply
☐ Allow reply directly to me

Delivery Date:
Deliver on:

Insert SmartText

Thank you for your message seeking medical advice.* My assessment and recommendation are as follows:

Sincerely,
[Name, MD]

* This exchange required the expertise of a doctor, nurse practitioner, physician assistant, optometrist or certified nurse midwife and qualifies as a [Medical Advice Message](#). UCSF will bill your insurance on your behalf; copays and deductibles may apply.

✓ Accept and Send ✗ Cancel

The Fundamental Why

- **Provider MyChart Messaging is often health care, like any other form of health care**
- **Helps patients understand that medical advice outside a scheduled visit is medical care**
- Credits providers
- Helps support this work
 - May allow for carved-out time during daytime hours
 - May create opportunity to hire billing providers to perform this work
 - For providers with RVU targets, helps providers achieve those targets with work they are already doing

Impact on Patients

- Potential copay for services they had been receiving for free
 - Out of pocket costs
 - Medicare and Medi-Cal
 - No out-of-pocket cost for most patients
 - < 3% of patients pay \$3 - \$6
 - Private Insurers
 - Some charge co-pays similar to in-person or video visits: \$10 or \$20
 - If deductible applies, average is \$65 -- affects 4% of eVisits
- **Sustainability for their provider**
- Considerable discussion about the implications to **patient satisfaction, public understanding, and financial impact on patients, including disparities**

Prospective Patient Input

Patient and Family Advisory Councils and patient qualitative research informed design

- **Qualitative research themes**
 - Patients state they don't know when a Medical Advice Message is appropriate and are comfortable having the clinician decide
 - Patients are ok with a copay
- **PFAC input**
 - Positive reception
 - Consent about billing was clear
 - Explanatory newsletter and website article were helpful
 - Concern that it may encourage patients to call instead of message
 - Concern that it may be a barrier to care for some patients

All Patient Announcement

Medical Advice Through MyChart Messages

Starting Nov. 14, when you message your doctor through MyChart, if the response requires medical expertise and more than a few minutes of the provider's time, **it may be billed to your insurance**. Most messages will be free, and even if a message is billed to insurance, many patients won't have to pay anything. (Learn more about [potential costs](#).)

We understand that messaging your doctor can be a convenient way to seek medical advice, and it has become exceedingly popular – especially in the past year, as the pandemic spurred demand for virtual health care options.

Thankfully, insurance companies recognize that virtual care is a valid and important way for patients to obtain medical advice. They now cover all of the following:

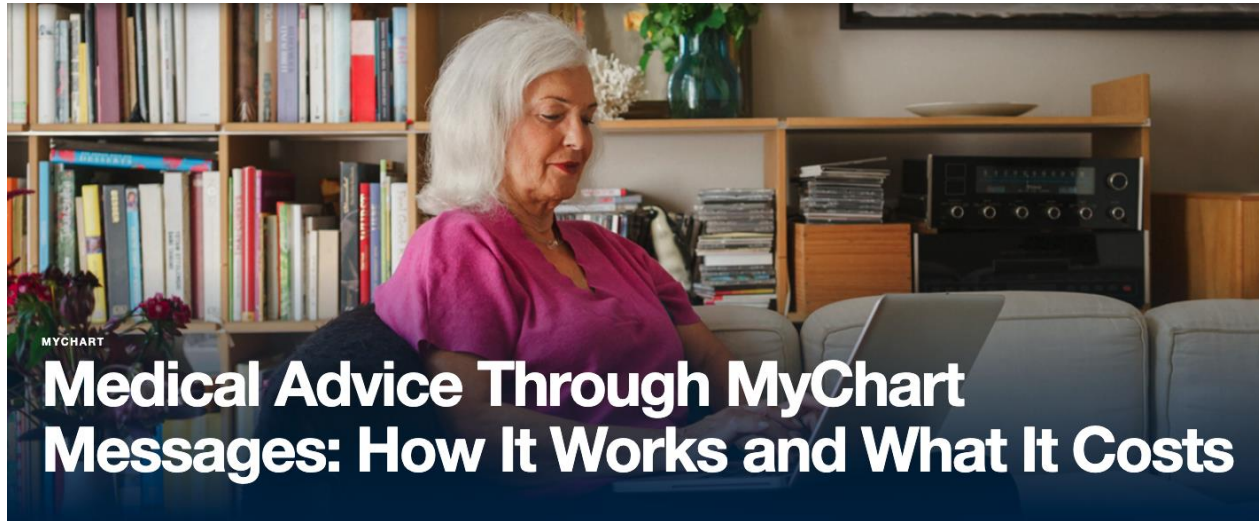
- In-person visits
- Video visits
- Telephone visits
- Medical advice messaging (through MyChart)

We're pleased to offer you all of these choices, and we'll continue to do everything we can to provide our patients with timely, top-tier care.

[Learn more about medical advice messaging through MyChart >](#)

Website Article

www.ucsfhealth.org/mychart/medical-advice-messages



Messaging your doctor can be a convenient way to get medical advice. You can send a note through MyChart whenever you have time – day or night – and your provider will typically reply in one to three business days. Depending on your needs and schedule, this can be a great alternative to an in-person, video or telephone visit.

Cost of medical advice through MyChart messages

Most messages are free. But starting Nov. 14, 2021, if a response requires medical expertise and more than a few minutes of your health care provider's time, **it may be billed to your insurance.**

Your provider will determine whether a message exchange should be billed to insurance. If so, UCSF will handle the billing on your behalf. (See the "What counts" sections below for examples of what might be billed and what won't.)

Even if a message is billed to insurance, many patients won't have to pay anything. For those who do, out-of-pocket expenses for this type of care vary by insurance plan and are generally low. Here's what to expect:

Insurance plan	Cost of a Medical Advice Message
Medicare and Medi-Cal	For most patients, no out-of-pocket cost. For a small number of patients, the cost could be \$3 to \$6.
Private insurance	Some patients will have copayments similar to those for in-person or video visits (common copays are \$10 and \$20). If a deductible applies, the charge is likely to be less than the cost of an in-person or video visit (an average amount is around \$65).

What counts as Medical Advice Messaging?

What counts as medical advice messaging

If your doctor, nurse practitioner, physician assistant, optometrist or certified nurse midwife needs to make a clinical assessment or medical decision, order a test or medication, or review your medical history in order to respond to your message – or if it takes more than a few minutes to respond – the provider may bill the message exchange to your insurance.

Examples of messages that may be billed to insurance:

- * A new issue or symptom requiring medical assessment or referral
- * Adjusting medications
- * Chronic disease check-in
- * Flare-up or change in chronic condition
- * Request to complete a form

What doesn't count?

What doesn't count as medical advice messaging

If your message does not require clinical evaluation or medical advice from a doctor, nurse practitioner, physician assistant, optometrist or certified nurse midwife – or if it can be answered quickly and easily – it won't cost you anything.

Examples of messages that won't be billed to insurance:

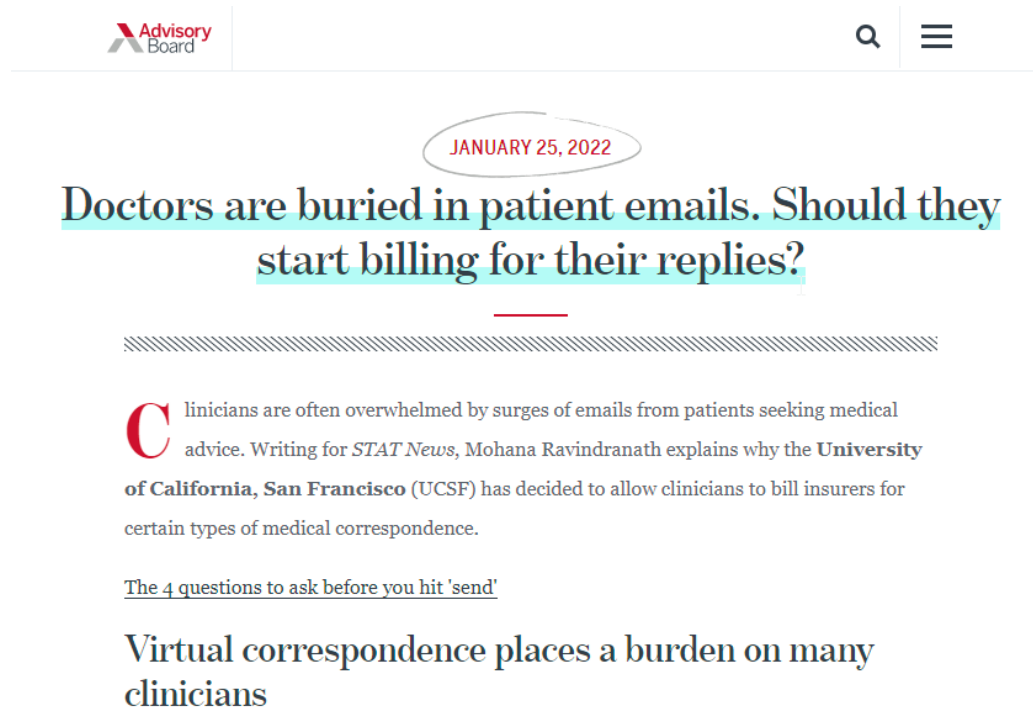
- * Request for a prescription refill
- * Request to schedule an appointment
- * Message that leads your provider to recommend a visit
- * Follow-up care related to a recent surgery (within the past 90 days) – with exceptions for some surgeries
- * Update for your doctor when no response is needed
- * Message that takes only a few minutes to answer

For Providers: Requirements to Bill for Medical Advice Message

- Doctors, nurse practitioners, physician assistants, optometrists, certified nurse midwives
- Requires medical decision-making and at least 5 minutes time
- Established patient (seen in the department in prior 3 years)
- Initiated by the patient
- Cannot be preceded by visit for same problem in same department in prior 7 days
- Cannot result in appointment in same department for same problem in subsequent 7 days
- Messages pertaining to conditions covered under surgical and perinatal global periods cannot be billed as Medical Advice Messages

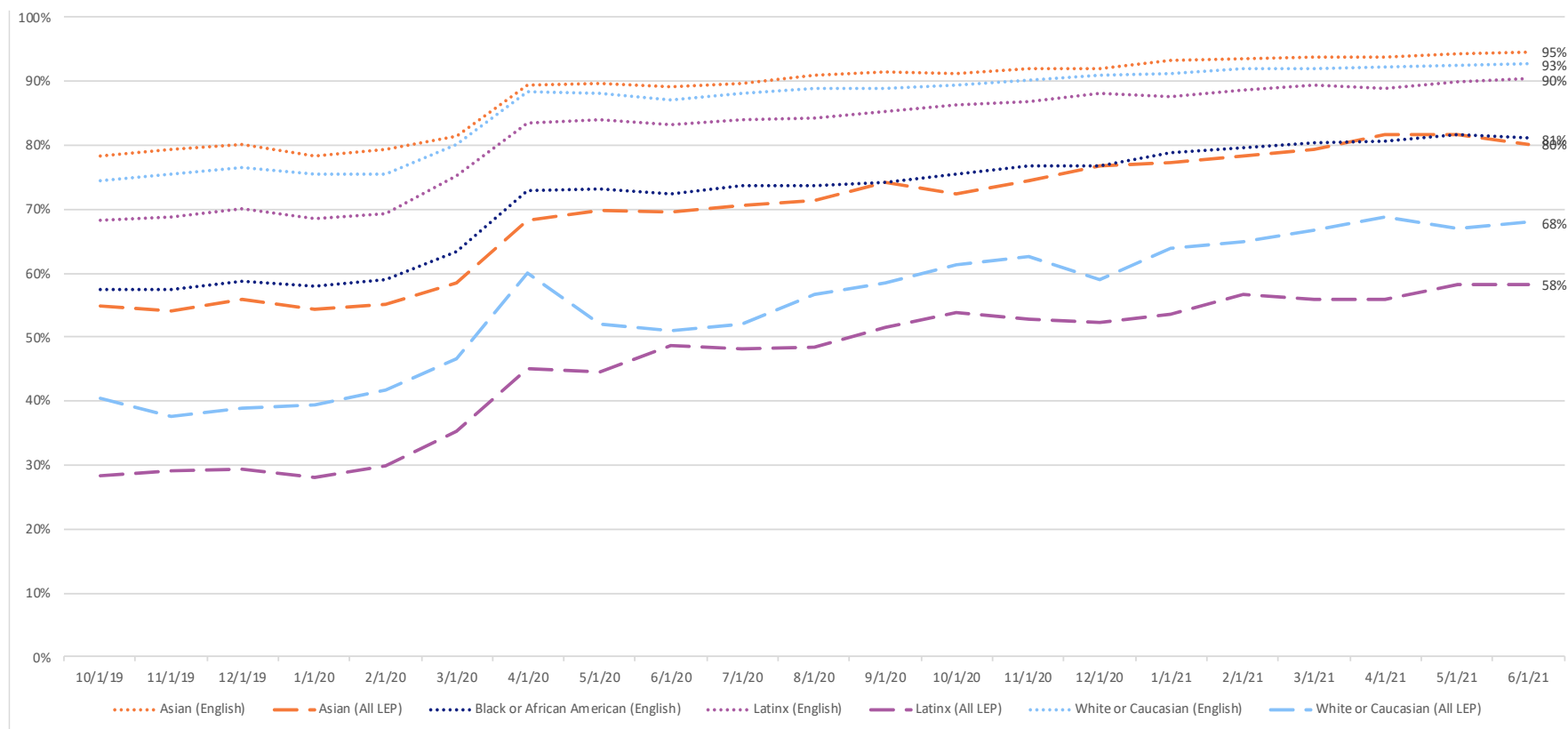
Experience

- **Very little patient concern** expressed since launch, though not zero
- Some **provider groups** concerned about access and disparities
- Provider use is **uneven**, but high in some areas, and growing



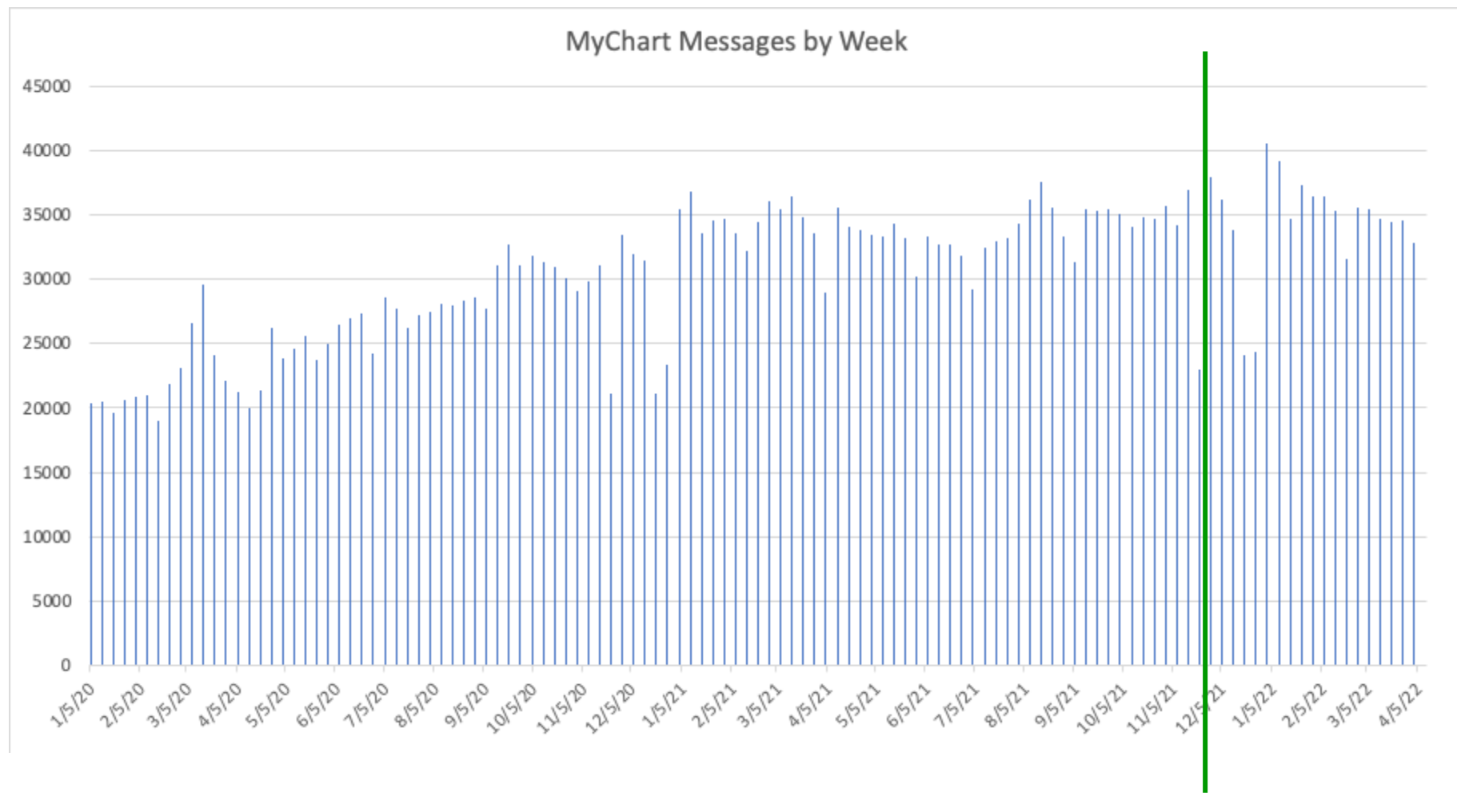
Monitoring for Disparities

- We have disparities by race/ethnicity and language in MyChart utilization we are working to address
- We are monitoring for additional disparities created by this change



Impact on Incoming MyChart Message Volume

Although reducing appropriate messaging is **not** a goal



Thank you!

russ.cucina@ucsf.edu

Working with Trainees

- Only attending time counts for billing
- Attending attests the trainee note; prompt for attending time spent is included in attestation
- Attending selects the CPT

Attest Note

Attest in Encounter

My Note

Note Details

Service:

Peter Bedford Cooch, MD

Resident

Specialty: Pediatrics

Encounter Date: 10/5/2021

Progress Notes

Cosign Needed

Insert SmartText

10/06/21

ATTESTATION:
I reviewed and verified the trainee's documentation. I spent a total of *** minutes reviewing the patient's prior medical records and current request for medical advice, prescribing medications or ordering tests (if applicable), and reviewing the trainee's documentation.

UCSFAMBMD, MD
10/6/2021

Pend

Sign

Cancel

Message

More Info

LOS/Charges

Cosign-Required Note

Received: Today

Peter Bedford Cooch, MD → Ucsfambmd, MD

Attached Notes

Progress Notes by Peter Bedford Cooch, MD at 10/5/2021 7:17 AM

Author: Peter Bedford Cooch, MD

Service: —

Author Type: Resident

Filed: 10/6/2021 10:32 AM

Encounter Date: 10/5/2021

Note Type: Progress Notes

Status: Cosign Needed

Editor: Peter Bedford Cooch, MD (Resident)

Cosign Required: Yes

This patient gave consent for this Medical Advice Message and is aware that it may result in a bill to their insurance, as well as the possibility of receiving a bill for a copay and/or deductible. They are an established patient, but are not seeking information exclusively about a problem treated during an in person or video visit in the last seven days. I did not recommend an in person or video visit within seven days of my reply.

See the MyChart message reply for my assessment and plan.

Sensitive Services for Patients 12-17 years

- All Medical Advice Message encounters are hidden from Past Visits in MyChart for patients 12-17 years at go-live
- Going forward, they are visible for patients 12-17 years by default, and providers can select “Yes” to hide them for sensitive services

The screenshot shows the MyChart Sensitive Designation dialog box. The dialog box has a title bar with a document icon and the text "MyChart Sensitive Designation". Below the title bar, there is a question: "Hide From MyChart Past Appointments?". To the right of the question are two buttons: "Yes" and "No". The "Yes" button is highlighted with a red box, and a red arrow points to it. Below the question, there is a text box that says: "This encounter will show under Past Appointments in MyChart by Default." Below this text box, there is another text box that says: "If clinically appropriate or for any privacy concerns, a selection of 'Yes' will suppress from MyChart." At the bottom of the dialog box, there are two buttons: "Restore" and "Close". The "Close" button has a green checkmark icon. At the bottom right of the dialog box, there are two buttons: "Previous" and "Next".

10/27/2021 visit with Ucsfambmd, MD for MYCHART E-VISIT

MyChart Sensitive Designation

Hide From MyChart Past Appointments? **Yes** No

This encounter will show under Past Appointments in MyChart by Default.

If clinically appropriate or for any privacy concerns, a selection of 'Yes' will suppress from MyChart.

Restore Close Previous Next