Remote Patient Monitoring

Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I
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Richelle Marting is an attorney, registered health information administrator, and certified coder who focuses on healthcare coding, billing, and reimbursement issues. She has practical, in-the-trenches experience with coding and billing issues. She has served as an outpatient multi-specialty surgery coder, hospital-based outpatient coder and a compliance coordinator for a large multi-specialty medical group. As an attorney she advises clients proactively on complex reimbursement questions and has guided multiple clients through extensive Medicare and OIG audits and investigations.
CMS Releases Updated State Medicaid and CHIP Telehealth Toolkit

- “States have broad flexibility to cover and pay for Medicaid services delivered via telehealth, including to determine which telehealth modalities may be used to deliver Medicaid-covered services. Nothing in federal Medicaid law or policy prevents states from covering and paying for Medicaid services that are delivered via audio-only technologies. This broad flexibility [that states have] to cover and pay for Medicaid services delivered via telehealth, including via audio-only technologies, was in place prior to the COVID-19 PHE, has not changed during the COVID-19 PHE, and will continue to be available to states after the end of the COVID-19 PHE.” (Question 13)

- “If a service is covered within the scope of the FQHC/RHC benefit, section 1902(bb) of the Act requires a state to pay a provider using the state plan prospective payment system (PPS) rate or an alternative payment methodology (APM) that pays at least the PPS rate...This policy applies whether a service is delivered face-to-face or telephonically.” (Question 17)

- No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.

- the state can complete an Appendix K to allow case management to be done via telephone or other information technology medium and, where personal care services only require verbal cueing and/or instruction, the personal care service can be expanded to permit information technology medium as a resource.
CMS Releases Updated State Medicaid and CHIP Telehealth Toolkit

- **Medicaid home health flexibilities.** For initiation of home health services, face-to-face encounters may occur using telehealth as described at 42 C.F.R. §440.70(f)(6) if states desired. A SPA would only be necessary to revise existing state plan language that imposes telehealth parameters that would restrict this practice.

- **PASRR Level 1 and 2 Evals** could be done remotely as opposed to in-person if states allowed.

- **Well child checks** are coverable under EPSDT, and states may elect to cover visits conducted via telehealth.

- **Telephone services provided by FQHCs, RHCs may be eligible for federal financial participation.** FFP is available for telephonic services. If a state’s approved state plan excludes FQHC/RHC services from being provided telephonically, CMS can work with the state to expedite processing of a SPA to lift this restriction.
20. How can states implement or update Medicaid or CHIP managed care telehealth policies, including allowing remote monitoring and reimbursement of telehealth services at the in-person clinical services rate?

- In fee-for-service, states are not required to submit separate SPAs for coverage or reimbursement of telehealth services if they decide to reimburse for telehealth services in the same manner or at the same rate paid for face-to-face services. Medicaid guidelines require all providers to practice within the scope of their State Practice Act, and states may have laws and regulations that govern the scope of telemedicine coverage. In fee-for-service, a SPA would be necessary to accommodate any revisions to payment methodologies to account for telehealth costs.
CMS Releases Updated State Medicaid and CHIP Telehealth Toolkit

20. How can states implement or update Medicaid or CHIP managed care telehealth policies, including allowing remote monitoring and reimbursement of telehealth services at the in-person clinical services rate?

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As with asynchronous communications, RPM is not widely reimbursed across different Medicaid programs, or there may be billing rules that specify which providers are permitted to bill. In 2018, the American Medical Association added several CPT codes to facilitate billing for RPM, but these have not been widely adopted in Medicaid programs.

Several states only allow remote patient monitoring under specific circumstances for: patients in home health settings; specific clinical conditions; certain provider types.

Billing for RPM can be complex and may not cover the cost of RPM hardware. In State Medicaid programs that are more advanced in the use of value-based contracting with providers, there may be more leeway and/or incentive to cover remote monitoring technologies that help patients maintain a healthy lifestyle.

Generally, RPM is only for established patients who are under the active care of a provider.
Websites: Many states have developed highly organized websites that summarize information about telehealth rule changes by clinical specialty or provider type. Organizing website information in this way reduces the amount of time providers spend searching for information and sorting through policy details that may or may not apply to them. For example,
- The Missouri Department of Social Services has developed a web page which lists all COVID-19 and non-COVID-19 policy updates by subject: [https://dss.mo.gov/mhd/providers/pages/provtips.htm](https://dss.mo.gov/mhd/providers/pages/provtips.htm). Accessed August 13, 2020
Overview

- Evolution of Remote Physiologic Monitoring Coverage
- Remote Therapeutic Monitoring
Remote Physiologic Monitoring (RPM)

The collection of physiologic data (for example, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient to the provider

- Not Medicare telehealth services
- These fall under a broader category of emerging remote, non-telehealth services
- No originating site restriction
- No A/V equipment
- Considered an E/M service; impacts who can bill
Remote Physiologic Monitoring (RPM)

- Classified as a care management service
  - General supervision
- CPT 99091 Collection and interpretation of *physiologic data* (eg, 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, each **30 days**
- Patient consent is required
- Physician or QHP must have face-to-face visit with patient in the previous year
- Advance consent required
- Cost sharing applies
- Face-to-face initiating visit
- **No clinical staff time, no payment for the equipment**
- **No order, no particular type of device**
Remote Physiologic Monitoring (RPM)

- CPT 93227 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional
- CPT 93272 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional
- CPT 95250 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
99453 Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

99454 Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

99457 Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
## Remote Patient Monitoring

<table>
<thead>
<tr>
<th>Requirement</th>
<th>99091</th>
<th>99457</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires the use of a medical device as defined by the FDA</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Requires order from a physician or other QHP</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Consent</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Face to face exam</td>
<td>X</td>
<td>?</td>
</tr>
<tr>
<td>Reporting period</td>
<td>30 days</td>
<td>Calendar month (16 days)</td>
</tr>
<tr>
<td>Provider time</td>
<td>30 minutes</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Eligible providers’ time</td>
<td>Physician or QHP</td>
<td>Physician, QHP, clinical staff</td>
</tr>
</tbody>
</table>
### Remote Patient Monitoring

<table>
<thead>
<tr>
<th>Requirement</th>
<th>99453</th>
<th>99454</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Services Captured</td>
<td>Technical Component</td>
<td>Technical Component</td>
<td>Provider + Clinical Staff</td>
<td>Physician/QHP</td>
</tr>
<tr>
<td>When</td>
<td>Once</td>
<td>30 days</td>
<td>Calendar Month</td>
<td>30 days</td>
</tr>
<tr>
<td>Time Requirement</td>
<td>--</td>
<td>--</td>
<td><strong>20 min</strong></td>
<td>30 min</td>
</tr>
<tr>
<td>Interaction with Patient Required?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Remote Physiologic Monitoring (RPM)

- 2019 Physician Fee Schedule Final Rule: Could not provide “incident-to”
- 2019 Technical Correction: “incident-to” allowed, but silent on supervision
- 2020 Physician Fee Schedule Final Rule: General supervision
- PHE: New or established patients; after PHE established only
- PHE: acute or chronic conditions
- PHE: 99453, 99454: may collect data < 16 days
- No separate payment in FQHCs, RHCs
REMOTE THERAPEUTIC MONITORING
Remote Therapeutic Monitoring (RTM)

AMA CPT Description Effective January 1, 2022

Remote therapeutic monitoring services (eg, musculoskeletal system status, respiratory system status, therapy adherence, therapy response) represent the review and monitoring of data related to signs, symptoms, and functions of a therapeutic response. These data may represent objective device-generated integrated data or subjective inputs reported by a patient. These data are reflective of therapeutic responses that provide a functionally integrative representation of patient status.
Remote Therapeutic Monitoring (RTM)

AMA CPT Description Effective January 1, 2022

Remote therapeutic monitoring treatment management services are provided when a physician/other qualified health care professional uses the results of remote therapeutic monitoring to manage a patient under a specific treatment plan. To report remote therapeutic monitoring, the service must be ordered by a physician or other qualified health care professional.
Remote Therapeutic Monitoring (RTM)

- Services and structure resemble RPM
- Considered medicine codes
- Monitor health conditions
- Musculoskeletal system status, respiratory status, therapy adherence, medication response
- May be self-reported or digitally uploaded
Remote Therapeutic Monitoring (RTM)

- Primary billers are nurses and PTs per AMA RUC valuation
- Issue: as constructed, the concept of incident-to billing applies
  - PTs not allowed to bill for a service provided as incident-to
- Issue: as medicine codes, cannot fall under care management category where general supervision applies
Remote Therapeutic Monitoring (RTM)

98980 Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes (threshold, not midpoint)

98981 Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)

98975 Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment)

98976 Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days

98977 Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
Other Monitoring Services

**94774**  
Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional.

(Do not report 94774 in conjunction with 94775-94777 during the same reporting period)

**94775**  
Monitor attachment only (includes hook-up, initiation of recording and disconnection).

**94776**  
Monitoring, download of information, receipt of transmission(s) and analyses by computer only

**94777**  
Review, interpretation and preparation of report only by a physician or other qualified health care professional
Other Monitoring Services

Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional.

(Report 93264 only once per 30 days)

(Do not report 93264 if download[s], interpretation[s], trend analysis, and report[s] do not occur at least weekly during the 30-day time period)

(Do not report 93264 if review does not occur at least weekly during the 30-day time period)

(Do not report 93264 if monitoring period is less than 30 days)
Other Monitoring Services

95250
Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording

(Do not report 95250 more than once per month)

(Do not report 95250 in conjunction with 99091, 0446T)

95249
patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording

(Do not report 95249 more than once for the duration that the patient owns the data receiver)

(Do not report 95249 in conjunction with 99091, 0446T)

95251
analysis, interpretation and report

(Do not report 95251 more than once per month)

(Do not report 95251 in conjunction with 99091)
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I