



Billing for MyChart Messages at UCSF AMDIS 2023 Update

Spoiler Alert – our results are not interesting, but they might be meta-interesting

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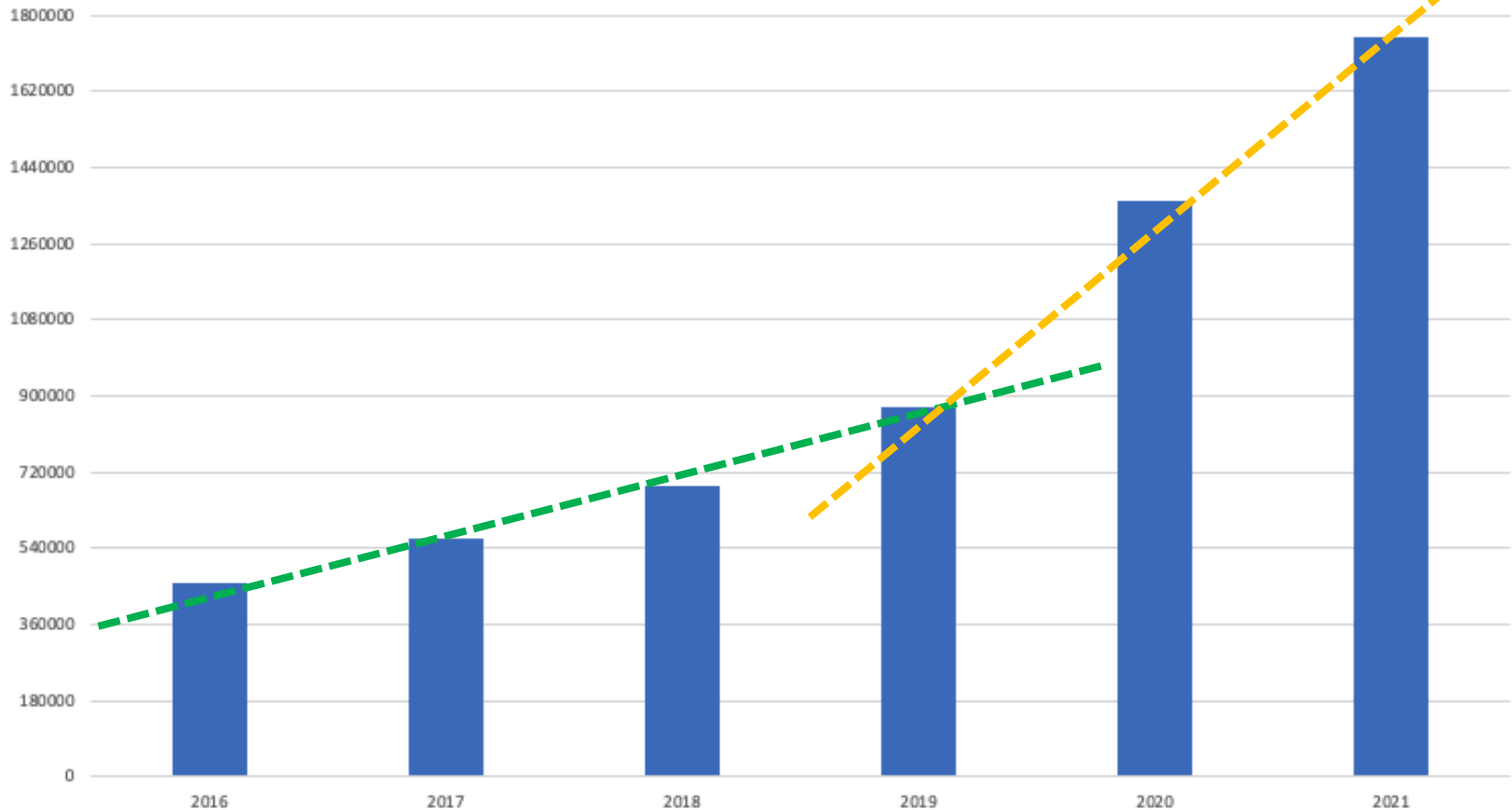
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MyChart messages at UCSF

- Volume increased 400% in the 5 years ending 2021, while visit volume increased ~50%
- Clear patient demand for this type of virtual healthcare



December 2021

Patient Is Informed During Send-Message Flow

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 →



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](#)

Provider Decides To Bill, Or Not

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 In Basket interface. At the top, a toolbar contains various actions: Refresh, Edit Pools, Manage Pools, Preferences, Search, Manage QuickActions, Attach, Out, Properties, and a notification badge for 39 unread items. Below the toolbar, a list of messages is shown on the left. The selected message is from Rachel McTest, dated 10/22/2021 at 1:56 PM, with the subject 'Worsening Headache'. The patient profile in the center identifies Rachel McTest as a 19-year-old female, born 12/31/2001, with a weight of None and phone number 415-810-1766. The message detail view on the right shows the message content: '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 is an 'Encounter Messages' table and a 'Message Recipients and Status' table.

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

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

“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

Impact on Patients

- Considerable debate about implications to patient satisfaction, public perception, and financial impact on patients, including **disparities**
- Potential copay for health care 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

Rationale

- We bill for in-person visits
- We bill for MyChart messaging on the same rationale as we bill for in-person visits, because complex physician MyChart messaging with medical decision-making is health care like an in-person visit.
- Credits providers
 - For UCSF, potential additional 67,000 RVUs
- Helps support the work
 - May allow for carved-out time during daytime hours
 - May create opportunity to hire billing providers to perform this work

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:

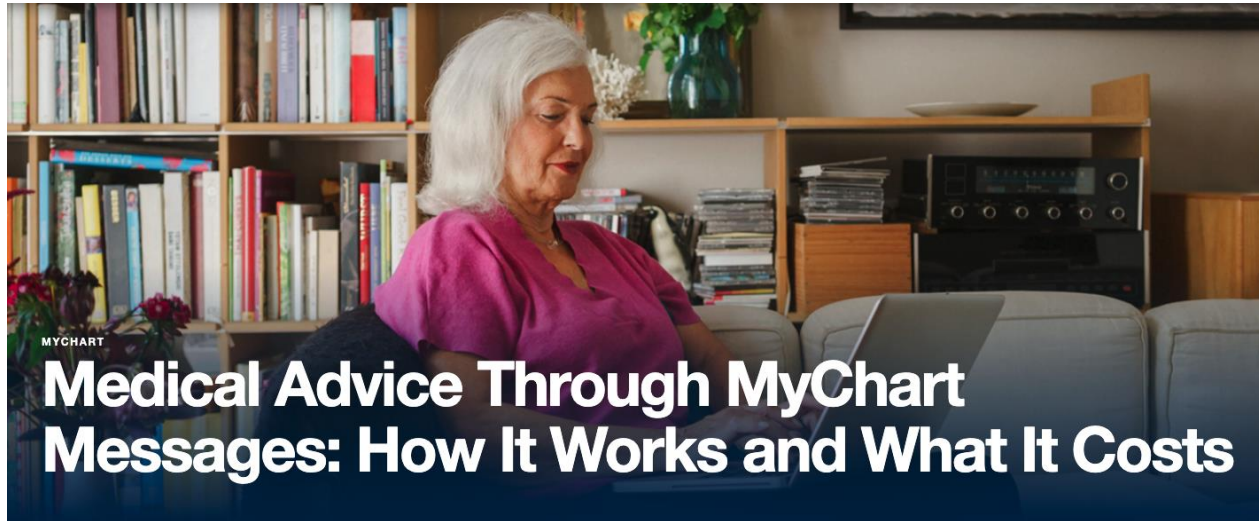
- In-person visits
- Video visits
- Telephone visits
- Medical advice messaging (through MyChart)

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

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).

Experience

- **Adoption rate is ~3%**
 - A small number of providers have been strong adopters
 - Most providers have not adopted it
 - Effectively zero negative patient or public feedback

Experience

In Basket Message Metric Trend and Comparison

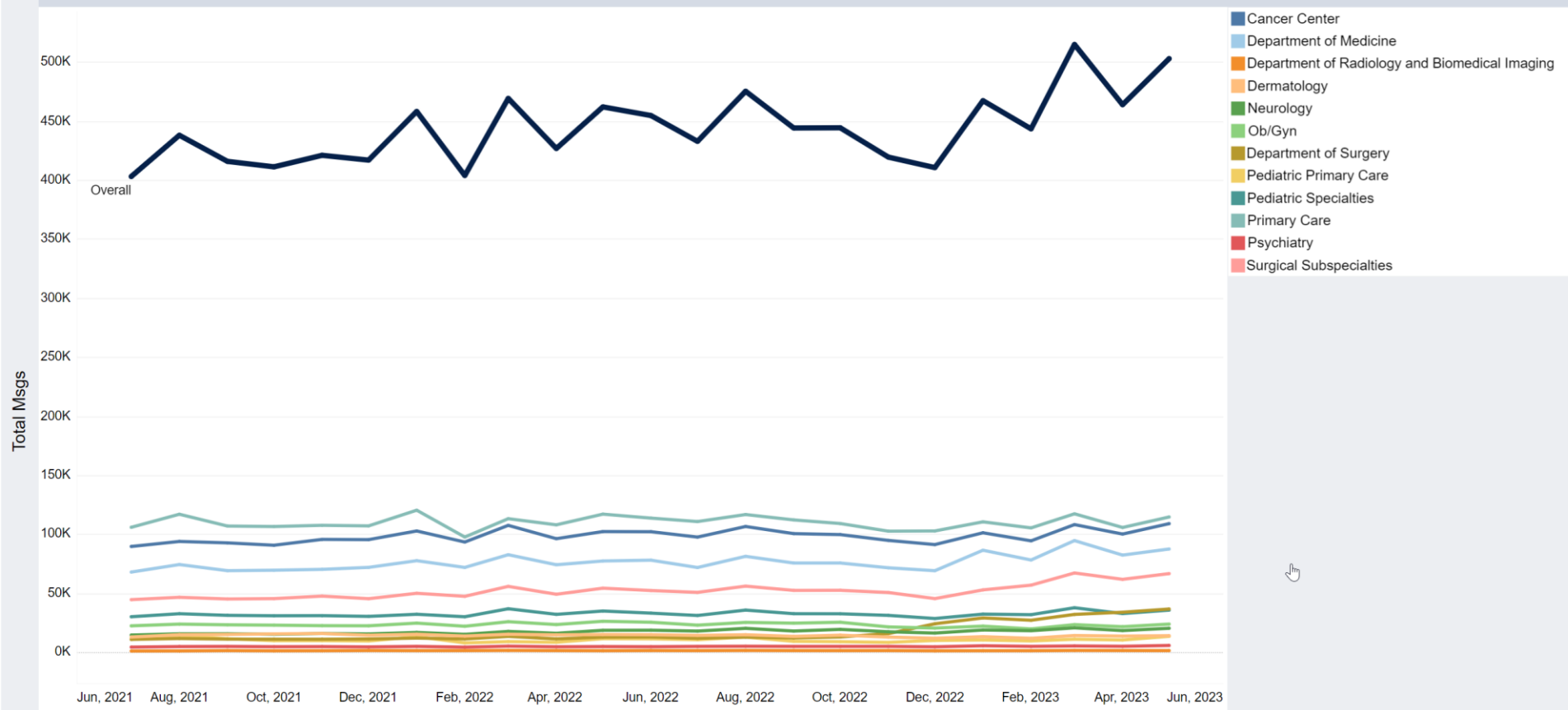
Dashboard Filters

Message Metric	Date Range	Recipient Type	Show Overall
Total Msgs	Last 24 months	(All)	<input checked="" type="radio"/> Yes <input type="radio"/> No

Use ctrl+click (cmd+click on mac) or click and drag to select multiple values

By Ambulatory Area

Select Ambulatory Area(s) below



By Clinic

Select Clinic(s) below

Experience

In Basket Message Metric Trend and Comparison

Dashboard Filters

Message Metric: Total Msgs

Date Range: Last 24 months

Recipient Type: (All)

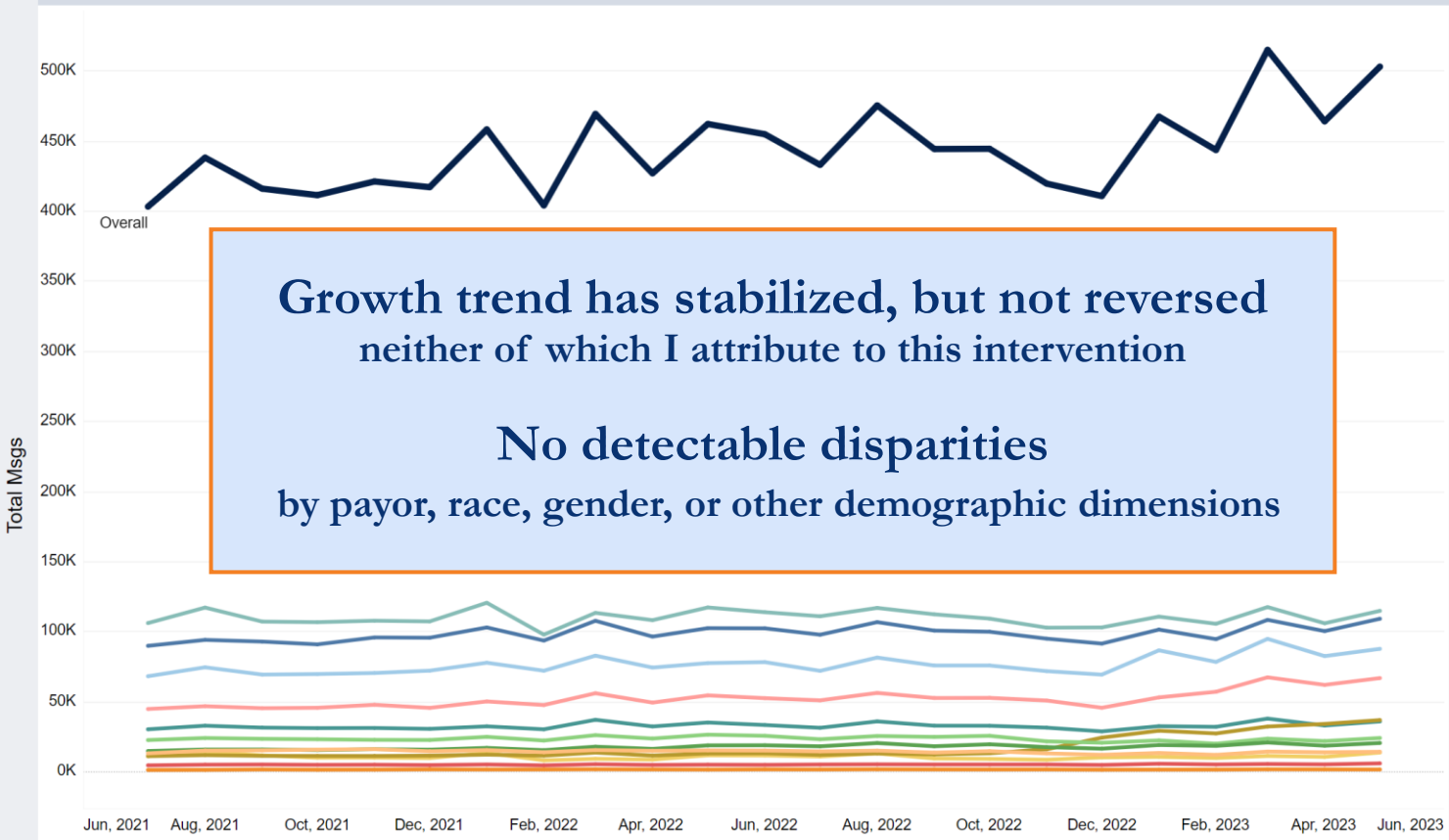
Show Overall: Yes No

Use ctrl+click (cmd+click on mac) or click and drag to select multiple values

By Ambulatory Area

Select Ambulatory Area(s) below

- Cancer Center
- Department of Medicine
- Department of Radiology and Biomedical Imaging
- Dermatology
- Neurology
- Ob/Gyn
- Department of Surgery
- Pediatric Primary Care
- Pediatric Specialties
- Primary Care
- Psychiatry
- Surgical Subspecialties



By Clinic

Select Clinic(s) below

Now What?

- **Major focus on staffing**
- **Provider-specific analytics adjusted for clinical volumes**
 - Sneak preview – we see **300%+ variance** in how much **time** providers *in the same practice* spend in their inbaskets, *adjusted for clinical volume*
 - we can hypothesize on sources for this variance
 - next step is to understand this
 - I suspect **EHR skill and training is important**, but not the only factor
- **GPT in Epic this Fall** (we need to take an upgrade)

Thank you!

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