



RPM Technology, Policy & Reimbursement

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The Basics: What is RPM?

A form of asynchronous Telemedicine? Yes and No...

Telemedicine: Uses synchronous and asynchronous digital technologies to deliver health care services from a provider in one location to an individual in another location remotely.

Remote Patient Monitoring (RPM): Uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to a different location for asynchronous assessment and recommendations

The Basics: What is RPM?

Types of RPM Technologies currently being used in the market:

- Blood Pressure Cuffs
- Pulse Oximeters
- Weight scale
- Heart rate monitor
- Glucometer
- Fitbit/Apple Watch
- Respiration Device



The Basics: What is RPM?

RPM's **BIG** Benefit?

Unlike Telemedicine, Medicare does not impose geographic or originating site restrictions on RPM



Who is paying for RPM?

Physician practices

Hospitals and
Health Systems

Commercial Payors

Medicare/Medicaid

Pop Health Vendors

Medical
Malpractice Carriers

PPMCs/MSOs

ACOs

EHR Vendors

Why are they buying?

To facilitate early intervention

- To help reduce hospital readmissions (and avoid penalties), acuity escalation, increased cost

To improve patient satisfaction

- To improve MIPS scores, marketing, malpractice claim reduction

Managing care quality and cost

- Targeting intervention across episodes of care, better managing the chronically ill

Building revenue stream

- Through more FFS reimbursement, shared savings, etc.

To increase access to care

- RPM technology can reach folks with transportation challenges, or individuals for whom in person visits with the provider would increase health risk

Trends

“Establishment of a clear pathway to clinical integration of digital medicine in order to ensure access to high quality and safe clinical care for patients and their physicians that promote improved health outcomes.”

- AMA Digital Medicine and Payment Advisory Group + CMS

The Great Unbundling

- 2002: Remote Patient Monitoring is “Born”
 - A physician’s work reviewing RPM output is bundled with other E/M codes
- 2018 MPFS: Nine Nine “Oh!” Nine One
 - Physicians can bill for time spent “collecting and interpreting” physiologic data captured by an RPM technology
 - Billing can be concurrent w/ CCM, TCM, BHI, but no double dipping

The Great Unbundling

CPT Code 99091 (\$59): *Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time.*

- Initiation of RPM Service during a face to face visit
- Advance beneficiary consent
- Minimum of 30 minutes of time during a 30-day period
- Interpretation must be by “physician or other qualified healthcare professional”

The Great Unbundling

Challenges:

➤ Physician time

Technology costs

Documenting compliance

Defining physiologic data

Chronic Care RPM: General

3 New Codes for

- (1) initial set-up and patient education,
- (2) device supply, and
- (3) monitoring data and interacting with patients or caregivers.

Generally:

- Information collection device must be a “medical device” pursuant to the FDA definition
- Service must be ordered by a physician or other QHCP
- NOT limited to patients with chronic conditions

Chronic Care RPM: 99453

CPT Code 99453 (\$21): *Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment*

- Use this code to report setup and patient education on use of the device(s) that will be used to monitor their data.
- May only be reported once per episode of care.
For purposes of RPM and CCRPM, an “episode of care” begins when the service is initiated and ends when targeted treatment goals are attained.
- Monitoring must last at least 16 days
- Can be used in conjunction with 99091 or 99457, but no double dipping

Chronic Care RPM: 99454

CPT Code 99454 (\$69): *Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days*

- Use this code to report supply of the device for daily recording or programmed alert transmissions. Currently, the Rule and the Manual state that CPT Code 99454 applies to devices that record and/or transmit alerts on a daily basis. Until further guidance is released, billing practitioners should not bill CPT Code 99454 unless the device(s) supplied provides daily recording or alert transmissions.
- CPT Code 99454 can be billed once each 30 days.
- Monitoring must last at least 16 days
- Can be billed concurrently with 99091 or 99457

Chronic Care RPM: 99457

CPT Code 99457 (\$54): *Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month*

- Initiation of CCRPM Services via Face-to-Face Visit
- Advance Beneficiary Consent
- CCRPM services can be provided by clinical staff, physicians, and QHCPs
- Minimum of 20 minutes of time spent
- Can only be billed once per calendar month
- Live, interactive communication with the patient or caregiver
- No duplicative concurrent billing (with CCM, TCM, BHI)
- Monitoring must last at least 16 days
- Do not bill within 30 days of billing 99091

CPT Code 99457 vs. CPT Code 99091

CPT Code 99457	CPT Code 99091
Requires 20 minutes of time spent	Requires 30 minutes
Based on a calendar month	Based on a 30-day period
Allows for time spent by clinical staff	Limited to Physicians and QHCPs

March 2019 – CMS Technical Correction

- Clinical staff typically provide services “incident to” the billing physician or QHCP
- 2019 MPFS Final Rule stated 99457 could *not* be billed “incident to”
- Stakeholders questioned CMS
- CMS issued technical correction stating 99457 can be billed “incident to”

BUT...

- “Incident to” services must be provided under *direct* supervision
 - Direct supervision = the billing physician/QHCP must be physically present in the location where the clinical staff member is providing RPM services

Chronic Care RPM: Remaining Questions

CMS has indicated that it plans to issue guidance on the following questions:

1. Does CPT Code 99454 *require* daily alert transmissions?
2. What types of technology can be used to provide CCRPM (99453, 99454, 99457)
3. Can CPT Code 99453 be furnished via telecommunication technology?

A Reminder About Medicare FFS Copays

- As with other Medicare Part B services, the RPM codes described herein are statutorily subject to a **20% beneficiary copay and applicable deductible amounts**. With very limited exceptions, practices may not choose to waive the Medicare copay or deductible.
- Private payers may establish their own copays and/or deductibles, or may choose not to require them.

MA, Medicaid, Commercial RPM, Home Health

- MA Telemonitoring
- 2019 Home Health PPS Rule
- Telemedicine “Parity”
- Commercial movement



MACRA and RPM

- Clinical Practice Improvement Activities (CPIA) Performance Category
 - “Engage Patients and Families (using PGHD) to Guide Improvement in the System of Care” is now classified as a "high-weighted" activity
 - “Engagement of Patients Through Implementation of Improvements in Patient Portal” is a “medium-weighted” activity
 - Integration of patient coaching practices between visits” is a “medium-weighted” activity

Questions?



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