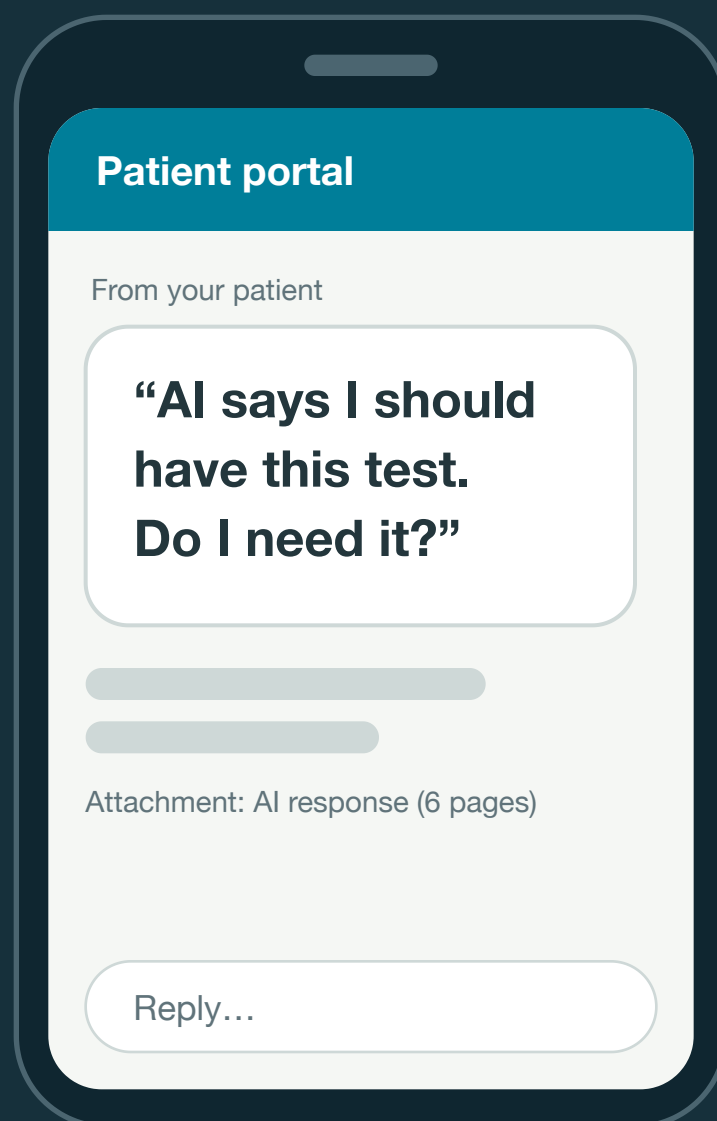


When a patient brings or sends an AI answer

**The clinical question.
The work it creates.**

Appointments
Portal messages
Email



Hypothetical example

Dr. Lisa Belisle
drlisabelisle.com

What is the patient asking you to do?

**A long answer.
One concern?**

Start here before
reviewing every claim.

Understand

“What prompted you to ask AI?”

Focus

“Which part concerns you most?”

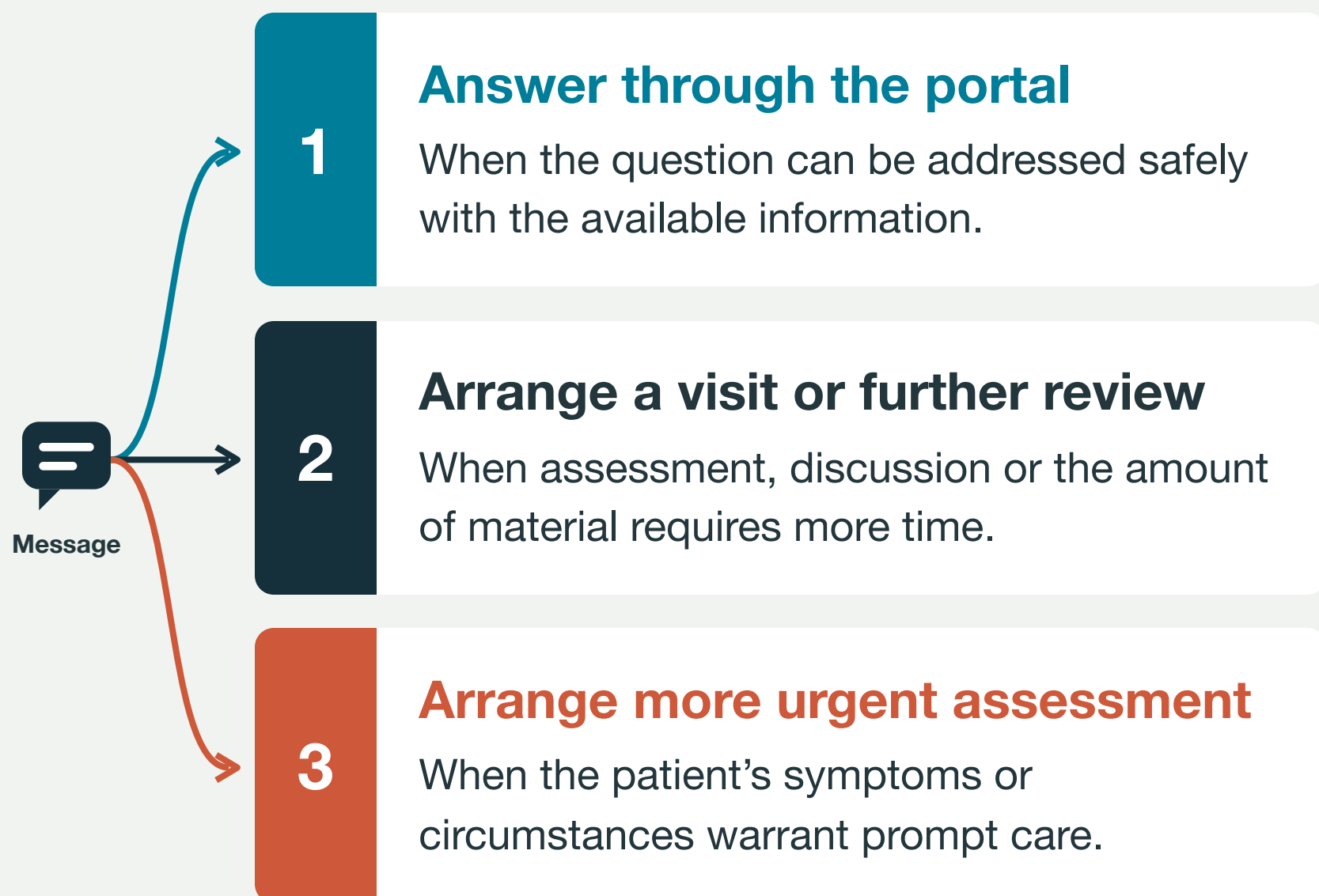
Clarify

“Are you asking about the test, the diagnosis or the next step?”

Their questions can reveal what they understand, what they fear and what still needs explaining.

Not every request fits in a message.

Assess urgency first. Then choose an appropriate setting.



Email: follow practice policy and direct clinical requests to the appropriate channel.

What did the AI know?

Compare the supplied information with the context needed for this decision.

What the patient gave the AI

Their question

Symptoms or history

Uploaded results

Follow-up messages

What else may matter clinically

Relevant history

Medicines and timing

Examination findings

Prior results and trends

Look beyond the citations.

Do the studies apply here?

How strong is the evidence?

Does it support this conclusion for this patient?

Reading it is different from uploading it.

Review the patient's answer

Evaluate the relevant suggestion using clinical context and evidence.

Use your own AI tool?

Decide what it would add. You do not have to run the question through another model.

Before entering patient information

Check approved tools, accounts, tasks and data rules. Approval for documentation may not cover clinical decision support. Confirm documentation and disclosure requirements.

Two AI answers agreeing is not independent verification.

Make the assessment understandable.

IF IT RAISES A USEFUL POSSIBILITY

**“This is worth considering.
Here is what would help us assess it.”**

IF YOU DISAGREE

**“Here is why I think this is less likely in
your situation, and what I suggest we do
next.”**

Ask what remains unclear. Agree on the next step.

This is clinical work.



Read



Check



Interpret



Explain

During a visit

Qualifying work may be reflected in E/M billing based on time or medical decision-making.

Through secure digital communication

Some work may qualify for online digital E/M billing. Not every message does. Check payer and service requirements.

Billing eligibility $\neq$ recognition of your time

Practices need triage, scheduling, documentation and consent processes. Employed clinicians also need the work recognized in workload and compensation.

Further reading

A proposed discussion guide to adapt to your practice. The message example is hypothetical.

AI governance

AMA: [AI principles and organizational governance](#).

AI limitations

WHO: [Guidance on large multi-modal models](#).

Visit-based billing

CMS: [E/M services](#). Medical necessity, documentation, time and MDM.

Online digital E/M

AAFP: [Online digital E/M](#). 99421: 5–10 minutes; 99422: 11–20; 99423: 21+, cumulatively over seven days.

Eligibility and payment

AAFP: [Virtual/digital requirements](#). Check patient initiation, consent, established-patient status, related-visit restrictions and payer coverage.