MyChart Medical Advice E-visit Billing Tip Sheet

Overview

MyChart messages that are **patient-initiated** can be billed if reviewing and responding requires **more than 5 minutes** and involves **evaluation and management**. Please note that patients <u>cannot</u> be billed if seen for the same issue within 7 days – *before or after* - the date of service for the MyChart E-visit. Providers that can bill for E-visits: Physicians, Nurse Practitioners, Physician Assistants, Optometrists, and Certified Nurse Midwifes.

This tip sheet explains how to document and bill for these messages.

Patient Message reply

MyChart Messages that require evaluation and management and more than 5 minutes of a provider's time can be done with the following steps:

1. If a message meets criteria for an E-Visit please open it as an MyChart Encounter.
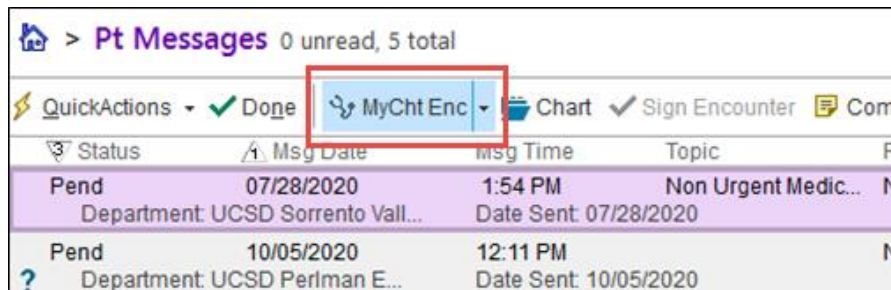
2. Reply to patient in MyChart using the SmartPhrase **.MedicalAdviceReply** to inform patient of your recommendations and to include the language necessary for identifying this as a billable note.

    *   Please note total time reviewing patient chart, reading message, and replying to message for the billing encounter.

Billing in a MyChart Encounter

Once you are done sending the MyChart message, the billing is completed in the MyChart encounter.

1. In the MyChart encounter, open a Progress Note and use the SmartPhrase **.MedicalAdviceNote** (or select this option in the drop down **.NonFace2FaceEncounters** SmartPhrase). Please document the total time spent and review the SmartPhrase details to make sure your message meets necessary criteria. You **do not need** to copy the MyChart message. There is a billing "tip" section that will automatically be removed when you sign the note.
2. Add a diagnosis code.
3. Go to "Take Action" section for the Charge Capture to select the appropriate CPT code (99421 for 5-10 min, 99422 for 11-20 min, 99423 for 21+ min).

4. When Charge Capture, service date, and Progress Note are complete, you can close the MyChart visit or it will automatically close at 10 days.
5. Charges will be held for 30 days to review whether any encounters with same provider occurred within 7 days of the MyChart Billing service date.

Billing Codes

99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

99422 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

99423 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Requirements to bill for a MyChart Medical Advice Message / eVisit

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

What Counts as MyChart Medical Advice Messaging / eVisit?

✓ A new issue or symptom requiring medical assessment or referral Adjusting medications

✓ Chronic disease check-in

✓ Flare-up or change in chronic condition

What Doesn't Count as MyChart Medical Advice Messaging / eVisit?

⊘ Request for a prescription refill

⊘ Request to schedule an appointment

⊘ Message that leads to recommending a visit

⊘ Follow-up care related to a recent surgery (within the global period) – with exceptions for some surgeries

⊘ Update to the patient when no response is needed Message that takes only a few minutes to answer

Common Scenarios

Adjusting a treatment plan

- Medical Advice Message = incorporating new information or forming new treatment plan

- Patient with chronic headache, prior medication no longer working

- MyChart message = implementing pre-determined plan

- Patient seen for back pain, agreed to try home exercises and refer for PT if needed. Patient now messages requesting PT referral.

Counseling

- Medical Advice Message = new question

- I read an article about my condition. Do you think x is right for me?

- MyChart message = clarification

- I can't remember what you said about when I should use x.

Billable Examples of MyChart Messages

Q: Patient reports side effects of a medication provided 12 days ago when seen in clinic; asking for advice on changing medication vs symptoms management.

A: Billable: Patient-initiated question, medical evaluation and management needed, not related to E&M service in past 7 days, more than 5 minutes taken between messaging with patient, chart review, and prescription updates.

Q: Patient replies to an old sent message from the provider (e.g. lab results) with a new issue/question about medication management for unrelated diagnoses.

A: Billable: Patient-initiated question, medical evaluation and management needed, not related to E&M service in past 7 days, more than 5 minutes taken between messaging with patient, chart review, and prescription updates.

Q: Patient requests switching from one medication to another SSRI that is accepted for his military medical certification.

A: Billable: Patient-initiated question, medical evaluation and management needed, not related to E&M service in past 7 days, more than 5 minutes taken between messaging with patient, chart review, and prescription updates.

Q: Adolescent patient (age 12-17) with own MyChart account sends a question to their general pediatrics provider about a birth control medication concern.

A: Billable: Adolescents electronically consent for a billable service by Iowa law related to sexual health prevention/screening/treatment, substance abuse treatment, or reproductive care/contraception.

Provider should explain that the parent/guardian may receive a bill or EOB from insurance company, so the privacy of the visit isn't guaranteed using this method of communication/care services.

Non-Billable Examples of MyChart Messages

Q: Provider sends a patient a MyChart Message as a follow up to recent lab results and plan of care adjustments needed based on those results.

A: Not billable: Messaging was not patient-initiated.

Q: Patient sends message to ask if FMLA paperwork has been submitted yet.

A: Not billable: No medical evaluation and management needed, or service provided.

Potentially-Billable Examples of MyChart Messages

Q: Patient inquired about a wound she was seen for 6 days ago, photo included with the message.

A: *Potentially* billable – patient was seen in clinic for E&M visit < 7 days ago related to this question, depending on question, increased time spent or complexity of decision making may apply.

Provider should drop the charge which will hit a claim edit for coders to review. Charge may be added to the previous E&M service to be billed.

Q: Patient reached out with update on issues discussed at E&M visit 4 days ago. Previous decision was not to treat with medications, but symptoms have continued to worsen over last 4 days.

A: *Potentially* billable – patient was seen in clinic for E&M visit < 7 days ago related to this question, worsening symptoms may have increased the time spent or complexity of service provided.

Provider should drop the charge which will hit a claim edit for coders to review. Charge may be added to the previous E&M service to be billed.

If there are any questions, please contact the Service Desk at 714-456-3333 (UCI Health) or 619-543-4357 (UC San Diego Health).