

Medical Advice Through MyChart Messages: How It Works and What It Costs

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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, your provider 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, some 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 often low. Here's what to expect:

Insurance plan	Cost of a medical advice message
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Medicare	For most patients, no out-of-pocket cost. For a small number of patients, the cost could be \$3 to \$6. Patients with Medicare Advantage will have a co-payment of \$20 (the cost of an in-person or video visit).
Medi-Cal	No out-of-pocket costs.
Private insurance	Some patients will have co-payments similar to those for in-person or video visits (common copays are \$10 and \$20). If a deductible applies, the full amount will be charged (average amount is around \$75).

To learn your out-of-pocket cost for a medical advice message, contact your insurer. If the representative asks for a "CPT code" to help them identify this type of visit, tell them the relevant codes are 99421, 99422 and 99423 (these three codes reflect varying amounts of time your provider may spend handling a particular message). Medi-Cal uses its own code: G2012.

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 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

Why are some messages billed to insurance?

Messaging health care providers has become a popular way to seek medical advice, especially with the pandemic spurring demand for virtual health care options. Thankfully, insurance companies recognize that virtual care is a valid and important way for patients to get medical advice. They now cover all of the following:

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

While the majority of messages sent through MyChart are handled quickly and never billed to insurance, those that require time and expertise are a form of virtual care – and it makes sense to treat them as such, alongside other types of care.

We're pleased to offer you all of these choices for getting medical care from Pacific Gynecology Surgical Group, and we'll continue to do everything we can to provide our patients with timely, top-tier care. PGSG members who join for \$250 /year will not be charged for these services.
