

May 27, 2008

«First\_name» «Middle» «Last\_name» «Credl»  
«Organization»  
«Address1»  
«Address2»  
«City», «State» «Zip»

Re: Non-face-to-face visits

Dear «Salutation» «Last\_name»,

We are writing on behalf of the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), (American College of Obstetrics and Gynecology (ACOG), and American Osteopathic Association (AOA), which represents nearly 267,000 physicians and medical students nationwide. Because the undersigned organizations support non-face-to-face care as a way to provide more accessible, convenient, timely, and efficient patient care, this letter serves to share our position on non-face-to-face care and to request your related payment policies.

New non-face-to-face service codes for telephone calls (99441-99443) and online evaluations (99444) became effective on January 1<sup>st</sup>, 2008 after the Current Procedural Terminology (CPT) Editorial Panel and the CPT Advisory Committee debated and defined pre- and post-work periods for each of these codes. The design of the codes makes clear that services reported by these codes would not be those valued as pre- and post-service work of other evaluation and management services but provides a mechanism for reporting of significant and medically necessary evaluation and management services provided without a face-to-face visit.

The 2008 rules for billing medical care published by the American Medical Association in its ***Current Procedural Terminology* © 2008** states that telephone care related to the specific visit only is included in the payment for the office visit. Specifically, post visit care is to include **“necessary care coordination, telephonic or electronic communication assistance, and other necessary management related to this office visit.”** The key words, “related to this office visit” mean that telephone calls for a clinical problem not related to the previous office visit now represent a new, separate, reportable, and billable medical encounter.

The valuation of the telephone codes on the 2008 Medicare Resource-Based Relative Value Scale (RBRVS) further reinforces the fact that non-face-to-face services are separately reportable and should be paid as such. Medicare adopted relative value units (RVUs) for telephone calls as recommended by the AMA/Specialty Society Relative Value Scale Update Committee (RUC) and left the value of online evaluations to be determined by the Medicare carriers as “carrier-priced.” Currently, in the private sector, health plans’ payment range between \$30-\$40 for online evaluations.

Non-face-to-face delivery of care aligns with the patient-centered medical home<sup>1</sup> model of care, which the Primary Care Physician Specialties advocate as a way to enhance patient care and support payment reform. It is yet another means to offer a full spectrum of care options that maximizes the benefits of a medical home. Non-face-to-face visits also provide a unique opportunity

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<sup>1</sup> Joint Principles of the Patient-Centered Medical Home, Feb, 21, 2007

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for consumers and purchasers of health care to maximize convenience and accessibility of care and to avoid the sometimes more costly urgent or emergent care services. This care offers a convenient, easy way for employees to receive care without compromising their productivity or stress-levels by having to take time off work to see their personal physician. For those physicians that provide non-face to face care as documented per CPT guidelines and applicable privacy and security standards under HIPAA, we would expect such provided care to be adequately paid just like any other method of care.

Many payers understand the benefit of non face-to-face care and operate their own 24-hour nurse telephone triage and disease management programs because they know this form of care is cost-effective and appreciated by their consumers.

When medically appropriate, non face-to-face care, combined with indicated prescriptive therapy, often serves as a substitute for a patient visit to the office, urgent care center, or emergency department for an acute non-urgent problem. It is a very effective cost containment strategy. A 2007 study demonstrated that the provision of after-hours telephone care resulted in an average savings of \$56.25 per telephone encounter. (Bunik, M., et.al., Pediatric Telephone Call Centers: How Do They Affect Health Care Use and Costs? *Pediatrics* 2007 119: e305-e313)

To better understand your organization's coverage and payment policies related to non- face-to-face encounters between a patient and a primary care physician, please provide us your applicable policies.

We look forward to hearing from you. Please contact «AAFP\_contact», at (800) 274-2237, ext. «Ext» to arrange any follow-up conversations with the undersigned societies on this important topic.

Respectfully,

American Academy of Family Physicians (AAFP)  
American Academy of Pediatrics (AAP)  
American College of Obstetrics and Gynecology (ACOG)  
American Osteopathic Association (AOA)

Enclosures

1. Association and staff contact
2. Specialty society related policies

## Medical Specialty Society Contacts

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### Medical Specialty Society Policies related to non-face-to-face care

#### AAFP

- e-visits  
<http://www.aafp.org/online/en/home/policy/policies/e/evisits.html>
- Payment for Non Face-to-Face Physician Services  
<http://www.aafp.org/online/en/home/policy/policies/p/reimbursnonfacetofacesvcs.html>

#### AAP

- Payment for Telephone Care  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/4/1768>