

# MedChi

*The Maryland State Medical Society*

1211 Cathedral Street  
Baltimore, MD 21201-5516  
410.539.0871  
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Peter A. Hammen, Chairman  
Members, House Health & Government Operations Committee  
The Honorable Wade Kach  
The Honorable Adrienne Jones

FROM: Joseph A. Schwartz, III  
Pamela Metz Kasemeyer  
J. Steven Wise

DATE: February 18, 2010

RE: **SUPPORT** – House Bill 435 – *Health Insurance – Reimbursement of Physicians – Services Outside of Office Hours, by Telephone, or Online*

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The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, supports House Bill 435.

House Bill 435 requires health insurance companies to compensate physicians in accordance with the recommendation of the Governor’s Task Force on Health Care Access and Reimbursement which, in Recommendation No. 6, proposed that insurance carriers make elevated payments for after hours and weekend care and compensate doctors for telephone and e-visits communications with patients. Both of these recommendations resulted from the insight that paying doctors for after hour care and e-visit communication could cut down on “inappropriate” use of emergency departments.

“Inappropriate use of emergency departments leads to misuse not only of scarce services but also scarce health care dollars. In 2006, the median emergency department expense, including facility and physician expense, was over 6 times greater than the office-based visit (\$72 vs. \$460).” (Governor’s Task Force Recommendation attached).

While most commercial payers in Maryland do not compensate doctors for telephone or e-visit communications or pay a premium for after hour visits, this practice is changing “...in response to the crisis of emergency department overcrowding and the Institute of

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Medicine's focus on timely care as an essential pillar of quality care." (Governor's Task Force Recommendation No. 6)

A number of national carriers (Aetna and Cigna) do pay for telemedicine as does Medicare in certain rural areas. Additionally, Aetna pays a premium for pediatric codes after hours although Medicare does not. Unfortunately, the principal carrier in Maryland (CareFirst) recognizes neither situation although it publicly espouses a need to "control" health care costs.

The CPT code, which is the bible for medical billing, recognizes both situations. Codes 99441 and 99444 recognize telephone and online evaluation and management service provided by a physician to a patient which did not originate from an earlier evaluation and management service. Code 99050 recognizes services provided in the office at times other than regularly scheduled office hours or on days when the office is normally closed in addition to basic service. Hence, the services covered by House Bill 435 may be appropriately coded for purposes of medical billing. House Bill 435 will require Maryland insurers to compensate for these already recognized codes.

MedChi would urge a favorable report on House Bill 435 which would make Maryland's legal requirements consistent with the actions recommended by the Governor's Task Force on Health Care Access and Reimbursement (Governor's Task Force Recommendation No. 6 attached hereto). For a copy of the full report of the Task Force go to [www.dhmf.state.md.us](http://www.dhmf.state.md.us) and click on reports.

**For more information call:**

Joseph A. Schwartz, III  
Pamela Metz Kasemeyer  
J. Steven Wise  
410-269-1618