

PROVIDER EDUCATION TIP SHEET

MYCHART MEDICAL ADVICE E-VISIT FAQ'S & COMMON SCENARIOS

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

Commons 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 last month, 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?
 - I saw a commercial for medication x. 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 FAQ's

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.

Q: Patient sends a message requesting medical advice. Provider responds via MyChart. Patient then replies with multiple additional questions in their follow-up MyChart message.

A: **Billable:** Patient-initiated question, medical evaluation and management needed, not related to E&M service in past 7 days. All time related to providing the patient with medical advice can be aggregated and billed per total time spent. Minimum time threshold is 5 mins in order to bill.

Q: Patient sends a message requesting medical advice for an unrelated problem to their visit 4 days ago.

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 providing medical advice.

Non-Billable Examples of MyChart Messages FAQ's

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.

Q: Patient calls into the clinic and asks for the results of their recent imaging, lab, and/or diagnostic service.

A: **Not billable:** Messaging was not patient-initiated through MyChart. (Refer to additional tip sheets linked here for other potential options to capture this service: schedule an in-person follow-up clinic visit or a follow-up video visit, perform a [Non-Face-to-Face Prolonged](#) service or a [Telephone Call](#))

Q: Patient sends message to ask a question, Resident responds via MyChart Message.

A: **Not billable:** Residents are not billable providers of MyChart messages. In order to bill for e-Visit, the physician/APP needs to communicate with the patient via MyChart.

Q: Patient is on vacation out-of-state and sends message to ask for medical advice.

A: **Not billable:** Provider cannot practice medicine outside the state of California unless they are licensed to do so. The rules for providing telemedicine services are determined by the state of the patient's physical location, and the rules surrounding provider licensure requirements are governed by that state. See additional guidance [here](#).

Q: Patient sends message to their LCSW or Psychologist to ask for medical advice.

A: **Not billable:** These provider types are not included as billable providers for e-visit at this time.

Potentially-Billable Examples of MyChart Messages FAQ's

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.

Important Things to Remember

- Epic does not provide timekeeping functionality for MyChart / e-Visits.
- If time is cumulative over multiple messages, noting time spent on each message is the best practice recommendation. This will allow the provider to easily aggregate the total time spent in the multiple messages and/or dates during the 7-day period.
- Patient out-of-pocket costs may apply and will vary depending upon the health plan and patient's coverage.
- If a patient initiated MyChart Message is better responded to by the provider via a telephone call, video visit or an in-person visit, these can be scheduled and billed as such.



MyChart Medical Advice Messaging/eVisit Billing Tip Sheet can be found [here](#)

Resources:

University of California, San Francisco Health
University of Iowa Health Care