

E-Visits and Billing for MyChart Messages – Provider FAQs

General Questions

Can I bill for responses to MyChart messages seeking medical advice and/or that are complex?

Starting March 15, 2024, using the E-Visit workflow in Epic, adult primary care providers may bill for message responses that involve the evaluation, assessment, and management of the patient's condition and 5 or more minutes of provider time. E-Visits will not be available to other departments on March 15, but they may begin requesting E-Visits at this time by opening an HIT Help Desk ticket.

What's an E-Visit?

- E-Visits are an Epic workflow that converts the patient's MyChart message into an encounter that will allow the provider to document and bill for their response.
- E-Visits are online, asynchronous visits that are an alternative to a traditional office or video visit.
- The messages that lead to E-Visits must be initiated by the patient.
- All E-Visit communication occurs in writing through MyChart; there is no video or phone contact between patient and provider.
- Insurance is billed for this online service, though coverage varies. Patients may have copayments, coinsurance, or deductibles even when their insurer covers the visit. The maximum out-of-pocket expense for a patient is \$45.
- E-Visits may only be billed once every 7 days and may not be billed when they lead to an in-person or video visit.

I just want to bill for my time responding to complex messages- why do I have to use E-Visits?

The E-Visit is an existing Epic workflow that can be quickly deployed across the enterprise to allow providers to bill for time responding to messages, while also ensuring a transparent process for patients in which they consent to the billing (if they do not consent, patients are advised to make an appointment to address their question). Using this workflow helps to ensure proper documentation of the patient's consent, and provider documentation of the "visit." It also creates a consistent patient experience across the health system. It is widely used at other peer institutions and is considered user-friendly for providers and patients.

What's the criteria for billing for MyChart message?

- Must be patient-initiated medical question(s) via MyChart (cannot be initiated by phone and cannot stem from a conversation initiated by the provider).
- The response must require 5 or more minutes of provider time.
 - Only PROVIDER time is billable.
 - Resident and clinical staff time spent responding to messages is not billable.
- The question may involve a new medical issue or exacerbation of existing condition which may include prescribing/adjusting medications and placing orders.
- Must be an established patient 18 years-old or older.

What types of messages may not be billed?

Most MyChart messages are not billable. Some examples of non-billable messages include:

- Messages that take less than five minutes to answer
- Prescription refill requests
- Appointment requests
- Sharing test results
- Messages about an issue addressed during a visit in the last 7 days
- Patient is in a global period for the same or similar condition
- Messages that lead to a visit in the next 7 days
- Follow-up care linked to recent surgery/procedure
- Messages that do not require a response

Do E-Visits generate wRVUs?

E-Visits are not intended to generate significant wRVUs, but they help recognize the time and expertise spent caring for patients by giving credit for work that many providers are already doing and documenting the encounter in the patient record. They may also help truncate lengthy message exchanges with patients by initiating conversations about scheduling appointments to address complex concerns.

The E-Visit billing codes and associated wRVUs are:

- 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 (.25 wRVU)
- 99422: 11-20 minutes (.50 wRVU)
- 99423: 21 or more minutes (.80 wRVU)

Using E-Visits

How do I use E-Visits to bill for MyChart message responses?

Once you convert the MyChart message to an E-Visit, the workflow will send the patient a questionnaire to gather more information about their symptoms/condition. The provider reviews the answers along with medical records and recommends a treatment plan. **Patients should receive your response within one business day** (M-F, 8 a.m. – 5 p.m.) of submitting their questionnaire answers.

A detailed [E-Visit User Guide](#) is available in the [Epic Learning Library](#). It includes step-by-step instructions and screenshots of what the provider and patient see throughout the E-Visit encounter.

Once it's determined a message can be billed, what are the key requirements for conducting an E-Visit?

- **Only providers may order E-Visits.** Clinical team members may flag and route messages that are appropriate for E-Visits to providers, but they may not complete the order.
- The patient must consent to the E-Visit and billing (built into workflow).
- Provider must document in the E-Visit note the date the patient initiated the MyChart message (note template includes reminder).

- Documentation of total provider time (resident time is not billable).
- Patients should receive provider response within one business day (M-F, 8 a.m. – 5 p.m.) of submitting their questionnaire responses.

What activities can be considered in the time spent on an E-Visit?

- Review of the initial patient inquiry
- Review of records or data pertinent to assessment of problem
- Interaction with clinical staff focused on patient problem
- Development of management plan
- Ordering prescriptions and tests
- Follow-up communication with the patient
- Complete medical record documentation of all communication
- Care coordination

What types of E-Visit orders are available?

Initially, adult primary care providers will have E-Visit orders available for UTI and heartburn, as well as a general E-Visit to be used for all other questions/conditions. Epic has E-Visit orders available for several common conditions, so as our use of E-Visits matures, new orders/types will be added based on a prioritization process that includes looking at data on the drivers of patient messages. Other departments may also request E-Visits (and the accompanying appropriate orders).

Are E-Visits added to my schedule?

No. E-Visits are asynchronous patient encounters and are not added to clinic schedules. They may be completed during the same time that you would normally respond to MyChart messages.

What if I order an E-Visit and the patient responds to the questionnaire while I'm away?

Patients have 7 days to respond to an E-Visit questionnaire before it expires and the E-Visit is automatically canceled. If their question responses are submitted when the ordering provider is away, the covering provider may complete the E-Visit. The RVU/charges would go to the provider who answered the E-Visit and placed the charge (just as when a covering provider sees someone else's patient for a video or in-person visit). If the covering provider is not comfortable completing the E-Visit, they would offer the patient a video or in-person visit to address the patient's needs.

Am I required to bill for MyChart messages via E-Visits?

No. When a patient message meets the criteria for billing via E-Visits, the choice to do so is at the discretion of the provider (at this time, E-Visits will not be discoverable for patients to request). We are making E-Visits available at the request of providers; no one is required to use it.

Patient Experience**What have patients been told about billing for MyChart messages and E-Visits?**

The week of February 26, 2024, patients will receive communication via MyChart about the plan to enable billing for complex MyChart messages starting in mid-March. This communication directs patients to a set of [FAQs](#) on uvahealth.com for more information. When patients initiate a new MyChart message, they will also see an interruptive prompt alerting them to this change (also linking

to the FAQs). Patient-facing service teams (call center, billing, MyChart help desk, etc.) have also been resourced to answer patient questions about the change.

The key points conveyed to patients are:

- Most UVA Health MyChart messages with your care team are *not* billable.
- Some responses that require medical expertise and five minutes or more of your clinicians' time may be billed to your insurance as an E-Visit.
- Your insurance may still require a copayment, coinsurance, or deductible for an E-Visit. If insurance does not cover the full cost, you may receive a bill for this care.
- You will not be billed without your consent.
- Your out-of-pocket costs will not exceed \$45.

[See patient FAQs and interruptive prompt.](#)

How do patients opt-out of an E-Visit?

A patient may cancel the E-Visit without incurring expenses at any point *before* submitting their questionnaire responses to the provider, even if they initially consented to the E-Visit (if a patient declines the E-Visit, they are advised to schedule an in-person or video visit with their provider to address their question). If the patient does not respond to the questionnaire within 7 calendar days, the E-Visit will automatically cancel with no charges incurred.

How much do E-Visits cost patients?

UVA Health has established a flat \$45 fee for E-Visits. This expense will be billed to patients' insurance. Some – though not all – insurance companies will cover part or all this expense. A patient will never owe more than \$45 for an E-Visit. If the E-Visit results in a video or in-person visit, the patient will not be charged for the E-Visit. For more details, see the [patient FAQs](#).

Will the E-Visit generate an after-visit summary for the patient?

Yes. An after-visit summary will be available to the patient in the “Visits” section of MyChart.

Can a patient request an E-Visit instead of an in-person or video visit?

Not really. E-Visits are designed to deal with situations where a patient messages their provider with questions or issues that require the provider's evaluation and management in order to adequately respond. They are not necessarily an alternative to a video or in-person visit that would be scheduled ahead of time. So, while an E-Visit must be *prompted* by the *patient's* question (a provider cannot initiate a message chain that they then convert to an E-Visit), only adult primary care providers may initiate E-Visits at this time. Access/scheduling staff may not schedule an E-Visit. Ambulatory leadership will gather feedback and monitor E-Visit use and may consider making them available for patients to request in the future (this is done at the department level, so the department would need to be aligned on the change- it cannot be done on an individual provider basis).