Understanding the Medicare RPM Program and it's Use for Special Populations

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MyCharlie
An AllHealth CHOICE Solution

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Learning Outcomes

By the end of this presentation, you should be able to:

Learn RPM Billing Codes and Requirements associated with each Code

Learn Examples of RPM uses with Physician Practices, Employees, ACOs, Hospital Systems

Learn other Models of Care within Population Health that can use RPM to supplement Clinical Care

The Triple Aim of Healthcare

Improving Patient Experience

Improving Population Health

Decreasing the Cost of Care

In 2017, the Quadruple Aim was unveiled; building on the IHI Triple Aim, which added a 4th measure:

Preventing burnout among healthcare professionals

Strategies to Achieve the Triple/Quadruple Aim

- **Patient Engagement in their Care Design.** Ensure patients are engaged in their plan of care to ensure a patient-centered design.
- **Map the Gaps in the Human Experience.** Understand the gaps in clinical standards, processes and relationships. Undo the traditional model of medicine. Standardize innovations that build relationships.
- **Deploy Technology Strategies that Ease the Burden of Being a Clinician**. Improve the quality, safety and efficiency of care. Reduce administrative burden.

Technologies Ease these Burdens

Engagement	Improved Scheduling, Check-In, Patient Portal for Lab Results & Testing
Engagement Population Health Decreasing Cost of Care Ease the Clinical Burden	**Two-way Communications, Remote Visits, RPM, Telemedicine (Telehealth)**
Population Health Ease Clinician Burden Decreasing Cost of Care	Reducing Medical Errors, Clinical Flags, AI for Clinical Decision Making
Ease Clinician Burden	E-Prescribing

WHAT IS RPM

Remote patient monitoring: a clinical service that uses technology to enable monitoring of patients’ physiologic data outside of conventional clinical settings.

HOW DOES RPM IMPACT PATIENT CARE?

1. **Improved patient outcomes**. Providers can focus on patients most in need of care and intervene before a condition develops or worsens.
2. **More accurate patient data**. Providers are often reliant on self-reported patient data, which can be highly inaccurate. RPM technology can provide a more complete picture of the patient's symptoms and behavior.
3. **Lower cost, higher efficiency care**. Providers can spend less time taking patient history and use appointment time more efficiently for care management, streamlining care and lowering overall costs.

CURRENT PROCEDURAL TERMINOLOGY CODES (CPT)®

AMA
CMS

One existing code was unbundled, and activated for separate payment under Medicare	**Four codes created** to support RPM
99091	99453 99454 99457 99458

WHO IS REIMBURSING FOR RPM?

CMS

Medicare formally adopted three RPM codes for payment in 2019 MPFS*, then another for payment in the 2020 MPFS.

Some states have also adopted RPM codes in their Medicaid fee schedules.

Select private payers have adopted RPM.

*MPFS: Medicare Physician Fee Schedule

Remote Patient Monitoring is not Telehealth?

RPM

Telehealth

WHO CAN BILL FOR RPM SERVICES?

Physicians & Qualified Healthcare Providers (QHCP)

Permitted examples: Nurse Practitioner, Physician Assistant

Prohibited examples: Respiratory therapists, Physician therapists, Pharmacists

*not an exclusive list. It is the provider's sole responsibility to verify current requirements and policies with the applicable payer.

**CMS is preventing (FQHCs) and rural health centers (RHCs) from billing for RPM services. Both the RHC all-inclusive rate and the FQHC Prospective Payment System rate include all services and supplies furnished 'incident to' the visit,' they added. "Services such as RPM are not separately billable because they are already included in the RHC all-inclusive rate or FQHC Prospective Payment System payment, CMS explained."

PATIENT EDUCATION & SETUP

CPT Code

99453

Remote monitoring of physiologic parameters(s) (eg, weight, blood pressure, pulse oximetry, glucometer), initial; set-up and patient education on use of equipment.

CPT CODE 99453 I PATIENT EDUCATION & SETUP

WHAT	Initial set-up and patient education on device
WHO	Not specified
HOW OFTEN	Billed 1 x per episode of care, minimum 16 days
HOW MUCH	**$19.46** Medicare rate*

*From 2019 Physician Fee Schedule

DEVICE SUPPLY

CPT Code

99454

Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

CPT CODE 99454 I DEVICE SUPPLY

WHAT	Device supply with daily recordings or programmed alerts
WHO	Not applicable
HOW OFTEN	Billed each 30 days, minimum 16 days
HOW MUCH	**$64.15** Medicare rate*

*From 2019 Physician Fee Schedule

TREATMENT MANAGEMENT

CPT Code

99457

Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes.

CPT CODE 99457 I TREATMENT MANAGEMENT (BASE CODE)

WHAT	20 minutes of monitoring and treatment management that includes an interactive communication with the patient or caregiver during the calendar month
WHO	Performed by physician, QHCP or clinical staff
HOW OFTEN	Billed each 30 days
HOW MUCH	**$51.54** Medicare (non-facility) rate, **$32.44** (facility) rate*

*From 2019 Physician Fee Schedule

TREATMENT MANAGEMENT

CPT Code

99458

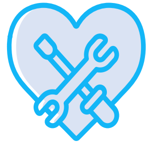
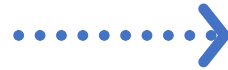
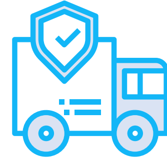
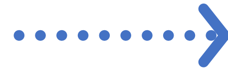
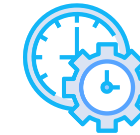
Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes.

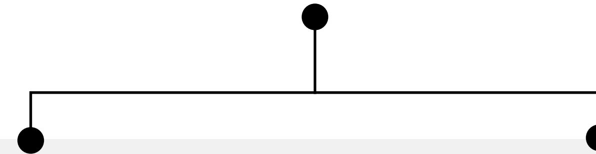
CPT CODE 99458 I TREATMENT MANAGEMENT (ADD-ON CODE)

WHAT	Each additional 20 minutes of monitoring and treatment management that includes an interactive communication with the patient or caregiver during the calendar month7
WHO	Performed by physician, QHCP or clinical staff
HOW OFTEN	Billed each 30 days
HOW MUCH	**$42.22** Medicare (non-facility) rate, **$32.84** (facility) rate*

*Values have been calculated based on valuations and RVU's provided by Medicare in Federal Register (https://federalregister.gov/d/2019-24086). Official values not yet released.

WHAT ACTIVITIES ARE REQUIRED TO BILL EACH CODE?



99453
Patient education & setup.

99454
Device supply.

99457
20 minutes of monitoring by clinical staff/physician/QHCP.

OR

99458
Each additional 20 minutes of monitoring by clinical staff/physician/QHCP.

- Device used must be a medical device as defined by the FDA

MEET Charlie

65 year old male with CHF

Recently discharged from hospital following CHF exacerbation

Charlie advises his doctor that he's completely adherent to medication but refill check says otherwise

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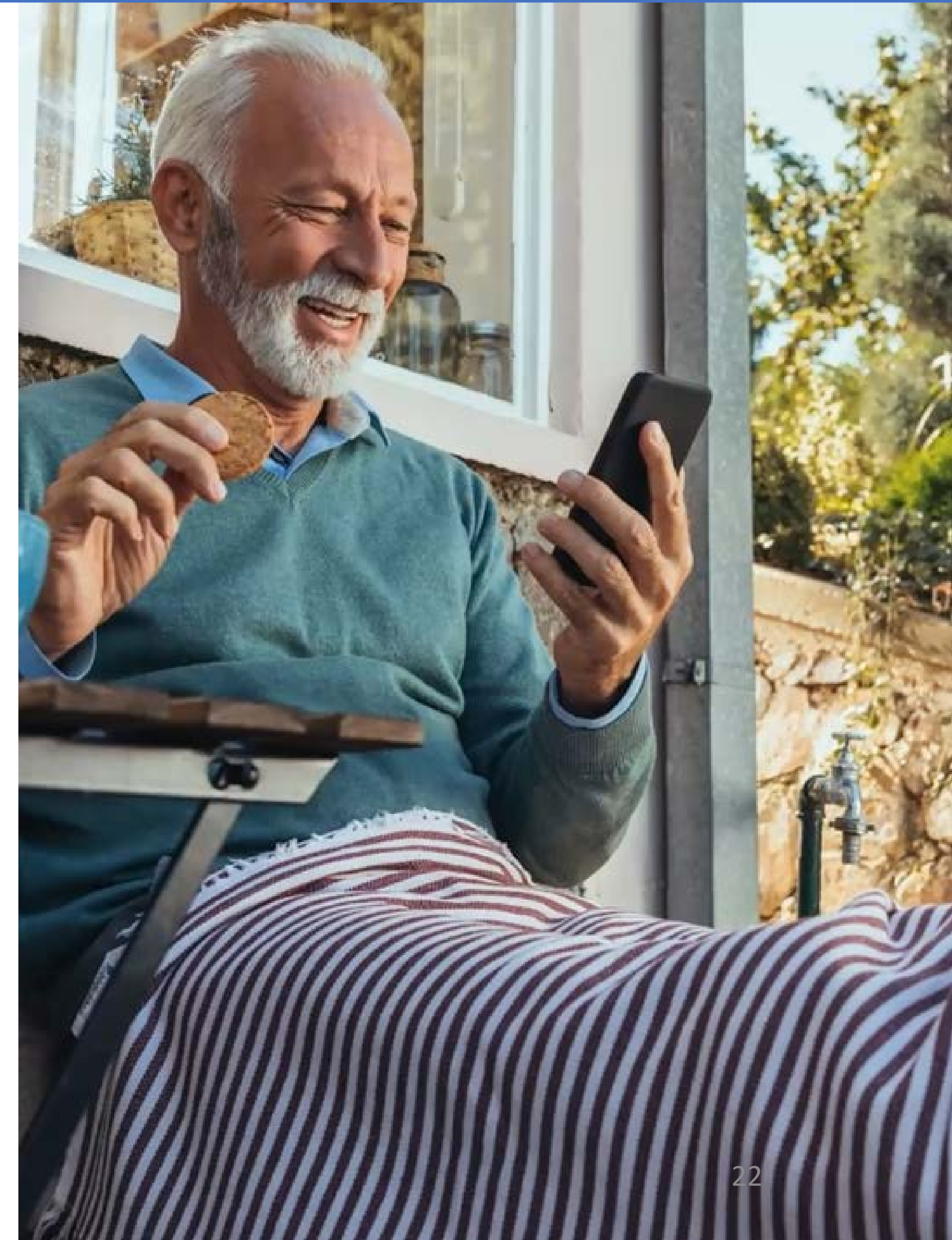
Dr. Gibbs decides to enroll Charlie in program to remotely monitor his weight & blood pressure



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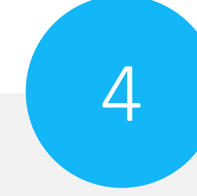
Order Workflow

Patient consultation at discharge: Upon discharge Provider/Coordinator identifies patient with chronic condition to monitor, verifies patient has a Medicare plan & creates/sends order to Practice. Practice enters patient into RPM system for onboarding

Patient is sent peripherals and on boarded.

RPM team monitors readings and contacts patient if needed



RPM team sends readings to supervising provider at the end of the month

Practice reviews billable documentation and sends to customer for billing

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Billing Workflow

5

Practice will receive bill from for monitoring services per patient for prior month Bill will be issued the first 3 days of the month. The practice will have NET 30 days to pay invoice.

6

Practice's Billing Company will receives RPM data from MediMobile within the first 3 days of the month: Data can be sent through a drop file, API, or HIPAA compliant shared folder

7

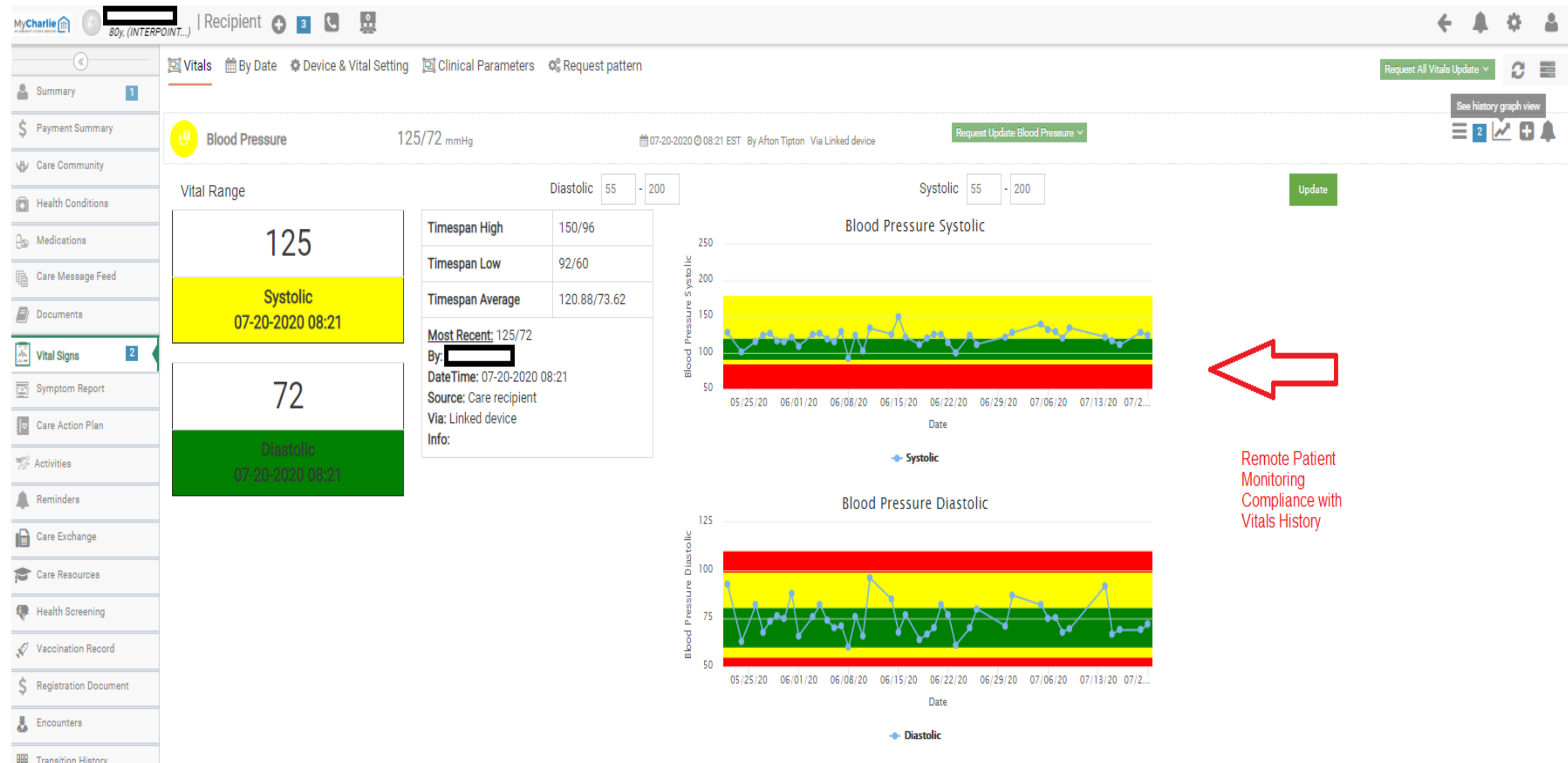
Medicare RPM claims can process as quick as 14 calendar days

8

Process Repeats

How does RPM Prevent Rehospitalizations

- •24/7/365 nurse monitoring for out of parameter alerts and communication as needed
- •Virtual visit with a nurse to provide quick assessment
- •Real-time data
- •Customizable parameters
- •Encourages adherence to treatment plan
- •Customized education plans
- •Interactive care planning (engaging the patient in self-care)
- •Customized peripherals
- •Fits easily into daily routine
- •Early/timely provider f/u



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RPM PROGRAMS HAVE SUBSTANTIAL CLINICAL BACKING

In 2016, the **Agency for Healthcare Research and Quality** published a brief[1] characterizing the existing systematic reviews available to inform decisions about telehealth and RPM. **58 systematic reviews** that covered **976 individual studies** met inclusion criteria and **were included** in their review. Here were some of their **primary conclusions**:

- There is substantial evidence supporting subsets of telehealth uses, such as remote patient monitoring for chronic conditions.
- The research focus should shift to how to promote broader implementation and address barriers.

[1] Totten et al. (2016) Rockville (MD): Agency for Healthcare Research and Quality (US)

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RPM PROGRAMS HAVE REPEATEDLY DEMONSTRATED IMPROVED CLINICAL OUTCOMES AND DECREASED UTILIZATION

Two systematic reviews from AHRQ paper[1]:

- COPD patients who were remotely monitored at home[2]
  - Hospitalization risk lower with telehome monitoring; RR 0.81; 95% Cl 0.69-0.95 for severe and very severe COPD (5 studies)
  - ED visits lower; RR 0.52; 95% Cl 0.41-0.65 (4 studies)
- Heart failure patients who were remotely monitored[3]
  - Lower reduced all-cause mortality (RR 0.62; 95°/o Cl 0.50-0.077; p<0.0001)
  - Fewer HR-related hospitalizations (RR 0.75; 95% Cl 0.63-0.91; p=0.003)

[1] Totten et al. (2016) Rockville (MD): Agency for Healthcare Research and Quality (US)
[2] Kamei et al. (2013 Jpn J Nurs Sci
[3] Conway et al. (2014) Telemed J E Health

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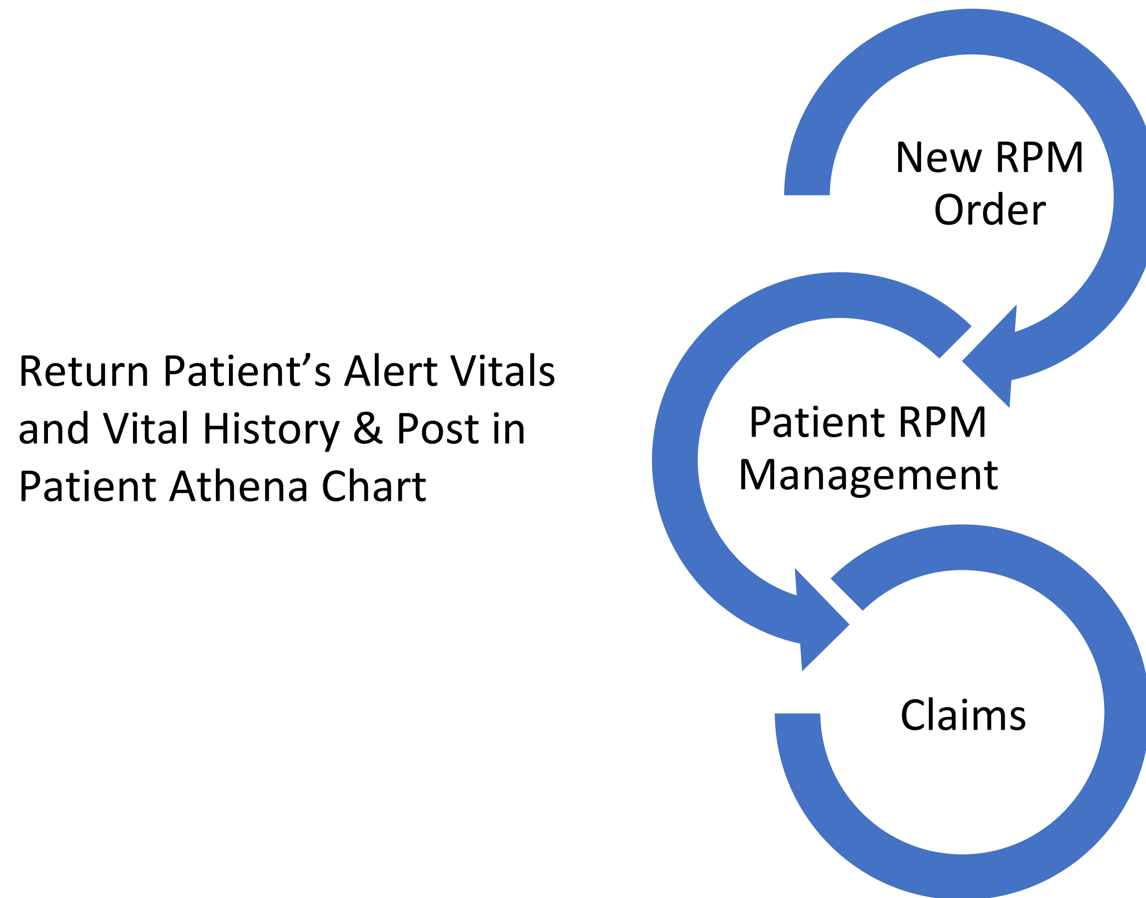
MyCharlie Example Athena EHR Integration Points



MyCharlie sweeps AthenaNET for New RPM Orders and

- Pulls All Patient Demographic & Insurance Information
- Pulls Pertinent Clinical Information for Patient
- This Triggers Multiple Workflows within MyCharlie including patient kit fulfillment and clinical onboarding in RPM program.Return
- RPM Enrollment Status of Patient to AthenaNET

MyCharlie Creates All Claims for RPM Program and Submits to AthenaNet and Posts in Claims Holding Queue for Practice Review Prior to Clearinghouse Submission

Integration Workflows May Vary Based on Specific Client Requirements

1

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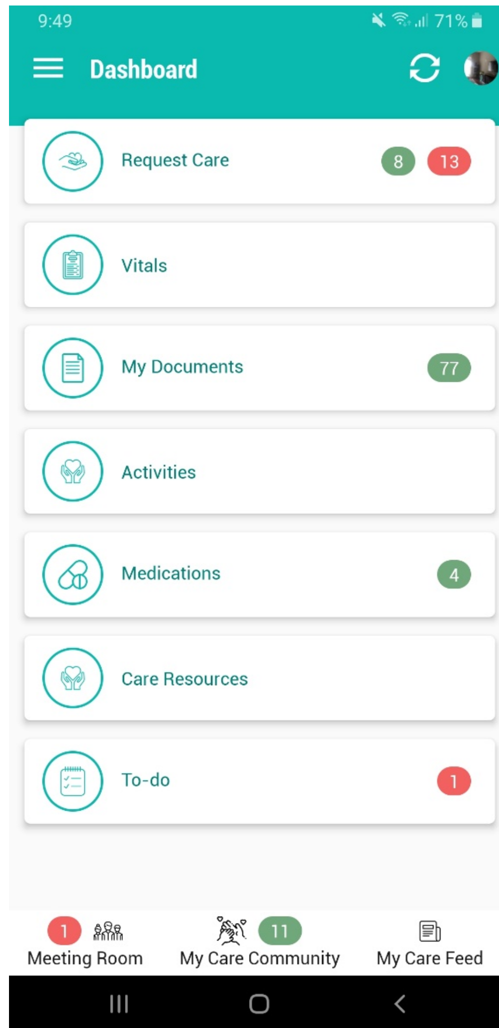
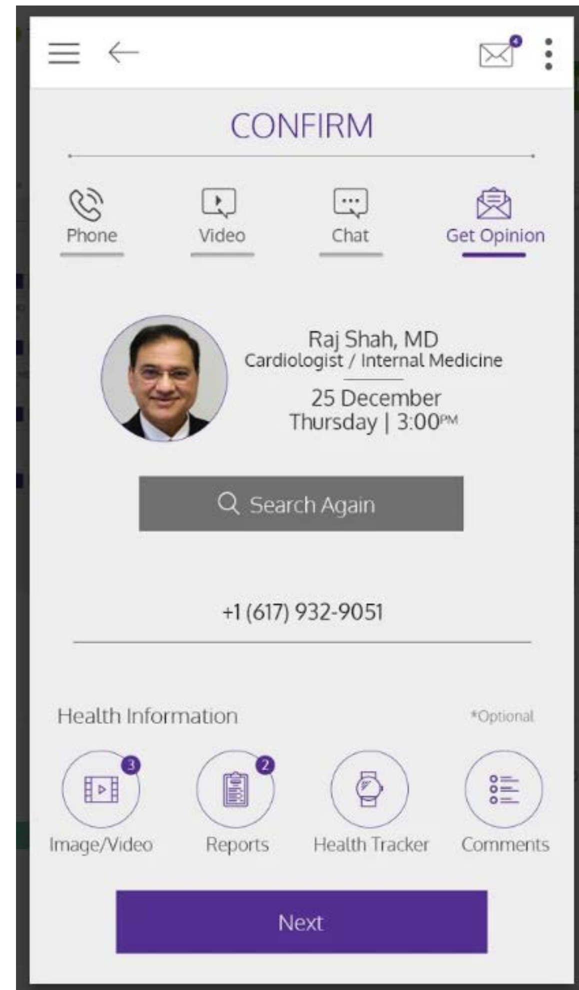
Personalized Monitoring Plan, Support System Inclusion, Seamless Workflow For Telehealth, Virtual Engagement, & Self Managed Care





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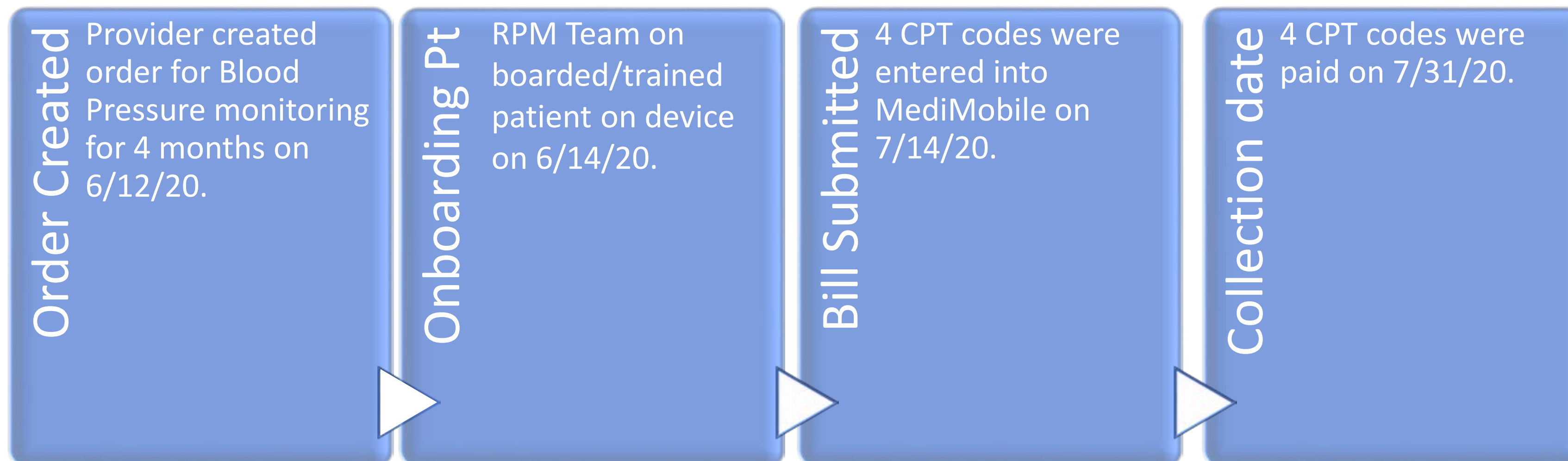
Example patient timeline

Highlights

- From order to collections 49 days
- Patient had 87 readings in month 1
- Billable revenue for all 4 CPT codes totaled $178.56



Code	Collections (Medicare TX)
99453	$19.37
99454	$64.79
99457	$52.08
99458	$42.32
Total	$178.56

	Month 1	Month2+
Total to Practice	$178.56	$159.19

By combining RPM with Telehealth/Telemedicine, the Physician has actionable data to review at the virtual visit.

WHAT IS TELEHEALTH

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.

HOW DOES TELEHEALTH IMPACT PATIENT CARE?

1. **Improved patient outcomes**. Providers can focus on patients most in need of care and intervene before a condition develops or worsens.
2. **More accurate patient data**. Providers are often reliant on self-reported patient data, which can be highly inaccurate. RPM technology can provide a more complete picture of the patient's symptoms and behavior.
3. **Lower cost, higher efficiency care**. Providers can spend less time taking patient history and use appointment time more efficiently for care management, streamlining care and lowering overall costs.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER:

Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

KEY TAKEAWAYS OF TELEHEALTH WITH 1135 WAIVER:

Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth:

- Services furnished to patients in broader circumstances. Visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- To beneficiaries in all areas of the country in all settings. While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
- The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
- To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

E-VISITS

In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these **E-Visits**, the patient must generate the initial inquiry and communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.

WHO CAN BILL FOR TELEHEALTH SERVICES?

Physicians & Qualified Healthcare Providers (QHCP)

Permitted examples: Nurse Practitioner, Physician Assistant

Prohibited examples: Respiratory therapists, Physician therapists, Pharmacists

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**CMS is preventing (FQHCs) and rural health centers (RHCs) from billing for RPM services. Both the RHC all-inclusive rate and the FQHC Prospective Payment System rate include all services and supplies furnished 'incident to' the visit,' they added. "Services such as RPM are not separately billable because they are already included in the RHC all-inclusive rate or FQHC Prospective Payment System payment, CMS explained."

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WHAT ACTIVITIES ARE REQUIRED TO BILL EACH CODE?

Medicare Telehealth Visit

9201-9215 (office or other outpatient visit).
G0425-G0427 (telehealth consultations, emergency department or initial inpatient).
G0406-0408 (follow up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNF's).
A visit with a provider that uses a telecommunication system between provider and patient.**

Virtual Check-In

HCPCS G2012
HCPC GS2010

A brief (5-10 minute) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or other images submitted by an established patient.*

E-Visits

99421
99422
99423
G2061
G2062
G2063

A communication between a patient & their provider through an online patient portal.*

- For established patients

**For new or established patients

Other Types of Technology Based Programs

	Complex Care Management for Patient Populations or Employees
	Advanced Disease Management for Patient Populations or Employees
	Lifestyle Management for Employees
	Specialty Programs (for example Opioid Management for Post Surgery Patients)

References and Recommended Resources

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https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs

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Learning Outcomes

Now that this presentation is complete, you should be able to:

Describe how remote patient management (RPM) strengthens a patient's support system and allow providers to tailor a personalized monitoring plan for patient and care team collaboration

Describe various RPM strategies, such as-clinical integration across the continuum of care, complex care management, advanced disease management, telehealth, and lifestyle management

Recall "real world" implementation examples of RPM and other technological integrations with provider