

TELEPHONE AND ELECTRONIC CARE

GOAL

Physicians should receive adequate payment for telephone care and electronic care.

CURRENT PRACTICE

Despite CMS having defined CPT codes for telephone care and e-care (with corresponding RVUs for phone care), few health insurance companies are paying physicians for these services.

PROPOSED SOLUTION

All health insurance companies in Pennsylvania should recognize the currently defined CMS CPT codes and RVUs for phone care and pay providers at no less than 100% of Medicare reimbursement weighted by the appropriate geographic cost price index. Until such time as CMS assigns RVUs for e-care, insurance companies should pay for properly documented e-care (CPT 99444) at the same rate as CPT 99441.

SUPPORTING EVIDENCE/RATIONALE

- **Payers:** Multiple studies have demonstrated that true non-face-to-face visits, with documentation of appropriate review of records, appropriate input, and medical decision making with assignment of ICD9 diagnoses, produce equivalent healthcare outcomes at lower cost. A 2007 study in Pediatrics demonstrated an average savings of \$57 for after-hours phone care. It has been well demonstrated that care provided in the context of the medical home reduces total costs (reduces unnecessary testing, reduces unnecessary use of the emergency/urgent care, allows more targeted therapies, and allows reinforcement of education/management of chronic disease). Willingness to pay providers for telephone and e-care promotes patient-centered care, giving consumers flexibility and options when the choice is safe, reasonable and appropriate. Payer support for telephone and e-care encourages adoption of health information technology in primary care offices, which improves documentation/communication and ultimately leads to improved patient care and savings in healthcare dollars.
- **Patients:** Telephone and e-care promotes patient-centered care with incentives to remain connected to the medical home. It gives patients/families greater accessibility to their medical home with flexibility of options and timeframes to communicate with providers. This is critically important to families (especially those with dual working parents) and employers, as it reduces the need for parents to leave work, especially for management of chronic diseases.
- **Providers:** Payment for telephone and e-care encourages providers to treat more patients within the context of the medical home, without referring unnecessarily to specialists or more expensive urgent care/emergency facilities. It also encourages providers to be more flexible with patient families in providing increased accessibility both in forms of communication and time of availability. This is true for appropriate care of acute issues as well as management of chronic diseases (such as ADHD, asthma, diabetes and behavioral problems). Payment also provides incentives for providers to take the time to review patient charts, use well-established

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protocols, and document telephone and electronic communications completely. This improves
provider and patient satisfaction, leads to better medical care and saves healthcare dollars.

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AAP Section on Telehealth Care

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